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

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

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

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

C Name of organization
Bakersfield Memorial Hospital

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
PO Box 1888

City or town, state or country, and ZIP + 4
Bakersfield, CA 933011888

D Employer identification number
95-1802779

E Telephone number
(661) 327-1792

G Gross receipts $ 273,106,523

F Name and address of Principal Officer
Jon Van Boening
420 34th Street
Bakersfield, CA 93301

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 Web site: ▶ WWW CHWHEALTH COM

K Type of organization ☑ Corporation ☐ trust ☐ association ☐ other ▶

L Year of Formation 1951 | **M** State of legal domicile CA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
TO PROVIDE MEDICAL AND HEALTHCARE SERVICES TO THE COMMUNITY

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5	Total number of employees (Part V, line 2a)	5	1,636
6	Total number of volunteers (estimate if necessary)	6	75
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	1,716,071	3,047,283
	9	Program service revenue (Part VIII, line 2g)	234,752,941	248,651,879
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,757,234	1,647,035
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,370,779	1,850,581
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	242,597,025	255,196,778
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	907,689	86,742
	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)	113,276,633	127,364,665
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	(Total fundraising expenses, Part IX, column (D), line 25 432,419)		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	99,648,744	101,025,124
	18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	213,833,066	228,476,531
	19	Revenue less expenses Subtract line 18 from line 12	28,763,959	26,720,247

			Beginning of Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	303,877,316	312,328,165
	21	Total liabilities (Part X, line 26)	141,135,484	127,115,283
	22	Net assets or fund balances Subtract line 21 from line 20	162,741,832	185,212,882

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

Please Sign Here

Signature of officer | Date 2010-04-27

Jon Van Boening President
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-empolyed ▶ ☐	Preparer's PTIN (See Gen Inst)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶	KPMG LLP 55 SECOND STREET SUITE 1400 SAN FRANCISCO, CA 94105		EIN ▶ Phone no ▶ (415) 963-5100

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

Part III **Statement of Program Service Accomplishments** (See the instructions.)

1 Briefly describe the organization's mission

Bakersfield Memorial Hospital is dedicated to delivering health services that are compassionate, high-quality and affordable We promote healthy lifestyles as an integral part of the community we serve, with a special concern for the underserved

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 (4) organizations and 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 $ 165,003,728 including grants of $ 86,742) (Revenue $ 216,948,764)

BAKERSFIELD MEMORIAL HOSPITAL'S MISSION IS TO CONTRIBUTE TO THE HEALTH OF THE COMMUNITY THROUGH THE PROVISION OF QUALITY SERVICES DELIVERED IN A COMPASSIONATE AND COST EFFECTIVE MANNER THE HOSPITAL HAS 430 BEDS AND SERVICED PATIENTS AS FOLLOWS OUTPATIENT VISITS OF 108,743, EMERGENCY VISITS OF 50,737, AND INPATIENT AND OUTPATIENT OPERATING ROOM CASES OF 8,999 BMH HAS A 24-HOUR EMERGENCY ROOM AND PROVIDES SERVICES TO BENEFICIARIES OF THE MEDICARE PROGRAM AS WELL AS A WIDE RANGE OF COMMERCIALLY INSURED BMH ALSO PROVIDES SERVICES TO INDIVIDUALS WITHOUT THE ABILITY TO PAY - SERVICES FOR WHICH BMH RECEIVES NO REIMBURSEMENT FROM ANY OUTSIDE SOURCE INPATIENT SERVICES ACUTE MEDICAL/SURGICAL CARE/PSYCHIATRIC, SKILL NURSING, CANCER CENTER, CARDIOVASCULAR SURGERY, CARDIAC CATHETERIZATION LAB, EMERGENCY/QUICK CARE, INTENSIVE CARE, PHARMACY, SURGERY, SPEECH PATHOLOGY, SOCIAL SERVICES, RESPIRATORY CARE, PHYSICAL THERAPY, TRANSITIONAL CARE UNIT AND WOMEN AND INFANT CARE UNIT OUTPATIENT SERVICES AMBULATORY TREATMENT CENTER, CARDIAC REHABILITATION, CARDIOPULMONARY, DIAGNOSTIC IMAGING, LABORATORY, OUTPATIENT SURGERY CENTER, REHABILITATION SERVICES, AND WELLNESS/OCCUPATIONAL MEDICINE SUPPORT SERVICES CHAPLAINCY PROGRAM, EDUCATIONAL SERVICES, HEALTH SCIENCES LIBRARY, AS WELL AS SUPPORT, TIME AND MONEY TO ORGANIZATIONS AND INDIVIDUALS THROUGHOUT THE COMMUNITY SEE COMMUNITY BENEFIT REPORT INCLUDED UNDER SCHEDULE O

4b (Code) (Expenses $ 26,641,628 including grants of $) (Revenue $ 31,355,002)

CARDIOLOGY SERVICE LINE

4c (Code) (Expenses $ 18,317,439 including grants of $) (Revenue $ 21,558,118)

ORTHOPEDICS SERVICE LINE

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses $ 209,962,795 *Must equal Part IX, Line 25, column (B).*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
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 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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If "Yes," complete Schedule F, Part I*	14b		No
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		No
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		No
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) 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		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		No
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		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No

Part IV Checklist of Required Schedules *(Continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
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**		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No

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** 160			
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b** 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		**1c**	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a** 1,636			
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? **Note:** *If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.*		**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		**3a**		No
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**		No
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**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, *Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?*		**5c**		
6a	Did the organization solicit any contributions that were not tax deductible?		**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7	*Organizations that may receive deductible contributions under section 170(c).*				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of $75 or more?		**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		**7f**		No
g	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	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		**8**		
9	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.*				
a	Did the organization make any taxable distributions under section 4966?		**9a**		
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 *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

Section A. Governing Body and Management

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

			Yes	No
1a	Enter the number of voting members of the governing body . . — 1a: 12			
b	Enter the number of voting members that are independent . . — 1b: 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		No
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No", go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
a	The organization's CEO, Executive Director, or top management official?	15a		No
b	Other officers or key employees of the organization?	15b		No
	Describe the process in Schedule O			
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		No
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 CA

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you 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 See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

JOHN HOLBERT CONTROLLER
420 34TH STREET
BAKERSFIELD, CA 93301
(661) 327-4647

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

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

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed
* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

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

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

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

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(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			

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply) Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1b Total . . . . ▶								2,568,748	1,210,496	401,561

