

NOV 15 2019

NOV 21 2019

NOV 18 2019

Form 990-T

# Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0687

2018

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue Service

For calendar year 2018 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

A Check box if address changed	Print or Type	Name of organization (Check box if name changed and see instructions) <b>BJC HEALTH SYSTEM</b>	D Employer identification number (Employees' trust, see instructions) <b>43-1617558</b>
		DBA <b>BJC HEALTHCARE</b>	E Unrelated business activity code (See instructions) <b>525990</b>
		Number, street, and room or suite no. If a P O box, see instructions <b>4901 FOREST PARK AVE MS9075570</b>	
		City or town, state or province, country, and ZIP or foreign postal code <b>ST. LOUIS, MO 63108-1402</b>	
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) ) 408(e) 220(e) 408A 530(a) 529(a)		F Group exemption number (See instructions) <b>3844</b>	
C Book value of all assets at end of year <b>4,753,212,915.</b>		G Check organization type <input checked="" type="checkbox"/> 501(c) corporation 501(c) trust 401(a) trust Other trust	

H Enter the number of the organization's unrelated trades or businesses. **4** Describe the only (or first) unrelated trade or business here **PARTNERSHIP INVESTMENT INCOME** If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V

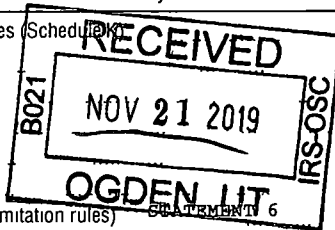
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes ☒ No

If "Yes," enter the name and identifying number of the parent corporation

J The books are in care of **NICK BARTO** Telephone number **314-286-2057**

Part I Unrelated Trade or Business Income				(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales		1c			
b	Less returns and allowances		2			
2	Cost of goods sold (Schedule A, line 7)		3			
3	Gross profit Subtract line 2 from line 1c		4a			
4a	Capital gain net income (attach Schedule D)		4b			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4c			
c	Capital loss deduction for trusts		5	-7,246,611.	STMT 1	-7,246,611.
5	Income (loss) from a partnership or an S corporation (attach statement)		6			
6	Rent income (Schedule C)		7			
7	Unrelated debt-financed income (Schedule E)		8			
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		9			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		10			
10	Exploited exempt activity income (Schedule I)		11			
11	Advertising income (Schedule J)		12	125,512.		125,512.
12	Other income (See instructions, attach schedule) <b>STATEMENT 2</b>		13	-7,121,099.		-7,121,099.
13	Total. Combine lines 3 through 12					

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income)					
14	Compensation of officers, directors, and trustees (Schedule K)		14		
15	Salaries and wages		15		
16	Repairs and maintenance		16		
17	Bad debts		17		
18	Interest (attach schedule) (see instructions)	SEE STATEMENT 3	18	3,635.	
19	Taxes and licenses		19	232,226.	
20	Charitable contributions (See instructions for limitation rules)	SEE STATEMENT 4	20	0.	
21	Depreciation (attach Form 4562)	21			
22	Less depreciation claimed on Schedule A and elsewhere on return	22a			
23	Depletion		23		
24	Contributions to deferred compensation plans		24		
25	Employee benefit programs		25		
26	Excess exempt expenses (Schedule I)		26		
27	Excess readership costs (Schedule J)		27		
28	Other deductions (attach schedule)	SEE STATEMENT 5	28	2,659,894.	
29	Total deductions Add lines 14 through 28		29	2,895,755.	
30	Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13		30	-10,016,854.	
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		31		
32	Unrelated business taxable income Subtract line 31 from line 30		32	-10,016,854.	



2939332003000 9

**Part III Total Unrelated Business Taxable Income**

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	56,495.
34	Amounts paid for disallowed fringes	34	177,021.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) STMT 15	35	233,516.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	38	0.

**Part IV Tax Computation**

39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: Tax rate schedule or Schedule D (Form 1041)	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0.

**Part V Tax and Payments**

45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a	
b	Other credits (see instructions)	45b	
c	General business credit. Attach Form 3800	45c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d	
e	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	0.
47	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
50a	Payments: A 2017 overpayment credited to 2018	50a	820,000.
b	2018 estimated tax payments	50b	
c	Tax deposited with Form 8868	50c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d	
e	Backup withholding (see instructions)	50e	
f	Credit for small employer health insurance premiums (attach Form 8941)	50f	
g	Other credits, adjustments, and payments: Form 2439	50g	950,350.
	Form 4136 <input checked="" type="checkbox"/> Other 950,350. Total	50g	950,350.
51	Total payments. Add lines 50a through 50g. SEE STATEMENT 8	51	1,770,350.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	1,770,350.
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax 1,770,350. Refunded	55	0.

**Part VI Statements Regarding Certain Activities and Other Information** (see instructions)

56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here SEE STATEMENT 7	Yes	No
		X	
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file		X
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$ 36,787.		

Sign Here

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

Signature of officer NICK BARTO Date 11/14/19 Title SR VICE PRES & CFO

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

Paid Preparer Use Only

Print/Type preparer's name JESSICA A. WAGENER Preparer's signature [Signature] Date 11-15-19 Check self-employed ☐ PTIN P01622613

Firm's name ERNST & YOUNG US LLP Firm's EIN 34-6565596

Firm's address 155 N WACKER DRIVE Phone no. 312-879-2000

Firm's address CHICAGO, IL 60606

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation **N/A**

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	Cost of goods sold Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3	Cost of labor	3					
4a	Additional section 263A costs (attach schedule)	4a		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
b	Other costs (attach schedule)	4b					
5	Total Add lines 1 through 4b	5					

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

**1** Description of property

(1)	
(2)	
(3)	
(4)	

2 Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total 0.	Total 0.	
(c) Total income Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) 0.		(b) Total deductions Enter here and on page 1, Part I, line 6, column (B) 0.

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property	2 Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			0.	0.
Total dividends-received deductions included in column 8			0.	0.

Form 990-T (2018)

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7 Taxable income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)
<b>Totals</b>			0.	0.

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A)	Enter here and on page 1, Part I, line 9, column (B)	
<b>Totals</b>		0.	0.	

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)	Enter here and on page 1, Part II, line 26		
<b>Totals</b>		0.	0.	0.		

**Schedule J - Advertising Income** (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals (carry to Part II, line (5))</b>		0.	0.			0.

**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b>	0.	0.				0.
<b>Totals, Part II (lines 1-5)</b>	Enter here and on page 1, Part I, line 11, col (A) 0.	Enter here and on page 1, Part I, line 11, col (B) 0.				Enter here and on page 1, Part II, line 27 0.

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total</b> Enter here and on page 1, Part II, line 14			0.

Form 990-T (2018)

**SCHEDULE M  
(Form 990-T)**

**Unrelated Business Taxable Income for  
Unrelated Trade or Business**

ENTITY 1

OMB No 1545-0687

**2018**

Department of the Treasury  
Internal Revenue Service (99)

For calendar year 2018 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for  
501(c)(3) Organizations Only

Name of the organization **BJC HEALTH SYSTEM**  
**DBA BJC HEALTHCARE**

Employer identification number  
**43-1617558**

Unrelated business activity code (see instructions) ▶ **541300**

Describe the unrelated trade or business ▶ **CLINICAL ENGINEERING SERVICES INCOME**

<b>Part I Unrelated Trade or Business Income</b>				(A) Income	(B) Expenses	(C) Net
<b>1 a</b>	Gross receipts or sales	<b>3,540,790.</b>				
<b>b</b>	Less returns and allowances		<b>c Balance ▶</b>	<b>1c</b>	<b>3,540,790.</b>	
<b>2</b>	Cost of goods sold (Schedule A, line 7)			<b>2</b>		
<b>3</b>	Gross profit Subtract line 2 from line 1c			<b>3</b>	<b>3,540,790.</b>	<b>3,540,790.</b>
<b>4 a</b>	Capital gain net income (attach Schedule D)			<b>4a</b>		
<b>b</b>	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			<b>4b</b>		
<b>c</b>	Capital loss deduction for trusts			<b>4c</b>		
<b>5</b>	Income (loss) from a partnership or an S corporation (attach statement)			<b>5</b>		
<b>6</b>	Rent income (Schedule C)			<b>6</b>		
<b>7</b>	Unrelated debt-financed income (Schedule E)			<b>7</b>		
<b>8</b>	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)			<b>8</b>		
<b>9</b>	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			<b>9</b>		
<b>10</b>	Exploited exempt activity income (Schedule I)			<b>10</b>		
<b>11</b>	Advertising income (Schedule J)			<b>11</b>		
<b>12</b>	Other income (See instructions, attach schedule)			<b>12</b>		
<b>13</b>	<b>Total.</b> Combine lines 3 through 12			<b>13</b>	<b>3,540,790.</b>	<b>3,540,790.</b>

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions ) (Except for contributions, deductions must be directly connected with the unrelated business income )

<b>14</b>	Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>	
<b>15</b>	Salaries and wages	<b>15</b>	<b>963,552.</b>
<b>16</b>	Repairs and maintenance	<b>16</b>	
<b>17</b>	Bad debts	<b>17</b>	
<b>18</b>	Interest (attach schedule) (see instructions)	<b>18</b>	
<b>19</b>	Taxes and licenses	<b>19</b>	
<b>20</b>	Charitable contributions (See instructions for limitation rules)	<b>20</b>	
<b>21</b>	Depreciation (attach Form 4562)	<b>21</b>	
<b>22</b>	Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>	
<b>23</b>	Depletion	<b>23</b>	
<b>24</b>	Contributions to deferred compensation plans	<b>24</b>	
<b>25</b>	Employee benefit programs	<b>25</b>	<b>374,716.</b>
<b>26</b>	Excess exempt expenses (Schedule I)	<b>26</b>	
<b>27</b>	Excess readership costs (Schedule J)	<b>27</b>	
<b>28</b>	Other deductions (attach schedule) SEE STATEMENT 9	<b>28</b>	<b>2,146,027.</b>
<b>29</b>	<b>Total deductions.</b> Add lines 14 through 28	<b>29</b>	<b>3,484,295.</b>
<b>30</b>	Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	<b>30</b>	<b>56,495.</b>
<b>31</b>	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	<b>31</b>	
<b>32</b>	<b>Unrelated business taxable income</b> Subtract line 31 from line 30	<b>32</b>	<b>56,495.</b>

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

Form 990-T (2018) BJC HEALTH SYSTEM  
DBA BJC HEALTHCARE

43-1617558

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation **N/A**

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold Subtract line 6		
3 Cost of labor	3		from line 5. Enter here and in Part I,		
4a Additional section 263A costs			line 2	7	
(attach schedule)	4a				
b Other costs (attach schedule)	4b		8 Do the rules of section 263A (with respect to		Yes No
			property produced or acquired for resale) apply to		
5 Total Add lines 1 through 4b	5		the organization?		X

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**  
(see instructions)

1 Description of property		
(1)		
(2)		
(3)		
(4)		
2 Rent received or accrued		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total 0.	Total 0.	
(c) Total income Add totals of columns 2(a) and 2(b) Enter here and on page 1, Part I, line 6, column (A)		(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)
0.		0.

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
			0.	0.
Total dividends-received deductions included in column 8				0.

Form 990-T (2018)

**SCHEDULE M**  
**(Form 990-T)**

**Unrelated Business Taxable Income for**  
**Unrelated Trade or Business**

ENTITY 2

OMB No 1545-0687

**2018**

Department of the Treasury  
Internal Revenue Service (99)

For calendar year 2018 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for  
501(c)(3) Organizations Only

Name of the organization **BJC HEALTH SYSTEM**  
**DBA BJC HEALTHCARE** Employer identification number **43-1617558**

Unrelated business activity code (see instructions) ▶ **541610**

Describe the unrelated trade or business ▶ **TRANSFORMATION SUPPORT**

<b>Part I Unrelated Trade or Business Income</b>		<b>(A) Income</b>	<b>(B) Expenses</b>	<b>(C) Net</b>
<b>1a</b> Gross receipts or sales	<b>76,728.</b>			
<b>b</b> Less returns and allowances				
<b>c</b> Balance ▶		<b>1c 76,728.</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7)		<b>2</b>		
<b>3</b> Gross profit Subtract line 2 from line 1c		<b>3 76,728.</b>		<b>76,728.</b>
<b>4a</b> Capital gain net income (attach Schedule D)		<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		<b>4b</b>		
<b>c</b> Capital loss deduction for trusts		<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)		<b>5</b>		
<b>6</b> Rent income (Schedule C)		<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E)		<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)		<b>10</b>		
<b>11</b> Advertising income (Schedule J)		<b>11</b>		
<b>12</b> Other income (See instructions, attach schedule)		<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12		<b>13 76,728.</b>		<b>76,728.</b>