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 201

			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**		No
4	For any individual listed online 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**	Yes	
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**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
TRAVEL NURSE SOLUTIONS LLC 3500 BLUE LAKE DR SUITE 290 BIRMINGHAM, AL 35243	MEDICAL SERVICES	1,157,277
BLACK BOX NETWORK SERVICES 21398 NETWORK PL CHICAGO, IL 60673	TECHNOLOGY	831,811
CROSS COUNTRY TRAVCORPS PO BOX 404689 ATLANTA, GA 30384	TRAVELING NURSE SVC	751,587
MICHAEL K BROWN LANDSCAPE INC 3541 ALKEN ST BAKERSFIELD, CA 93308	LANDSCAPING	709,602
HARRISON MARKETING ADVERTISING 5001 CALIFORNIA AVE STE 209 BAKERSFIELD, CA 93309	ADVERTISING	663,953

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization . . . . ▶ 46

Part VIII Statement of Revenue

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts						
1a	Federated campaigns . . 1a					
b	Membership dues 1b					
c	Fundraising events 1c					
d	Related organizations . . . 1d	2,720,402				
e	Government grants (contributions) 1e					
f	All other contributions, gifts, grants, and similar amounts not included above 1f	326,881				
g	Noncash contributions included in lines 1a-1f $					
h	**Total (Add lines 1a-1f)** . . . . ▶		3,047,283			
Program Service Revenue		Business Code				
2a	PATIENT REV/CHARITY CARE	900,099	178,440,232	178,440,232		
b	MEDICARE/MEDICAID PAYMENTS	900,099	69,888,295	69,888,295		
c	MEDICAL OFFICE BUILDING	621,300	77,900	77,900		
d	KERN HOME HEALTH RESOURCES	621,610	245,452	245,452		
e						
f	All other program service revenue					
g	**Total. Add lines 2a-2f** . . . . ▶ $ 248,651,879					
Other Revenue						
3	Investment income (including dividends, interest other similar amounts) . . . . ▶		2,610,974			2,610,974
4	Income from investment of tax-exempt bond proceeds . . ▶		0			
5	Royalties		0			

		(i) Real	(ii) Personal
6a	Gross Rents		
b	Less rental expenses		
c	Rental income or (loss)		
d	Net rental income or (loss) . . . . ▶		

		(i) Securities	(ii) Other	(A)	(B)	(C)	(D)
7a	Gross amount from sales of assets other than inventory	16,945,806					
b	Less cost or other basis and sales expenses	17,909,745					
c	Gain or (loss)	-963,939					
d	Net gain or (loss) . . . . ▶			-963,939			-963,939

			(A)	(B)	(C)	(D)
8a	Gross income from fundraising events (not including $ of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000* . . . . a					
b	Less direct expenses . . . b					
c	Net income or (loss) from fundraising events . . ▶		0			
9a	Gross income from gaming activities See part IV, line 19 *Complete Schedule G if total exceeds $15,000* a					
b	Less direct expenses . . . b					
c	Net income or (loss) from gaming activities . . . ▶		0			
10a	Gross sales of inventory, less returns and allowances . a					
b	Less cost of goods sold . . b					
c	Net income or (loss) from sales of inventory . . ▶		0			
	Miscellaneous Revenue	Business Code				
11a	CAFETERIA REVENUE	900,099	839,079			839,079
b	VENDING MACHINES	900,099	25,289			25,289
c	FINANCE CHARGES	900,099	109,781			109,781
d	All other revenue		876,432			876,432
e	**Total. Add lines 11a-11d** . . . . $ 1,850,581					
12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . . . ▶		255,196,778	248,651,879	0	3,497,616

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	81,742	81,742		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	5,000	5,000		
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	1,421,732	1,333,331	84,364	4,037
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	101,249,923	95,390,061		259,382
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,366,945	3,893,752	436,695	36,498
9	Other employee benefits	14,282,412	12,770,424	1,473,984	38,004
10	Payroll taxes	6,043,653	5,412,963	604,365	26,325
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	168,250		168,250	
c	Accounting	111,958		98,458	13,500
d	Lobbying	0			
e	Professional fundraising *See Part IV, line 17* . .	0			
f	Investment management fees	90,328		90,328	
g	Other	18,932,830	15,833,758	3,080,931	18,141
12	Advertising and promotion	855,286	34,490	820,796	
13	Office expenses	8,548,639	7,884,938	630,195	33,506
14	Information technology	7,112,556	5,359,508	1,753,048	
15	Royalties . .	0			
16	Occupancy	3,742,633	3,368,370	374,263	
17	Travel	226,909	113,205	112,184	1,520
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	225,350	120,828	103,947	575
20	Interest	4,280,578	4,280,578		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	8,490,836	8,321,019	169,817	
23	Insurance	1,372,464	1,372,464		
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	5,950,192	5,950,192		
b	LICENSES & TAXES	208,581	111,163	97,394	24
c	DUES & SUBSCRIPTIONS	392,316	145,538	245,871	907
d	MEDICAL SUPPLIES	38,179,053	38,179,053		
e	RECRUITING	947,896		947,896	
f	All other expenses	1,188,469	418	1,188,051	
25	**Total functional expenses.** Add lines 1 through 24f	228,476,531	209,962,795	18,081,317	432,419
26	**Joint Costs.** Check ☐ 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	2,450	1	2,550
	2	Savings and temporary cash investments	112,476,577	2	103,319,146
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	30,976,855	4	39,205,064
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *Complete Part II of Schedule L*		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	3,400,150	7	3,143,328
	8	Inventories for sale or use	2,763,921	8	3,494,394
	9	Prepaid expenses and deferred charges	6,540,831	9	3,912,246
	10a	Land, buildings, and equipment cost basis — 10a 275,639,095			
	b	Less accumulated depreciation *Complete Part VI of Schedule D* — 10b 145,076,147	116,930,751	10c	130,562,948
	11	Investments—publicly traded securities	16,989,776	11	18,837,182
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*	8,621,370	12	4,677,910
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*	4,808,635	13	4,548,921
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11 *Complete Part IX of Schedule D*	366,000	15	624,476
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*	303,877,316	16	312,328,165
Liabilities	17	Accounts payable and accrued expenses	25,002,422	17	17,199,761
	18	Grants payable		18	
	19	Deferred revenue	332,500	19	299,585
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability *Complete Part IV of Schedule D*		21	
	22	Payable 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	55,353	23	0
	24	Unsecured notes and loans payable		24	
	25	Other liabilities *Complete Part X of Schedule D*	115,745,209	25	109,615,937
	26	**Total liabilities.** *Add lines 17 through 25*	141,135,484	26	127,115,283
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	158,124,427	27	181,002,723
	28	Temporarily restricted net assets	4,617,405	28	4,140,159
	29	Permanently restricted net assets		29	70,000
		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	162,741,832	33	185,212,882
	34	Total liabilities and net assets/fund balances	303,877,316	34	312,328,165