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income)

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>	
<b>15</b> Salaries and wages	<b>15</b>	<b>40,831.</b>
<b>16</b> Repairs and maintenance	<b>16</b>	
<b>17</b> Bad debts	<b>17</b>	
<b>18</b> Interest (attach schedule) (see instructions)	<b>18</b>	
<b>19</b> Taxes and licenses	<b>19</b>	
<b>20</b> Charitable contributions (See instructions for limitation rules)	<b>20</b>	
<b>21</b> Depreciation (attach Form 4562)	<b>21</b>	
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>	<b>22b</b>
<b>23</b> Depletion	<b>23</b>	
<b>24</b> Contributions to deferred compensation plans	<b>24</b>	
<b>25</b> Employee benefit programs	<b>25</b>	<b>15,879.</b>
<b>26</b> Excess exempt expenses (Schedule I)	<b>26</b>	
<b>27</b> Excess readership costs (Schedule J)	<b>27</b>	
<b>28</b> Other deductions (attach schedule)	<b>28</b>	<b>41,301.</b>
<b>29 Total deductions.</b> Add lines 14 through 28	<b>29</b>	<b>98,011.</b>
<b>30</b> Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	<b>30</b>	<b>-21,283.</b>
<b>31</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	<b>31</b>	
<b>32</b> Unrelated business taxable income Subtract line 31 from line 30	<b>32</b>	<b>-21,283.</b>

SEE STATEMENT 10

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018



Form 990-T (2018) BJC HEALTH SYSTEM  
DBA BJC HEALTHCARE

43-1617558

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation **N/A**

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold Subtract line 6 from line 5 Enter here and in Part I, line 2	7	
3 Cost of labor	3				
4a Additional section 263A costs (attach schedule)	4a		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
b Other costs (attach schedule)	4b				X
5 Total Add lines 1 through 4b	5				

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**  
(see instructions)

1 Description of property		
(1)		
(2)		
(3)		
(4)		
2 Rent received or accrued		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total 0.	Total 0.	
(c) Total income Add totals of columns 2(a) and 2(b) Enter here and on page 1, Part I, line 6, column (A)		(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)
0.		0.

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
			0.	0.
Total dividends-received deductions included in column 8				0.

Form 990-T (2018)

**SCHEDULE M  
(Form 990-T)**

**Unrelated Business Taxable Income for  
Unrelated Trade or Business**

ENTITY 3

OMB No 1545-0687

**2018**

Department of the Treasury  
Internal Revenue Service (99)

For calendar year 2018 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

Open to Public Inspection for  
501(c)(3) Organizations Only

Name of the organization **BJC HEALTH SYSTEM**  
**DBA BJC HEALTHCARE**

Employer identification number  
**43-1617558**

Unrelated business activity code (see instructions) ▶ **541610**

Describe the unrelated trade or business ▶ **BJC COLLABORATIVE**

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales	<b>476,279.</b>			
<b>b</b> Less returns and allowances				
<b>c</b> Balance		<b>1c 476,279.</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7)		<b>2</b>		
<b>3</b> Gross profit Subtract line 2 from line 1c		<b>3 476,279.</b>		<b>476,279.</b>
<b>4 a</b> Capital gain net income (attach Schedule D)		<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		<b>4b</b>		
<b>c</b> Capital loss deduction for trusts		<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)		<b>5</b>		
<b>6</b> Rent income (Schedule C)		<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E)		<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)		<b>10</b>		
<b>11</b> Advertising income (Schedule J)		<b>11</b>		
<b>12</b> Other income (See instructions, attach schedule)		<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12		<b>13 476,279.</b>		<b>476,279.</b>

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income)

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>	
<b>15</b> Salaries and wages	<b>15</b>	<b>342,921.</b>
<b>16</b> Repairs and maintenance	<b>16</b>	
<b>17</b> Bad debts	<b>17</b>	
<b>18</b> Interest (attach schedule) (see instructions)	<b>18</b>	
<b>19</b> Taxes and licenses	<b>19</b>	
<b>20</b> Charitable contributions (See instructions for limitation rules)	<b>20</b>	
<b>21</b> Depreciation (attach Form 4562)	<b>21</b>	
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>	<b>22b</b>
<b>23</b> Depletion	<b>23</b>	
<b>24</b> Contributions to deferred compensation plans	<b>24</b>	
<b>25</b> Employee benefit programs	<b>25</b>	<b>133,358.</b>
<b>26</b> Excess exempt expenses (Schedule I)	<b>26</b>	
<b>27</b> Excess readership costs (Schedule J)	<b>27</b>	
<b>28</b> Other deductions (attach schedule)	<b>28</b>	
<b>29 Total deductions.</b> Add lines 14 through 28	<b>29</b>	<b>476,279.</b>
<b>30</b> Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	<b>30</b>	<b>0.</b>
<b>31</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	<b>31</b>	
<b>32</b> Unrelated business taxable income Subtract line 31 from line 30	<b>32</b>	

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

Form 990-T (2018) BJC HEALTH SYSTEM  
DBA BJC HEALTHCARE

43-1617558

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation **N/A**

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3	Cost of labor	3					
4a	Additional section 263A costs (attach schedule)	4a		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
b	Other costs (attach schedule)	4b					X
5	Total. Add lines 1 through 4b	5					

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**  
(see instructions)

1. Description of property

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

(4) \_\_\_\_\_

2 Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1) _____	_____	_____
(2) _____	_____	_____
(3) _____	_____	_____
(4) _____	_____	_____
Total 0.	Total 0.	

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) 0.

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) 0.

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property	2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1) _____	_____	_____	_____
(2) _____	_____	_____	_____
(3) _____	_____	_____	_____
(4) _____	_____	_____	_____

4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1) _____	_____	_____%	_____	_____
(2) _____	_____	_____%	_____	_____
(3) _____	_____	_____%	_____	_____
(4) _____	_____	_____%	_____	_____

Totals

Total dividends-received deductions included in column 8 0.

Enter here and on page 1, Part I, line 7, column (A) 0.

Enter here and on page 1, Part I, line 7, column (B) 0.

Form 990-T (2018)

Form **8827**Department of the Treasury  
Internal Revenue Service**Credit for Prior Year Minimum Tax - Corporations**▶ Attach to the corporation's tax return  
▶ Go to [www.irs.gov/Form8827](http://www.irs.gov/Form8827) for the latest information

OMB No 1545-0123

**2018**Name **BJC HEALTH SYSTEM**  
**DBA BJC HEALTHCARE**Employer identification number  
**43-1617558**

<b>1</b> Alternative minimum tax (AMT) for 2017 Enter the amount from line 14 of the 2017 Form 4626	<b>1</b>	813,610.
<b>2</b> Minimum tax credit carryforward from 2017 Enter the amount from line 9 of the 2017 Form 8827	<b>2</b>	1,087,089.
<b>3</b> Enter any 2017 unallowed qualified electric vehicle credit (see instructions)	<b>3</b>	
<b>4</b> Add lines 1, 2, and 3	<b>4</b>	1,900,699.
<b>5</b> Enter the corporation's 2018 regular income tax liability minus allowable tax credits (see instructions)	<b>5</b>	0.
<b>6</b> Enter the refundable minimum tax credit (see instructions)	<b>6</b>	950,350.
<b>7</b> Add lines 5 and 6	<b>7</b>	950,350.
<b>8a</b> Enter the <b>smaller</b> of line 4 or line 7 If the corporation had a post-1986 ownership change or has pre-acquisition excess credits, see instructions	<b>8a</b>	950,350.
<b>b</b> <b>Current year minimum tax credit</b> Enter the smaller of line 4 or line 5 here and on Form 1120, Schedule J, Part I, line 5d (or the applicable line of your return). If the corporation had a post-1986 ownership change or has pre-acquisition excess credits, see instructions If you made an entry on line 6, go to line 8c Otherwise, skip line 8c	<b>8b</b>	0.
<b>c</b> Subtract line 8b from line 8a This is the current year refundable minimum tax credit Include this amount on Form 1120, Schedule J, Part II, line 20c (or the applicable line of your return)	<b>8c</b>	950,350.
<b>9</b> <b>Minimum tax credit carryforward to 2019.</b> Subtract line 8a from line 4 Keep a record of this amount to carry forward and use in future years	<b>9</b>	950,349.

**SCHEDULE D  
(Form 1120)**

Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.  
▶ Go to [www.irs.gov/Form1120](http://www.irs.gov/Form1120) for instructions and the latest information

OMB No 1545-0123

**2018**

Name

BJC HEALTH SYSTEM

DBA BJC HEALTHCARE

Employer identification number

43-1617558

**Part I Short-Term Capital Gains and Losses** (See instructions)

See instructions for how to figure the amounts to enter on the lines below

This form may be easier to complete if you round off cents to whole dollars

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked	462,481.	3,162.		459,319.
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37				4
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824				5
<b>6</b> Unused capital loss carryover (attach computation)			SEE STATEMENT 12	6 ( 4,776,001. )
<b>7</b> Net short-term capital gain or (loss) Combine lines 1a through 6 in column h				7 -4,316,682.

**Part II Long-Term Capital Gains and Losses** (See instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked	3,850,035.	4,363,214.		-513,179.
<b>11</b> Enter gain from Form 4797, line 7 or 9				11 4,707,836.
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37				12
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824				13
<b>14</b> Capital gain distributions				14
<b>15</b> Net long-term capital gain or (loss) Combine lines 8a through 14 in column h				15 4,194,657.

**Part III Summary of Parts I and II**

<b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	
<b>17</b> Net capital gain Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	
<b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns	18	0.

Note: If losses exceed gains, see **Capital losses** in the instructions.

JWA

For Paperwork Reduction Act Notice, see the Instructions for Form 1120

Schedule D (Form 1120) 2018





**General Business Credit**

► Go to [www.irs.gov/Form3800](http://www.irs.gov/Form3800) for instructions and the latest information.  
► You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

OMB No 1545-0895

**2018**  
Attachment  
Sequence No 22

Name(s) shown on return

BJC HEALTH SYSTEM DBA BJC HEALTHCARE

Identifying number

43-1617558

**Part I** **Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT)**  
(See instructions and complete Part(s) III before Parts I and II.)

1	General business credit from line 2 of all Parts III with box A checked	1	18,258.00
2	Passive activity credits from line 2 of all Parts III with box B checked <b>2</b>		
3	Enter the applicable passive activity credits allowed for 2018. See instructions	3	
4	Carryforward of general business credit to 2018. Enter the amount from line 2 of Part III with box C checked. See instructions for statement to attach	4	941.00
5	Carryback of general business credit from 2019. Enter the amount from line 2 of Part III with box D checked. See instructions	5	
6	Add lines 1, 3, 4, and 5	6	19,199.00

**Part II** **Allowable Credit**

7	Regular tax before credits:		
	<ul style="list-style-type: none"> <li>Individuals. Enter the sum of the amounts from Form 1040, line 11a, and Schedule 2 (Form 1040), line 46, or the sum of the amounts from Form 1040NR, lines 42 and 44</li> <li>Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the applicable line of your return</li> <li>Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b; or the amount from the applicable line of your return</li> </ul>	7	0.00
8	Alternative minimum tax:		
	<ul style="list-style-type: none"> <li>Individuals. Enter the amount from Form 6251, line 11</li> <li>Corporations. Enter -0-</li> <li>Estates and trusts. Enter the amount from Schedule I (Form 1041), line 56</li> </ul>	8	
9	Add lines 7 and 8	9	0.00
10a	Foreign tax credit	10a	
b	Certain allowable credits (see instructions)	10b	
c	Add lines 10a and 10b	10c	
11	Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16	11	0.00
12	Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0-	12	0.00
13	Enter 25% (0.25) of the excess, if any, of line 12 over \$25,000. See instructions	13	0.00
14	Tentative minimum tax		
	<ul style="list-style-type: none"> <li>Individuals. Enter the amount from Form 6251, line 9</li> <li>Corporations. Enter -0-</li> <li>Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54</li> </ul>	14	0.00
15	Enter the greater of line 13 or line 14	15	0.00
16	Subtract line 15 from line 11. If zero or less, enter -0-	16	0.00
17	Enter the smaller of line 6 or line 16	17	
	<b>C corporations:</b> See the line 17 instructions if there has been an ownership change, acquisition, or reorganization.		