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ cash ☑ accrual ☐ other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b		No
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
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		No
b	If "Yes," did the organization undergo the required audit or audits?	3b		

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SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Bakersfield Memorial Hospital

Employer identification number
95-1802779

Part I **Reason for Public Charity Status** (to be completed by all organizations) (See Instructions)

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

1 ☐ A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i).**
2 ☐ A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E)
3 ☑ A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H)
4 ☐ A medical research organization operated in conjunction with a hospital described in **Section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **Section 170(b)(1)(A)(iv).** (Complete Part II)
6 ☐ A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v).**
7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II)
8 ☐ A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II)
9 ☐ An organization that normally receives (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2).** (Complete Part III)
10 ☐ An organization organized and operated exclusively to test for public safety See **Section 509(a)(4).** (See instructions)
11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally Integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		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 the supported organization?	**11g(i)**		No
(ii) a family member of a person described in (i) above?	**11g(ii)**		No
(iii) a 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		No

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section **(See Instructions)**)	**(iv)** Is the organization in col **(i)** listed in your governing document? Yes	No	**(v)** Did you notify the organization in col **(i)** of your support? Yes	No	**(vi)** Is the organization in col **(i)** organized in the U S ? Yes	No	**(vii)** Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 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.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 **Public Support** subtract line 5 from line 4						

Total Support

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

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f **15**

16a **33 1/3% Test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% Test - 2007.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10% Facts and Circumstances Test - 2008.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10% Facts and Circumstances Test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private Foundation.** If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

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

Total Support

Calendar year (or fiscal year beginning in)	**(a)** 2004	**(b)** 2005	**(c)** 2006	**(d)** 2007	**(e)** 2008	**(f)** Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total Support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Computation of Public Support Percentage

15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	**15**	
16 Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	**16**	

Computation of Investment Income Percentage

17 Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	**17**	
18 Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	**18**	

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

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

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

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

Facts and Circumstances Test

Additional Data

Software ID:
Software Version:
EIN: 95-1802779
Name: Bakersfield Memorial Hospital

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply) Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
D Bradley Hannick , Director	8 0	X						0	0	0
Dr Javier Miro , Director	8 0	X						0	0	0
Dr John R Findley , Director	8 0	X						0	0	0
Dr Madan Mukhopadhyay , Director	8 0	X						0	0	0
Russell Judd , Director	8 0	X						0	587,522	63,606
Sandra Serrano , Director	8 0	X						0	0	0
Stephen T Clifford , Director	8 0	X						0	0	0
Dr Susan P Helper , Director	8 0	X						0	0	0
Edward H Shuler , Vice Chairman	8 0	X		X				0	0	0
Robert Noriega , Secretary / Treasurer	8 0	X		X				0	0	0
Thomas W Smith , Chairman	8 0	X		X				0	0	0
Jon Van Boening , Service Area Leader	40 0	X		X				0	622,974	73,255
Jesica Hanson , CFO	40 0			X				213,805	0	32,397
Bruce Peters , VP / COO	40 0				X			270,153	0	35,317
Jim Eppink , VP / Bus Development	40 0				X			179,149	0	13,170
Kenneth Keller , VP / Bus Development	40 0				X			158,588	0	19,185
Dr Robert Marshall , VP / MA	40 0				X			283,990	0	26,326
Sheri Comaianni , VP / Human Resources	40 0				X			186,083	0	14,779
Terri Totzke , Chief Nurse Executive	40 0				X			285,168	0	8,096
Editha Lolin , Registered Nurse	40 0					X		237,522	0	24,003
Whabong Anderson , Registered Nurse	40 0					X		206,882	0	18,707
David J Lozano , Director of Pharmacy	40 0					X		201,681	0	19,998
Ruby A Tomas , Registered Nurse	40 0					X		172,935	0	26,382
Gena L Cook , Registered Nurse	40 0					X		172,792	0	26,340

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

OMB No 1545-0047

2008

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)
- Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax)
- Section 501(c)(4), (5), or (6) organizations complete Part III

Name of the organization	Employer identification number
Bakersfield Memorial Hospital	95-1802779

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations. (See the instructions for Schedule C for details.)

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures $

3 Volunteer hours

Part I-B To be completed by all organizations exempt under section 501(c)(3). (See the instructions for Schedule C for details.)

1 Enter the amount of any excise tax incurred by the organization under section 4955 $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 $

3 If the organization incurred in a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3). (See the instructions for Schedule C for details.)

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities $

2 Enter the amount of the filing organization's internal funds contributed to other organizations for section 527 exempt funtion activities $

3 Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's internal funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

A Check ☐ if the filing organization belongs to an affiliated group

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing Organization's Totals	**(b)** Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns—		

If the amount on line 1e, column (a) or (b) is:	**The lobbying nontaxable amount is:**
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

	(a)	(b)
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a Enter -0- if line g is more than line a		
i Subtract line 1f from line 1c Enter -0- if line f is more than line c		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☑ **No**

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2005	**(b)** 2006	**(c)** 2007	**(d)** 2008	**(e)** Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line d, column (e))					
f Grassroots lobbying expenditures					

Part II-B **To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines c through i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		30,750
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		No	
i	Other activities If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			30,750
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes" enter the amount of any tax incurred under section 4912			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

Part III-A **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).** (See the instructions for Schedule C for details.)

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes."** (See the instructions for Schedule C for details.)

1	Dues, assessments and similar amounts from members	1 $
2	Section 162(e) non-deductible lobbying and political expenditures ***(do not include amounts of political expenses for which the section 527(f) tax was paid).***	
a	Current Year	2a $
b	Carryover from last year	2b $
c	Total	2c $
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3 $
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4 $
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5 $

Part IV **Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier	Return Reference	Explanation
PART II-B, LINE 1F		Lobbying expenditures paid by the Parent organization for annual membership dues where expenses are allocated to the hospital American Hospital Association $ 2,836 Catholic Health Association $ 1,446 Hospital Association of So Cal $26,467

Part IV **Supplemental Information**

Identifier	Return Reference	Explanation

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Bakersfield Memorial Hospital

Employer identification number
95-1802779

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 may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

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

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

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

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

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

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

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

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

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 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 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 Trust, 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 why 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	

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	Investment earnings or losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance					

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

a Board designated or quasi-endowment ▶

b Permanent endowment ▶

c Term endowment ▶

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land	0	4,943,176		4,943,176
b Buildings	0	178,174,840	77,943,791	100,231,049
c Leasehold improvements			0	
d Equipment	0	87,382,666	65,025,122	22,357,543
e Other	0	5,138,414	2,107,233	3,031,181
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				130,562,949

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

(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other NOT PUBLICLY TRADED SECURITIES	4,677,910	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

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
INTEREST IN BAK MEM HOSP FDN	4,210,159	F
INVSTMENT IN HLTH RELATED ORGS	338,762	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
PREPAID PENSION EXPENSE	109,000
DUE FROM RELATED ORGANIZATIONS	515,476
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . ▶	

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

(a) Description of Liability	(b) Amount
Federal Income Taxes	
DUE TO RELATED PARTIES	106,275,952
OTHER NON-CURRENT LIABILITIES	137,675
PENSION PAYABLE	3,120,671
DEFERRED COMPENSATION	81,639
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	109,615,937

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 Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
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 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

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	
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	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	

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

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

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 XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
FORM 990, PART X, LINE 25		The consolidated audited financial statements did not include a FIN 48 footnote disclosure as the liability was determined not material for reporting purposes

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Bakersfield Memorial Hospital

Employer identification number
95-1802779

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

			Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a		
b	If "Yes," is it a written policy?	1b		
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☐ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care ☐ 100% ☐ 150% ☐ 200% ☐ Other ______ %	3a		
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		
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		
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy? . . .	5a		
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b		
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 eligibile for free or discounted care?	5c		
6a	Does the organization prepare an annual community benefit report?	6a		
6b	If "Yes," does the organization make it available to the public?	6b		

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

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested 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*) . .						
b Unreimbursed Medicaid (from *worksheet 3, column a*) .						
c Unreimbursed costs—other means-tested government programs (from *worksheet 3, column b*)						
d **Total** Charity Care and Means-Tested Programs .						
Other Benefits						
e Community health improvement services and community benefit operations (from (worksheet 4)						
f Health professions education (from worksheet 5) . .						
g Subsidized health services (from worksheet 6) . .						
h Research (from worksheet 7)						
i Cash and in-kind contributions to community groups (from worksheet 8) . .						
j **Total** Other Benefits . . .						
k **Total** (line 7d and 7j) . . .						

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

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

Part III **Bad Debt, Medicare, & Collection Practices** *(Optional for 2008)*

Section A. Bad Debt Expense

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

Section B. Medicare

5	Enter total revenue received from Mecicare (including DSH and IME)	5	
6	Enter Medicare allowable costs of care relating to payments on line 5	6	
7	Enter line 5 less line 6—surplus or (shortfall)	7	

8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit and the costing methodology or source used to determine the amount reported on line 6 and indicate which of the following methods was used

☐ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

			Yes	No
9a	Does the organization have a written debt collection policy?	9a		
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b		

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

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

Part V Facility Information *(Required for 2008)*

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)
Bakersfield Memorial Hospital 420 34th St Bakersfield, CA 93301	X	X					X		
Bakersfield Memorial Hospital SNF 420 34th St Bakersfield, CA 93301									Skilled Nursing
Wound Care Clinic 420 34th St Bakersfield, CA 93301									Clinic

Part VI Supplemental Information *(Optional for 2008)*

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 7, Part III, line 4, Part III, line 8, and Part III, line 9b

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 communites served

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Bakersfield Memorial Hospital

Employer identification number
95-1802779

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ **Yes** ☐ **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 if additional space is needed . . . ▶ ☐

1(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
American Heart Association 120 Montgomery St Ste 1650 San Francisco, CA 94104	13-5613797	501 (c) (3)	31,137	0	N/A	N/A	To Promote Personal or Social Health
Health and Safety Fair - KGETFile 50265 Los Angeles, CA 90074	91-1039700	N/A	7,500	0	N/A	N/A	Support Local Community
Bakersfield City School1300 Baker Street Bakersfield, CA 93305	95-6000671	501 (c) (3)	5,150	0	N/A	N/A	Support to Local Community

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 29

3 Enter total number of other organizations . . . ▶ 7

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	**(b)** Number of recipients	**(c)** Amount of cash grant	**(d)** Amount of non-cash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Identifier	**Return Reference**	**Explanation**
PART I - GENERAL INFORMATION ON GRANTS & ASSISTANCE		PART I, LINE 2 Grants are provided to the community to further the mission of the hospital and support various community programs The Director of Special Needs reviews and approves all grants and donations to such programs/events Once the grant is provided no further tracking is conducted as the organizations receiving the grant are charitable organizations

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493125011050

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Bakersfield Memorial Hospital

Employer identification number
95-1802779

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all 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**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	**4c**		No
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization? If "Yes," to line 5a or 5b, describe in Part III	**5b**		No
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**		No
b	Any related organization? If "Yes," to line 6a or 6b, describe in Part III	**6b**		No
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**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured 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**		No

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Russell Judd	(i)	0	0	0	0	0	0	0
	(ii)	328,533	249,568	9,421	37,844	25,762	651,128	413,834
Jon Van Boening	(i)	0	0	0	0	0	0	0
	(ii)	331,038	262,595	29,341	38,537	34,718	696,229	428,114
Bruce Peters	(i)	201,451	59,862	8,840	20,890	14,427	305,470	154,769
	(ii)	0	0	0	0	0	0	0
Jesica Hanson	(i)	164,448	49,106	251	18,108	14,289	246,202	126,558
	(ii)	0	0	0	0	0	0	0
Jim Eppink	(i)	166,848	10,000	2,301	9,484	3,686	192,319	0
	(ii)	0	0	0	0	0	0	0
Kenneth Keller	(i)	127,067	0	31,521	10,773	8,412	177,773	177,773
	(ii)	0	0	0	0	0	0	0
Dr Robert Marshall	(i)	215,965	61,746	6,279	15,278	11,048	310,316	163,305
	(ii)	0	0	0	0	0	0	0
Sheri Comaianni	(i)	139,602	41,378	5,103	9,903	4,876	200,862	107,158
	(ii)	0	0	0	0	0	0	0
Editha Lolin	(i)	216,129	13,443	7,950	15,827	8,176	261,525	108,464
	(ii)	0	0	0	0	0	0	0
Whabong Anderson	(i)	191,539	2,630	12,713	13,658	5,049	225,589	96,170
	(ii)	0	0	0	0	0	0	0
David J Lozano	(i)	155,257	36,028	10,396	16,991	3,007	221,679	108,583
	(ii)	0	0	0	0	0	0	0
Ruby A Tomas	(i)	159,179	13,154	602	12,342	14,040	199,317	0
	(ii)	0	0	0	0	0	0	0
Gena L Cook	(i)	161,794	10,611	387	12,333	14,007	199,132	81,297
	(ii)	0	0	0	0	0	0	0
Terri Totzke	(i)	71,540	0	213,628	5,966	2,130	293,264	293,263
	(ii)	0	0	0	0	0	0	0
	(i)							
	(ii)							