For Paperwork Reduction Act Notice, see separate Instructions.

Form **3800** (2018)



**Part II Allowable Credit (continued)****Note:** If you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and enter -0- on line 26.

18	Multiply line 14 by 75% (0.75). See instructions . . . . .	18	
19	Enter the greater of line 13 or line 18 . . . . .	19	
20	Subtract line 19 from line 11. If zero or less, enter -0- . . . . .	20	
21	Subtract line 17 from line 20. If zero or less, enter -0- . . . . .	21	
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked . . . . .	22	
23	Passive activity credit from line 3 of all Parts III with box B checked <b>23</b> . . . . .		
24	Enter the applicable passive activity credit allowed for 2018. See instructions . . . . .	24	
25	Add lines 22 and 24 . . . . .	25	
26	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25 . . . . .	26	0.00
27	Subtract line 13 from line 11. If zero or less, enter -0- . . . . .	27	0.00
28	Add lines 17 and 26 . . . . .	28	
29	Subtract line 28 from line 27. If zero or less, enter -0- . . . . .	29	
30	Enter the general business credit from line 5 of all Parts III with box A checked . . . . .	30	2,134.00
31	Reserved . . . . .	31	
32	Passive activity credits from line 5 of all Parts III with box B checked <b>32</b> . . . . .		
33	Enter the applicable passive activity credits allowed for 2018. See instructions . . . . .	33	
34	Carryforward of business credit to 2018. Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for statement to attach . . . . .	34	
35	Carryback of business credit from 2019. Enter the amount from line 5 of Part III with box D checked. See instructions . . . . .	35	
36	Add lines 30, 33, 34, and 35. . . . .	36	2,134.00
37	Enter the smaller of line 29 or line 36. . . . .	37	0.00
38	<b>Credit allowed for the current year.</b> Add lines 28 and 37. Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return. • Individuals Schedule 3 (Form 1040), line 54, or Form 1040NR, line 51 . . . • Corporations Form 1120, Schedule J, Part I, line 5c . . . . . } • Estates and trusts Form 1041, Schedule G, line 2b . . . . . }	38	0.00

Form **3800** (2018)

Name(s) shown on return

Identifying number

BJC HEALTH SYSTEM DBA BJC HEALTHCARE

43-1617558

**Part III General Business Credits or Eligible Small Business Credits** (see instructions)

Complete a separate Part III for each box checked below. See instructions

- ☐ **A** General Business Credit From a Non-Passive Activity     ☐ **E** Reserved  
☐ **B** General Business Credit From a Passive Activity     ☐ **F** Reserved  
☐ **C** General Business Credit Carryforwards     ☐ **G** Eligible Small Business Credit Carryforwards  
☐ **D** General Business Credit Carrybacks     ☐ **H** Reserved

1 If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III. ▶ ☒ X

(a) Description of credit	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
<b>Note:</b> On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity		
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Reserved	1b	
c Increasing research activities (Form 6765)	1c	12,886.00
d Low-income housing (Form 8586, Part I only)	1d	
e Disabled access (Form 8826) (see instructions for limitation)	1e	
f Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j	
k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Enhanced oil recovery credit (Form 8830)	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon oxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa Employee retention (Form 5884-A)	1aa	
bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb	
zz Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	1zz	6,313.00
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	19,199.00
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586, Part II)	4d	
e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	2,134.00
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765)	4i	
j Employer credit for paid family and medical leave (Form 8994)	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	2,134.00
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	21,333.00

Name(s) shown on return

Identifying number

BJC HEALTH SYSTEM DBA BJC HEALTHCARE

43-1617558

**Part III General Business Credits or Eligible Small Business Credits** (see instructions)

Complete a separate Part III for each box checked below. See instructions.

- |                                       |   |                            |  |
|---------------------------------------|---|----------------------------|--|
| A <input type="checkbox"/>            | General Business Credit From a Non-Passive Activity | E <input type="checkbox"/> | Reserved                                     |
| B <input type="checkbox"/>            | General Business Credit From a Passive Activity     | F <input type="checkbox"/> | Reserved                                     |
| C <input checked="" type="checkbox"/> | General Business Credit Carryforwards               | G <input type="checkbox"/> | Eligible Small Business Credit Carryforwards |
| D <input type="checkbox"/>            | General Business Credit Carrybacks                  | H <input type="checkbox"/> | Reserved                                     |

I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III. ☐

(a) Description of credit	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
<b>Note:</b> On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.		
1a Investment (Form 3468, Part II only) (attach Form 3468) . . . . .	1a	
b Reserved . . . . .	1b	
c Increasing research activities (Form 6765) . . . . .	1c	26-2514715 66.00
d Low-income housing (Form 8586, Part I only) . . . . .	1d	
e Disabled access (Form 8826) (see instructions for limitation) . . . . .	1e	
f Renewable electricity, refined coal, and Indian coal production (Form 8835) . . . . .	1f	
g Indian employment (Form 8845) . . . . .	1g	
h Orphan drug (Form 8820) . . . . .	1h	
i New markets (Form 8874) . . . . .	1i	
j Small employer pension plan startup costs (Form 8881) (see instructions for limitation) . . . . .	1j	
k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation) . . . . .	1k	
l Biodiesel and renewable diesel fuels (attach Form 8864) . . . . .	1l	
m Low sulfur diesel fuel production (Form 8896) . . . . .	1m	
n Distilled spirits (Form 8906) . . . . .	1n	
o Nonconventional source fuel (carryforward only) . . . . .	1o	
p Energy efficient home (Form 8908) . . . . .	1p	
q Energy efficient appliance (carryforward only) . . . . .	1q	
r Alternative motor vehicle (Form 8910) . . . . .	1r	
s Alternative fuel vehicle refueling property (Form 8911) . . . . .	1s	
t Enhanced oil recovery credit (Form 8830) . . . . .	1t	
u Mine rescue team training (Form 8923) . . . . .	1u	
v Agricultural chemicals security (carryforward only) . . . . .	1v	
w Employer differential wage payments (Form 8932) . . . . .	1w	
x Carbon oxide sequestration (Form 8933) . . . . .	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936) . . . . .	1y	
z Qualified plug-in electric vehicle (carryforward only) . . . . .	1z	
aa Employee retention (Form 5884-A) . . . . .	1aa	
bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B)) . . . . .	1bb	
zz Other Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions) . . . . .	1zz	45-3135406 875.00
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I . . . . .	2	941.00
3 Enter the amount from Form 8844 here and on the applicable line of Part II . . . . .	3	
4a Investment (Form 3468, Part III) (attach Form 3468) . . . . .	4a	
b Work opportunity (Form 5884) . . . . .	4b	
c Biofuel producer (Form 6478) . . . . .	4c	
d Low-income housing (Form 8586, Part II) . . . . .	4d	
e Renewable electricity, refined coal, and Indian coal production (Form 8835) . . . . .	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846) . . . . .	4f	
g Qualified railroad track maintenance (Form 8900) . . . . .	4g	
h Small employer health insurance premiums (Form 8941) . . . . .	4h	
i Increasing research activities (Form 6765) . . . . .	4i	
j Employer credit for paid family and medical leave (Form 8994) . . . . .	4j	
z Other . . . . .	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II . . . . .	5	
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II . . . . .	6	941.00