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

Identifier	Return Reference	Explanation
PART I, LINE 3		Although the organization employs personnel, the Organization relied on a related organization, Catholic Healthcare West, that used one or more of the methods described in Schedule J, Part I, Line 3, to establish the Organization's Service Area Leader's compensation See Schedule O disclosure for Form 990, Part VI, Section B, Line 15a for additional information
PART I, LINE 4a		Terri Totzke a former key employee received a severance payout in the amount of $179,608 from the organization The organization's key employees and its highest compensated employees participate in a severance plan that provides fair compensation, ranging from payments of 2 months to 12 months of base compensation, depending on the executive's position, in the event of a position elimination or other involuntary termination, in accordance with the guidelines
PART I, LINE 4b		Certain officers and key employees participate in the CHW Excess Benefit Plan, a nonqualified supplemental benefit plan limited to participants in the CHW Retirement Plan whose benefits are affected by the limitations imposed by sections 401(a)(17) and 415 of the Internal Revenue Code Benefit service under this plan was frozen as of January 1, 2008 CHW's key employees and certain officers and highly compensated employees hired prior to June 30, 2006 are eligible to participate in the CHW Executive Deferred Compensation Plan, a nonqualified 457(f) plan which is intended to provide a benefit approximating the difference, if any, between the benefit provided under the CHW Excess Benefit Plan and the benefit provided under the qualified benefit plan that substantially replaced the Excess Plan No benefit will vest under the 457(f) plan before the later of the attainment of age 62 while employed or the completion of 15 years of service
PART II, SUPPLEMENTAL DISCLOSURES		The organization's executive compensation philosophy is designed to assist the organization in attracting and retaining the caliber of executives required to enable the organization to fulfill its mission of providing high quality healthcare for all persons regardless of their ability to pay for services, improving the quality of life in the communities the organization serves, promoting employee satisfaction, and ensuring financial stability A substantial portion of executive compensation is performance based and is linked to organizational goals approved in advance by the Compensation and Benefits Committee These goals include attainment of annual and long-term financial performance, certain healthcare quality standards and the organization's commitment to serving the poor and disenfranchised in the communities it serves Column (F) Compensation Reported in Prior Form 990 - Due to the requirements pursuant to the revised Form 990, compensation and benefits information is presented for the calendar year ending within the organization's tax year As such, amounts reported in CHW's 2007 Form 990 related to the period from January 1, 2008 through June 30, 2008, have been repeated in the calendar 2008 reportable compensation amounts in this 2008 Form 990 These amounts have been included in column (F) as amounts reported in a prior Form 990

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 95-1802779
Name: Bakersfield Memorial Hospital

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Russell Judd	(i)	0	0	0	0	0	0	0
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	(ii)	0	0	0	0	0	0	0
Ruby A Tomas	(i)	159,179	13,154	602	12,342	14,040	199,317	0
	(ii)	0	0	0	0	0	0	0
Gena L Cook	(i)	161,794	10,611	387	12,333	14,007	199,132	81,297
	(ii)	0	0	0	0	0	0	0
Terri Totzke	(i)	71,540	0	213,628	5,966	2,130	293,264	293,263
	(ii)	0	0	0	0	0	0	0

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SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Bakersfield Memorial Hospital

Employer identification number
95-1802779

Identifier	Return Reference	Explanation
PART VI - GOVERNANCE, MANAGEMENT, DISCLOSURE		SECTION A, LINE 6 The sole corporate member is Catholic Healthcare West, a 501(c)(3) exempt organization SECTION A, LINE 7A CHW, as the sole corporate member, ratifies the selection of members and the CHW Board approves new Board members of the organization SECTION A, LINE 7B Reserved rights of the corporate member include adoption of mission and philosophy statements, amendment or restatement of articles of incorporation and bylaws, dissolution of the corporation, acquisition of another corporation, creation of a new subsidiary, merger or consolidation with another corporation, participation as a general or limited partner in any venture, incurring long-term indebtedness in excess of normal operating requirements, ratification of board member appointments and dismissals, selection and removal of independent auditors, and transactions outside the ordinary course of business SECTION A, LINE 10 The Board of Directors has delegated the review of the Form 990 to the Finance and Planning Committee The organization's CFO and Controller worked closely with the Parent Organization and the outside accounting firm it engaged to review the return and present each section of the final draft of Form 990, excluding compensation schedules to the Finance and Planning Committee Subsequent to its review, the Finance and Planning Committee reported back to the Board regarding its oversight of the Form 990 and the final draft, excluding compensation schedules was provided to the entire voting Board before the return was filed SECTION B, LINE 12C The Organization has adopted CHW's Conflicts of Interest Policy The Organization's Board is charged with monitoring proposed or ongoing transactions for conflicts of interest and addressing any potential or actual conflicts Pursuant to the Conflicts of Interest Policy, an annual conflict of interest questionnaire, aimed at determining any family and business relationships and transactions or other transactions that may pose a potential conflict, is distributed to all covered persons (e g , board members, officers and executive leadership, key employees) Covered persons are required to disclose real or potential conflicts at the time such conflicts arise When someone becomes a covered person and annually thereafter, each covered person is required to sign a statement affirming that he/she (1) has received a copy of the Conflicts of Interest Policy, (2) has read the Policy and understands said Policy, and (3) agrees to comply with all requirements of the Policy, including completing the conflicts of interest questionnaire The completed questionnaires are reviewed by CHW's Legal Department and any persons with actual or potential conflicts are informed via written communication The procedures for addressing any conflict of interest include, but are not limited to, the following (1) the conflicting interest is fully disclosed to the Board, (2) the interested person responds to factual questions related to the substance of the transaction or arrangement being considered, after which he/she shall leave the meeting, (3) the person with the conflict of interest is excluded from the discussion and approval of such transaction, (4) alternatives to the proposed transaction are investigated, competitive bids or comparable valuations are obtained, (5) any conflicting issues during the course of a Board meeting which cannot be resolved is referred to the Governance Committee, and (6) the transaction or action must be approved by a majority of disinterested persons All conflicts of interest, whether resolved or unresolved, are reported in the Organization's Form 990 SECTION B, LINE 15A Although the organization employs personnel, the Service Area Leader is compensated by Catholic Healthcare West (CHW) CHW's Compensation and Benefits department conducts an annual review and analysis to provide benchmarking data for the total compensation and benefits package of the Service Area Leader Appropriate comparability data for similar jobs in peer companies (both taxable and tax-exempt) is obtained from independent third-party survey sources SECTION B, LINE 15B Compensation of other Key Employees is based on a comprehensive evaluation focusing on all aspects of the incumbents assigned duties and assessed performance in carrying out the philosophy and mission of CHW and its sponsoring congregations Additionally, comparative data and market surveys regarding compensation in the surrounding marketplace are considered The salaries are finalized by the Service Area Leader in coordination with the organization's VP of Human Resources SECTION C, LINE 19 Federal tax laws do not mandate that the organization's governing documents, conflict of interest policy and financial statements be made available for public inspection The organization makes its financial statements available upon request