Name(s) shown on return

Identifying number

BJC HEALTH SYSTEM DBA BJC HEALTHCARE

43-1617558

**Part III General Business Credits or Eligible Small Business Credits** (see instructions)

Complete a separate Part III for each box checked below. See instructions.

- A ☒ General Business Credit From a Non-Passive Activity E ☐ Reserved  
 B ☐ General Business Credit From a Passive Activity F ☐ Reserved  
 C ☐ General Business Credit Carryforwards G ☐ Eligible Small Business Credit Carryforwards  
 D ☐ General Business Credit Carrybacks H ☐ Reserved

I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III ☐

(a) Description of credit	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
<b>Note:</b> On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity		
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Reserved	1b	
c Increasing research activities (Form 6765)	1c	
d Low-income housing (Form 8586, Part I only)	1d	
e Disabled access (Form 8826) (see instructions for limitation)	1e	
f Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j	
k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Enhanced oil recovery credit (Form 8830)	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon oxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa Employee retention (Form 5884-A)	1aa	
bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb	
zz Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586, Part II)	4d	
e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	47-4364220 2,134.00
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765)	4i	
j Employer credit for paid family and medical leave (Form 8994)	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	2,134.00
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	2,134.00

Name(s) shown on return

Identifying number

BJC HEALTH SYSTEM DBA BJC HEALTHCARE

43-1617558

**Part III General Business Credits or Eligible Small Business Credits** (see instructions)

Complete a separate Part III for each box checked below. See instructions.

- A ☒ General Business Credit From a Non-Passive Activity E ☐ Reserved  
 B ☐ General Business Credit From a Passive Activity F ☐ Reserved  
 C ☐ General Business Credit Carryforwards G ☐ Eligible Small Business Credit Carryforwards  
 D ☐ General Business Credit Carrybacks H ☐ Reserved

I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III ☐

(a) Description of credit	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
<b>Note:</b> On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.		
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Reserved	1b	
c Increasing research activities (Form 6765)	1c	81-4516497 12,333.00
d Low-income housing (Form 8586, Part I only)	1d	
e Disabled access (Form 8826) (see instructions for limitation)	1e	
f Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j	
k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Enhanced oil recovery credit (Form 8830)	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon oxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa Employee retention (Form 5884-A)	1aa	
bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb	
zz Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	12,333.00
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586, Part II)	4d	
e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765)	4i	
j Employer credit for paid family and medical leave (Form 8994)	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	12,333.00

Name(s) shown on return

Identifying number

BJC HEALTH SYSTEM DBA BJC HEALTHCARE

43-1617558

**Part III General Business Credits or Eligible Small Business Credits** (see instructions)

Complete a separate Part III for each box checked below. See instructions.

- ☒ **A** General Business Credit From a Non-Passive Activity     ☐ **E** Reserved  
☐ **B** General Business Credit From a Passive Activity     ☐ **F** Reserved  
☐ **C** General Business Credit Carryforwards     ☐ **G** Eligible Small Business Credit Carryforwards  
☐ **D** General Business Credit Carrybacks     ☐ **H** Reserved

**I** If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III ☐

(a) Description of credit	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
<b>Note:</b> On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity		
1a Investment (Form 3468, Part II only) (attach Form 3468) . . . . .	1a	
b Reserved . . . . .	1b	
c Increasing research activities (Form 6765) . . . . .	1c	82-0766078 487.00
d Low-income housing (Form 8586, Part I only) . . . . .	1d	
e Disabled access (Form 8826) (see instructions for limitation) . . . . .	1e	
f Renewable electricity, refined coal, and Indian coal production (Form 8835) . . . . .	1f	
g Indian employment (Form 8845) . . . . .	1g	
h Orphan drug (Form 8820) . . . . .	1h	
i New markets (Form 8874) . . . . .	1i	
j Small employer pension plan startup costs (Form 8881) (see instructions for limitation) . . . . .	1j	
k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation) . . . . .	1k	
l Biodiesel and renewable diesel fuels (attach Form 8864) . . . . .	1l	
m Low sulfur diesel fuel production (Form 8896) . . . . .	1m	
n Distilled spirits (Form 8906) . . . . .	1n	
o Nonconventional source fuel (carryforward only) . . . . .	1o	
p Energy efficient home (Form 8908) . . . . .	1p	
q Energy efficient appliance (carryforward only) . . . . .	1q	
r Alternative motor vehicle (Form 8910) . . . . .	1r	
s Alternative fuel vehicle refueling property (Form 8911) . . . . .	1s	
t Enhanced oil recovery credit (Form 8830) . . . . .	1t	
u Mine rescue team training (Form 8923) . . . . .	1u	
v Agricultural chemicals security (carryforward only) . . . . .	1v	
w Employer differential wage payments (Form 8932) . . . . .	1w	
x Carbon oxide sequestration (Form 8933) . . . . .	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936) . . . . .	1y	
z Qualified plug-in electric vehicle (carryforward only) . . . . .	1z	
aa Employee retention (Form 5884-A) . . . . .	1aa	
bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B)) . . . . .	1bb	
zz Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions) . . . . .	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I . . . . .	2	487.00
3 Enter the amount from Form 8844 here and on the applicable line of Part II . . . . .	3	
4a Investment (Form 3468, Part III) (attach Form 3468) . . . . .	4a	
b Work opportunity (Form 5884) . . . . .	4b	
c Biofuel producer (Form 6478) . . . . .	4c	
d Low-income housing (Form 8586, Part II) . . . . .	4d	
e Renewable electricity, refined coal, and Indian coal production (Form 8835) . . . . .	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846) . . . . .	4f	
g Qualified railroad track maintenance (Form 8900) . . . . .	4g	
h Small employer health insurance premiums (Form 8941) . . . . .	4h	
i Increasing research activities (Form 6765) . . . . .	4i	
j Employer credit for paid family and medical leave (Form 8994) . . . . .	4j	
z Other . . . . .	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II . . . . .	5	
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II . . . . .	6	487.00