Identifier	Return Reference	Explanation
PART XI - FINANCIAL STATEMENTS/REPORTING		PART XI, LINE 2 AND PART IV, LINE 12 The organization's financial statements were audited on a consolidated basis and included in Catholic Healthcare West and Subordinate Corporations' audited annual financial statements prepared in accordance with GAAP

Identifier	Return Reference	Explanation
Supplement Part III - Community Benefit Report		SECTION 1 - QUALITATIVE DESCRIPTION OF COMMUNITY BENEFIT 1 Organizational Commitment to Providing Community Benefit A Our Mission Bakersfield Memorial Hospital, a subsidiary of Catholic Healthcare West (CHW), dedicates resources to - Delivering compassionate, high-quality, affordable health services, - Serving and advocating for our sisters and brothers who are poor and disenfranchised, and - Partnering with others in the community to improve the quality of life Bakersfield Memorial Hospital - 420 34th Street, Bakersfield, CA 93301, (661) 327-4647 Founded in 1956 in northeast Bakersfield, Bakersfield Memorial Hospital is a 283-bed acute care hospital with an additional 24-bed skilled nursing facility Memorial offers comprehensive cardiovascular services, as well as obstetrics, pediatrics, orthopedics, emergency care, outpatient surgery, and wound care/hyperbaric As part of the hospital's emergency services, a specially trained Sexual Assault Response Team (S A R T) provides compassionate care to victims of sexual violence This facility employs 1,241 people Inpatient Services include Acute medical/surgical care/psychiatric, skilled nursing, a cancer center, cardiovascular surgery, cardiac catheterization lab, emergency/quick care, intensive care, pharmacy, surgery, speech pathology, social services, respiratory care, physical therapy, transitional care unit and women and infant care unit Outpatient services include Ambulatory treatment center, cardiac rehabilitation, cardiopulmonary, diagnostic imaging, laboratory, outpatient surgery center, rehabilitation services, and wellness/occupational medicine Support services include Chaplaincy program, educational services, health sciences library, as well as support, time and money to organization and individuals throughout the community B Community Benefit Following is a description of the activities that the hospital has undertaken in order to address identified community needs within its mission and financial capacity, and the process by which the hospital developed the plan in consultation with the community CA State Senate Bill 697 mandates California hospitals to - Complete a Community Needs and Assets Assessment every 3 years - Establish priorities in collaboration with community stakeholders - Plan and monitor progress toward established outcomes A Community Benefit Committee of the Bakersfield Memorial Hospital Board of Directors assists the hospital's Department of Special Needs & Community Outreach in prioritizing programs that are in line with the hospital's strategic plan Committee members include representatives of the hospital's management team, business community, social service agencies, community volunteers, board members and staff The group meets three times a year to help ensure that the outreach services respond to the identified community needs and are effectively working to improve the overall health status of the community Geographic Area and Target Population Kern County Community Demographics - Population 817,517 - Diversity 43% Caucasian, 42 7% Hispanic, 6 3% African American, 4 3% Asian/Pacific Islander, 1 7% American Indian/Alaskan, 2% multi-race - Average Income 54,418 - Uninsured 18% - Unemployed 8 3% - No HS Diploma 32% - Renter 38% Catholic Healthcare West developed a Community Needs Index (CNI) that considers in aggregate the socio-economic barriers residents face, including income, education, insurance, language / culture and housing barriers Each geographic service area, determined by 80% or more of hospital discharges, was considered The higher the score, the greater risk residents of the zip code have in needing health services CHW's community benefit efforts have a primary focus on the areas with disproportionate unmet health-related needs Primary Service Area CNI Score 93306 4 6 93308 4 4 93307 5 0 93309 4 2 93304 5 0 93312 2 0 93305 5 0 93301 5 0 93313 3 4 93311 2 8 93561 4 0 93215 5 0 93280 5 0 Total 4 3 Major trends, needs, and problems in the community Needs Assessment Survey Priorities - Education - Increasing high school graduation rates - Basic human needs - Early childhood development - Affordable housing - After-school programs - Independent living for seniors Major strategies to address identified needs and problems Bakersfield Memorial Hospital's Community Benefit programs are either clinical or non-clinical in nature, and include activities and/or programs that provide treatment and/or promote health and healing that are - Responsive to identified health priorities determined in collaboration with community stakeholders, - Focused on persons who are poor, disenfranchised or located in an area with disproportionate unmet health needs, - Integrated into the facility's strategic planning and budgeting process, and - Planned and implemented with program objectives and measurable outcomes that are beneficial to community stakeholders In defining the community served by Bakersfield Memorial Hospital, strong consideration was focused upon specific resources, including OSHPD's definition of community as the service area, as well as demographic information provided by regional or local government agencies, reimbursement agencies, University studies/surveys, and the United States Census Bureau In addition recognition of pertinent information regarding the patients or clients that are served in this program, other criteria that has been considered includes - Needs to serve - those who demonstrate the greatest need for services - Can most readily serve - those in the hospital's immediate vicinity - Identified in the Community Need Index (CNI) - those key ambulatory sensitive conditions that must be appropriately addressed for those living in neighboring zip codes that are measured to be within the 4 2 to 5 0 category of most needy - Identified in the Community Needs Assessment (CNA) - those prioritized service elements that are identified in the 2006 CNA Using the criteria outlined above, the following priorities were established and then validated by Mercy Hospitals' Community Board, the Bakersfield Memorial Hospital Board, and the Community Benefit Committee - Programs and services for youth - Childhood obesity - Primary healthcare and/or access for the un/underinsured - Basic human needs for the un/underinsured - Jobs and training - Programs and services for seniors Because these community concerns represent complex problems that cannot be solved by a single agency, our approach to community benefit programming involves collaborations with other organizations and agencies in the public, private, and nonprofit sectors Hospital's relationships with community organizations to improve community health, improve access to health care, or in other ways benefit the community Other stakeholders involved in the selection of priorities are those organizations with which Bakersfield Memorial Hospital cosponsors community benefit programs and outreach activities Some include the Kern County Public Health Department, Southeast Bakersfield Neighborhood Partnership, Greater Bakersfield Legal Assistance, Clinica Sierra Vista, United Way of Kern County, Goodwill Industries of South Central California, Taft College Dental Hygiene Clinic, Community Action Partnership of Kern, Kern Family Health Care, Kern County Department of Human Services, National Health Services, Kern County Network for Children, First 5 Kern and Stop the Violence