FORM 990-T

INCOME (LOSS) FROM PARTNERSHIPS

STATEMENT 1

## DESCRIPTION

NET INCOME  
OR (LOSS)

TRADE/BUSINESS INCOME OR LOSS FROM PARTNERSHIPS - ORDINARY BUSINESS INCOME (	-13,235,822.
INTEREST INCOME FROM PARTNERSHIPS - INTEREST INCOME	7,802,766.
DIVIDEND INCOME FROM PARTNERSHIPS - DIVIDEND INCOME	108,087.
OTHER PORTFOLIO INCOME FROM PARTNERSHIPS - OTHER PORTFOLIO INCOME (LOSS)	267,191.
INVESTMENT INTEREST EXPENSE FROM PARTNERSHIPS - ORDINARY BUSINESS INCOME (LO	-1,262,842.
FOREIGN TAX WITHHELD FROM PARTNERSHIPS - ORDINARY BUSINESS INCOME (LOSS)	-258,684.
STATE TAX PAID/WITHHELD FROM PARTNERSHIPS - ORDINARY BUSINESS INCOME (LOSS)	-88,578.
PORTFOLIO DEDUCTIONS FROM PARTNERSHIPS - ORDINARY BUSINESS INCOME (LOSS)	-578,739.
INVOLUNTARY CONVERSIONS FROM PARTNERSHIPS - OTHER INCOME (LOSS)	10.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	-7,246,611.

STATEMENT(S) 1

FORM 990-T

OTHER INCOME

STATEMENT 2

## DESCRIPTION

## AMOUNT

STATE TAX REFUNDS

53,401.

INTEREST ON STATE TAX REFUNDS

72,111.

TOTAL TO FORM 990-T, PAGE 1, LINE 12

125,512.



FORM 990-T

INTEREST PAID

STATEMENT 3

DESCRIPTIONAMOUNT

INTEREST ON STATE TAX NOTICES

3,635.

TOTAL TO FORM 990-T, PAGE 1, LINE 18

3,635.

## FORM 990-T

## CONTRIBUTIONS

## STATEMENT 4

DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
VARIOUS-THROUGH K-1	N/A	3,889.
VARIOUS-BJC	N/A	1,877,743.
TOTAL TO FORM 990-T, PAGE 1, LINE 20		1,881,632.

FORM 990-T

OTHER DEDUCTIONS

STATEMENT 5

## DESCRIPTION

## AMOUNT

PROFESSIONAL INVESTMENT ADVICE FEES  
TAX PREPARATION FEES

1,904,572.

755,322.

TOTAL TO FORM 990-T, PAGE 1, LINE 28

2,659,894.

## FORM 990-T

## CONTRIBUTIONS SUMMARY

## STATEMENT 6

## QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT

## CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

FOR TAX YEAR 2013	3,359,357
FOR TAX YEAR 2014	1,040,097
FOR TAX YEAR 2015	1,669,779
FOR TAX YEAR 2016	1,453,048
FOR TAX YEAR 2017	2,418,229

TOTAL CARRYOVER	9,940,510
TOTAL CURRENT YEAR 10% CONTRIBUTIONS	1,881,632

TOTAL CONTRIBUTIONS AVAILABLE	11,822,142
TAXABLE INCOME LIMITATION AS ADJUSTED	0

EXCESS 10% CONTRIBUTIONS	11,822,142
EXCESS 100% CONTRIBUTIONS	0
TOTAL EXCESS CONTRIBUTIONS	11,822,142

ALLOWABLE CONTRIBUTIONS DEDUCTION	0
-----------------------------------	---

TOTAL CONTRIBUTION DEDUCTION	0
------------------------------	---

FORM 990-T

NAME OF FOREIGN COUNTRY IN WHICH  
ORGANIZATION HAS FINANCIAL INTEREST

STATEMENT 7

NAME OF COUNTRYCANADA  
CAYMAN ISLANDS  
UNITED KINGDOM  
BELGIUM

FORM 990-T

OTHER CREDITS AND PAYMENTS

STATEMENT 8

DESCRIPTIONAMOUNT

FORM 8827, LINE 8C

950,350.

TOTAL INCLUDED ON FORM 990-T, PAGE 2, PART V, LINE 50G

950,350.

FORM 990-T (M)

OTHER DEDUCTIONS

STATEMENT 9

DESCRIPTIONAMOUNT

SUPPLIES  
INDIRECT EXPENSE & OVERHEAD ALLOCATION  
TRAVEL  
CORPORATE OVERHEAD

1,412,908.  
601,937.  
1,586.  
129,596.

TOTAL TO SCHEDULE M, PART II, LINE 28

2,146,027.

FORM 990-T (M)

OTHER DEDUCTIONS

STATEMENT 10

DESCRIPTIONAMOUNT

SUPPLIES

14,639.

INDIRECT EXPENSE &amp; OVERHEAD ALLOCATION

3,069.

CORPORATE OVERHEAD

23,593.

TOTAL TO SCHEDULE M, PART II, LINE 28

41,301.