Identifier	Return Reference	Explanation
Community Benefit Report Continued		Dedicated staffs to assist the community benefit effort The hospital has dedicated staff to coordinate the community benefit efforts C Payment assistance policy for low-income persons and its communication to the public CATHOLIC HEALTHCARE WEST SUMMARY OF PATIENT FINANCIAL ASSISTANCE POLICY Policy Overview Catholic Healthcare West (CHW) is committed to providing financial assistance to persons who have health care needs and are uninsured or under-insured, ineligible for a government program, and otherwise unable to pay for medically necessary care based on their individual financial situations Consistent with its mission to deliver compassionate, high quality, affordable health care services, and to advocate for those who are poor and disenfranchised, CHW strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care Financial assistance is not considered to be a substitute for personal responsibility, and patients are expected to cooperate with CHW's procedures for obtaining financial assistance, and to contribute to the cost of their care based on individual ability to pay Individuals with financial capacity to purchase health insurance shall be encouraged to do so as a means of assuring access to health care services Eligibility for Patient Financial Assistance - Eligibility for financial assistance will be considered for those individuals who are uninsured, ineligible for any government health care benefit program, and unable to pay for their care, based upon a determination of financial need in accordance with the policy - The granting of financial assistance shall be based on an individualized determination of financial need, and shall not take into account age, gender, race, or immigration status, sexual orientation or religious affiliation Determination of Financial Need - Financial need will be determined through an individual assessment that may include - an application process in which the patient or the patient's guarantor is required to cooperate and supply all documentation necessary to make the determination of financial need, - the use of external publicly available data sources that provide information on a patient's or a patient's guarantor's ability to pay, - a reasonable effort by the CHW facility to explore and assist patients in applying for appropriate alternative sources of payment and coverage from public and private payment programs, and will take into account the patient's assets and other financial resources - It is preferred but not required that a request for financial assistance and a determination of financial need occur prior to rendering of services The need for financial assistance may be re-evaluated at each subsequent rendering of services, or at any time additional information relevant to the eligibility of the patient for financial assistance becomes known - CHW's values of human dignity and stewardship shall be reflected in the application process, financial need determination and granting of financial assistance Requests for financial assistance shall be processed promptly, and the CHW facility shall notify the patient or applicant in writing within 30 days of receipt of a completed application Patient Financial Assistance Guidelines Services eligible under the policy will be made available to the patient on a sliding fee scale, in accordance with financial need as determined by the Federal Poverty Level (FPL) in effect at the time of the determination as follows - Patients whose income is at or below 200% of the FPL are eligible to receive free care, - Patients whose income is above 200% but not more than 350% of the FPL are eligible to receive services at the average rates of payment the CHW facility would receive from Medicare, Medicaid (Medi-Cal), Healthy Families, or any other government-sponsored health program in which the hospital participates, whichever is greater in amount for the same services, - Patients whose income is above 350% but not more than 500% of the FPL are eligible to receive services at 135% of the average rates the CHW facility would receive from Medicare, Medicaid (Medi-Cal), Healthy Families, or any other government-sponsored health program in which the hospital participates, whichever is greater for the same services, - Patients whose income exceeds 500% of the FPL may be eligible to receive discounted rates on a case-by-case basis based on their specific circumstances, such as catastrophic illness or medical indigence, at the discretion of the CHW facility CHW's administrative policy for Eligibility and Application for Payment Assistance shall define what qualifies as income for these purposes Communication of the Financial Assistance Program to Patients and the Public - Information about patient financial assistance available from CHW, including a contact number, shall be disseminated by the CHW facility by various means, including the publication of notices in patient bills and by posting notices in the Emergency and Admitting Departments, and at other public places as the CHW facility may elect Such information shall be provided in the primary languages spoken by the populations served by the CHW facility - Any member of the CHW facility staff or medical staff may make referral of patients for financial assistance The patient or a family member, a close friend or associate of the patient may also make a request for financial assistance Budgeting and Reporting - Specific dollar amounts and annual plans for patient financial assistance will be included within the Social Accountability Budget of the CHW facility CHW facilities will report patient financial assistance calculated at cost in the annual Social Accountability Report and may voluntarily report such information as deemed appropriate - Patient financial assistance statistics shall be disclosed in annual financial statements but shall not include amounts that are properly considered to be bad debt or contractual discounts Relationship to Collection Policies - CHW system management shall develop policies and procedures for internal and external collection practices by CHW facilities that take into account the extent to which the patient qualifies for financial assistance, a patient's good faith effort to apply for a governmental program or for financial assistance from CHW, and a patient's good faith effort to comply with his or her payment agreements with the CHW facility - For patients who qualify for financial assistance and who are cooperating in good faith to resolve their hospital bills, CHW facilities may offer interest-free extended payment plans to eligible patients, will not impose wage garnishments or liens on primary residences and will not send unpaid bills to outside collection agencies Regulatory Requirements In implementing this policy, CHW management and CHW facilities shall comply with all federal, state and local laws, rules and regulations that may apply to activities conducted pursuant to this policy