**BJC HEALTH SYSTEM (DBA BJC HEALTHCARE)**

43-1617558

**2018 Form 990-T**
**Part II, Line 35**

Statement 15

Pre-2018 Net Operating Loss Deduction  
(see Statement 23 for Post-2017 NOL)

	<u>Year</u>	<u>Amount Incurred</u>	<u>Year(s) Utilized</u>	<u>Amount Utilized</u>	<u>Amount Expired</u>	<u>Amount Available</u>
	12/31/2010	1,858,441	12/31/2012 12/31/2016	736,283 1,122,158		0
	12/31/2011	1,608,343	12/31/2012	0		
Revision for IRS Examination		(200,712)	12/31/2012 12/31/2016	202,635 1,167,193		441,150
Revision for IRS Examination			12/31/2016	37,803		(441,150)
	12/31/2012	0				0
	12/31/2013	1,934,787	12/31/2016	0		1,934,787
Revision for IRS Examination		(1,556,802)	12/31/2016	377,985		(1,934,787)
	12/31/2014	9,045,952	12/31/2016	0		9,045,952
Revision for IRS Examination		(988,798)	12/31/2016 12/31/2018	704,510 233,516		(1,693,308)
	12/31/2015	5,595,151				5,595,151
	12/31/2016	0				0
12/31/2016 Adjustment *		228,935				228,935
Revision for IRS Examination		(186)				(186)
	12/31/2017	420,574				420,574
Carryforward to 12/31/2019		<u>17,945,685</u>		<u>4,582,083</u>	0	<u>13,363,602</u>
Original totals		20,692,183		3,259,150		17,433,033
Revision for IRS examination		<u>(2,746,498)</u>		<u>1,322,933</u>		<u>(4,069,431)</u>
		<u>17,945,685</u>		<u>4,582,083</u>		<u>13,363,602</u>

	12/31/2012	736,283
Revision for IRS Examination		202,635
	12/31/2016	2,289,351
Revision for IRS Examination		1,120,298
	12/31/2018	233,516
		<u>4,582,083</u>

\*

Federal contribution carryover has been adjusted due to net operating loss carryover per  
Income Tax Regulations Sec. 1 170A-11(C)(2) as follows

Contribution deduction before NOL	228,935
Less contribution deduction after NOL	0
Adjustment to contribution carryover	228,935
Revision for IRS examination	(186)
	<u>228,749</u>

**BJC HEALTH SYSTEM (DBA BJC HEALTHCARE)**

43-1617558

**2018 Form 990-T****Part II, Line 31**

Statement 16

Post-2017 Net Operating Loss Deduction

(see Statement 22 for Pre-2018 NOL)

<u>Year</u>	<u>Separate Businesses</u>		
	<u>Partnership</u> <u>Investments</u>	<u>Clinical</u> <u>Engineering</u>	<u>Transformation</u> <u>Support</u>
12-31-2018	10,016,854	0	21,283
	<u>10,016,854</u>	<u>0</u>	<u>21,283</u>

**BJC HEALTH SYSTEM (DBA BJC HEALTHCARE)**  
**2018 Form 990-T**  
**Part II, Line 20**

43-1617558

Statement 17

Charitable Contributions

	<u>Year</u>	<u>Contribution Deduction</u>	<u>Year(s) Deducted</u>	<u>Amount Deducted</u>	<u>Amount Expired</u>	<u>Amount Available</u>
	12/31/2012	0				
Revision for IRS Examination		1,268			1,268	0
	12/31/2013	3,359,357				3,359,357
	12/31/2014	1,040,097				1,040,097
	12/31/2015	1,669,779				1,669,779
	12/31/2016	1,681,797				
12/31/2016 Adjustment *		(228,935)				
Revision for IRS Examination		186				1,453,048
	12/31/2017	2,418,229				2,418,229
	12/31/2018	1,881,632				1,881,632
Carryforward to 12/31/2019		<u>11,823,410</u>		<u>0</u>	<u>1,268</u>	<u>11,822,142</u>

\*

Federal contribution carryover has been adjusted due to net operating loss carryover per  
Income Tax Regulations Sec. 1.170A-11(C)(2) as follows:

Contribution deduction before NOL	228,935
Less contribution deduction after NOL	<u>0</u>
Adjustment to contribution carryover	228,935
Revision for IRS examination	<u>(186)</u>
	<u>228,749</u>

**BJC HEALTH SYSTEM (DBA BJC HEALTHCARE)**  
**2018 Form 990-T**  
**Part II, Line 31**

43-1617558

Statement 18

Percentage Depletion		Carryovers Lost on Partnerships				
	<u>Year</u>	<u>Amount Incurred</u>	<u>Year(s) Utilized</u>	<u>Amount Utilized</u>	<u>Disposed</u>	<u>Amount Available</u>
	12/31/2009	58,808				58,808
	12/31/2010	108,583				
Revision for IRS Examination		(20)				108,563
	12/31/2011	314,629			3,329	
Revision for IRS Examination		(1,509)			(2,945)	312,736
	12/31/2012	477,252			15,440	
Revision for IRS Examination		6,970			(1,322)	470,104
	12/31/2013	311,547			7,133	
Revision for IRS Examination		14,434			(511)	319,359
	12/31/2014	269,255			3,507	
Revision for IRS Examination					(188)	265,936
	12/31/2015	537,356				537,356
	12/31/2016	220,654				
Revision for IRS Examination					3,437	217,217
	12/31/2017	685,870				685,870
	12/31/2018	301,386				301,386
Carryforward to 12/31/2019		<u>3,305,215</u>		<u>0</u>	<u>27,880</u>	<u>3,277,335</u>

**BJC HEALTH SYSTEM (DBA BJC HEALTHCARE)**  
**2018 Form 990-T**

Statement 19

**Capital Loss**

<u>Year</u>	<u>Capital Losses</u>	<u>Year(s) Deducted</u>	<u>Amount Deducted</u>	<u>Amount Expired</u>	<u>Amount Available</u>
12/31/2015	4,190,831	12/31/2017	4,190,831		0
12/31/2016	5,515,408	12/31/2017	739,407		4,776,001
12/31/2017	0				
12/31/2018	0		4,653,976		(4,653,976)
Carryforward to 12/31/2019	<u>9,706,239</u>		<u>9,584,214</u>	<u>0</u>	<u>122,025</u>

**BJC HEALTH SYSTEM (DBA BJC HEALTHCARE)**  
**2018 Form 990-T**

Statement 20

General Business Credits

	<u>General</u> <u>Business</u> <u>Year</u> <u>Credits</u>	<u>Year(s)</u> <u>Deducted</u>	<u>Amount</u> <u>Utilized</u>	<u>Amount</u> <u>Expired</u>	<u>Amount</u> <u>Available</u>
12/31/2017	2,463	12/31/2017	1,522		941
12/31/2018	21,333				21,333
Carryforward to 12/31/2019	<u>23,796</u>		<u>1,522</u>	<u>0</u>	<u>22,274</u>