Identifier	Return Reference	Explanation
Community Benefit Report Continued		2 Organizational Description for Tax Exemption The hospital - operates an emergency room that is open to all persons regardless of ability to pay, - has an open medical staff with privileges available to all qualified physicians in the area, - has a governing body in which independent persons representative of the community comprise a majority, - does not engage in medical or scientific research programs, - engages in the training and education of health care professionals, - participates in Medicaid, Medicare, CHAMPUS, Tricare and/or other government-sponsored health care programs 3 Description of Community Benefit Programs - CHW Learning Center, CHW Outreach Center Nestled in the underprivileged neighborhoods of southeast Bakersfield, these two facilities serve as the hub of community outreach services These programs, in collaboration with other agencies, provide food, clothing, shelter, education and health services to the most vulnerable residents of the community The following represent seven of the hospital's community benefit programs - Community Wellness Program provides community health screenings and education associated with diabetes, hypertension, and stress and cholesterol management in addition to classes in improving nutrition, fitness and overall lifestyle to Kern County residents Additionally, the program will continue to focus on the enhancement strategies set forth in the Advancing the State of the Art in Community Benefit (ASACB) planning model and become the premier provider in Kern County , - Healthy Promotions Dental Program assists the underserved and uninsured residents of Kern County by providing them with access to dental care services and education at no costs to them The program provides screening, routine dental examinations and preventive care, transportation to -appointments, and follow-up services for uninsured adults - Value Enhancement Program provides a youth center with an after-school program, and educating teens about healthy lifestyle choices - Homework Club (after-school tutoring and social/cultural enrichment activities) - Homemaker Care Program provides in-home assistance for the frail elderly and disabled adults who need assistance in living independently, and job training for people who are transitioning from unemployment into the workforce and who have interest in working with disabled adults and seniors - Children's Health Initiative is focused on preventive health care by meeting the insurance needs of low-income children ages 0-18 who otherwise would be uninsured - Empowerment provides patients with chronic diseases with the knowledge, tools, and motivation needed to become proactive in their health The goal of Empowerment is to achieve a 5% decrease in hospital readmissions for participants taking part in this preventative health intervention 4 Links to Additional Community Benefit Information Payment Assistance Information http //www bakersfieldmemorial org/Patients_And_Visitors/Billing_Information/BMHV2_M063819 The Community Benefit Report http //www chwhealth org/stellent/groups/public/@xinternet_con_sys/documents/webcontent/bmh_m060207 pdf SECTION 2 - QUANTIFIABLE COMMUNITY BENEFIT UNSPONSORED COMMUNITY BENEFIT EXPENSE Unsponsored community benefits are programs or activities that provide treatment and/or promote health and healing as a response to identified community needs These benefits (a) generate a low or negative margin, (b) respond to the needs of special populations, such as persons living in poverty and other disenfranchised persons, (c) supply services or programs that would likely be discontinued, or would need to be provided by another not-for-profit or government provider, if the decision was made on a purely financial basis, (d) respond to public health needs, and/or (e) involve education or research that improves overall community health Benefits for the Poor include services provided to persons who are economically poor or are medically indigent and cannot afford to pay for healthcare services because they have inadequate resources and/or are uninsured or underinsured Benefits for the Broader Community refer to persons in the general community, beyond and including those in a target population Most services for the broader community are aimed at improving the health and welfare of the overall community Traditional Charity Care is free or discounted health services provided to persons who cannot afford to pay and who meet CHW's criteria for payment assistance Net Community Benefit, excluding the unpaid cost of Medicare, is the total cost incurred after deducting direct offsetting revenue from government reimbursement, patients, donations and other sources The following is a summary of Bakersfield Memorial Hospital's community benefits for the year ended June 30, 2009, in terms of services to the poor and benefits for the broader community, which has been prepared in accordance with the Catholic Health Association of the United States' publication, A Guide for Planning and Reporting Community Benefit Bakersfield Memorial Hospital Complete Summary of Community Benefit Classified as to Poor and Broader Community For period 7/1/2008 through 6/30/2009 Persons Net Comm % of Served Ben Exp Exp Benefits for the Poor Traditional Charity Care 4,507 4,462,515 1 8% Unpaid Costs of Medicaid/Medi-Cal 34,107 17,729,665 7 1% Other Public Programs Community Services Community Health Services 23,246 222,210 0 1% Subsidized Health Services 30,759 690,573 0 3% Cash and In Kind Contributions 21,398 260,892 0 1% Community Building Activities 5,657 29,881 0 0% Community Benefit Operations 276 20,313 0 0% Total Community Services 81,336 1,223,869 0 5% Total Benefits for the Poor 119,950 23,416,049 10 3% Benefits for the Broader Community Community Services Community Health Services 4,053 101,652 0 0% Cash and In Kind Contributions 556 58,623 0 0% Community Building Activities 2,820 98,403 0 0% Community Benefit Operations 3,355 104,969 0 0% Total Community Services 10,784 363,647 0 2% Total Benefits for the Broader Community 10,784 363,647 0 2% Total Excluding Unpaid Cost of Medicare 130,734 23,779,696 10 5% Unpaid Costs of Medicare 15,252 9,103,196 4 0% Grand Total Including Unpaid Cost of Medicare 145,986 32,882,892 14 5%

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Bakersfield Memorial Hospital

Employer identification number
95-1802779

Part I Identification of Disregarded Entities

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

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
Catholic Healthcare West 185 Berry Street San Francisco, CA94107 94-1196203	Hospital	CA	501(c)(3)	3	NA
Bakersfield Memorial Hospital Foundation 420 34th Street Bakersfield, CA93301 95-3555043	Fundraising	CA	501(c)(3)	11a	NA

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproprtionate allocations? Yes	(H) No	(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner? Yes	(J) No
Kern Home Health Resources 26220 Enterprise Court Lake Forest, CA92630 33-0184040	Home infusion	CA	NA	Related	294,340	385,570		No	0		No

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

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

Part V Transactions with Related Organizations

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

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

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

	(A) Name of other organization(s)	**(B)** Transaction type(a-r)	**(C)** Amount Involved
(1)	NONE		
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership

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?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No