· · ·	.•	مع ود	A secretary
Organization B (and proxy tax u			

<u>5</u>	Form 990-1		nization busine		ax netum	\vdash	ONE NO 1343-000					
2019		(ar	nd proxy tax under se	ection 6033(e))			2040	.				
ນດ		For calendar year 2018 or other tax yea		, and ending		-	2018	5				
-	Department of the Treasury	•	irs gov/Form990T for instructions on this form as it may be ma			<u>ှ</u>	en to Public Inspect	tion for				
≥	A Check box if					Employe	1(c)(3) Organizations a identification number					
NOV	A Check box if address changed	, ,	Name of organization (Check box if name changed and see instructions) BJC_HEALTH SYSTEM Instructions									
<u> </u>	B Exempt under section	- I										
M Q	X 501(c <u>M3</u>)	of Number, street, and room	umber, street, and room or suite no. If a P O box, see instructions E Unr (See									
	408(e) 220(e)	Type 4901 FOREST PARK	4901 FOREST PARK AVE MS9075570 City or town, state or province, country, and ZIP or foreign postal code									
	408A 530(a)											
ENVELOPE POSTMARK DATE	529(a) Book value of all assets		C. LOUIS, MO 63108-1402 525 Group exemption number (See instructions) > 3844									
Q_ .}	at end of year 4,753,212	 ' '	501(c) corporation		401(a) tr	1151	Other tr	rust				
		organization's unrelated trades or b			he only (or first) unre							
		► PARTNERSHIP INVESTMENT			complete Parts I-V If		an one,					
		blank space at the end of the previou		id II, complete a Schedule I	M for each additional	trade or						
	business, then complete	Parts III-V										
	• • •	s the corporation a subsidiary in an a	- · · · · · · · · · · · · · · · · · · ·	idiary controlled group?	>	Yes	X No	ф1 1				
		and identifying number of the parent	t corporation >	Talanha	ne number 🕨 314	- 286-	2057					
	J The books are in care of Part I Unrelate	d Trade or Business Inc	ome	(A) Income	(B) Expenses	-200-	(C) Net					
	1a Gross receipts or sal			(7) 111001110	(5) 2	_	(0)					
	b Less returns and allo		c Balance 1c									
	2 Cost of goods sold ($T \wedge \Lambda$ 2									
	3 Gross profit Subtrac	t line 2 from line 1c	J / V \ 3									
	4a Capital gain net incom	me (attach Schedule D)	4a									
		n 4797, Part II, line 17) (attach Form	· .	·	<u>.</u>							
ഗ്ര	c Capital loss deductio		4c	-7,246,611.	STMT 1		-7,246,6	611				
, g	5 Income (loss) from aD 6 Rent income (Sched)	a partnership or an S corporation (at	tach statement) 5	-7,240,011.	JIMI I	-						
Received in Batching Ogden	7 Unrelated debt-finan	ced income (Schedule E)	7		· · · · · ·	\dashv						
30.00	8 Interest, annuities, ro	yalties, and rents from a controlled o	'`									
8 2	9 Investment income o	of a section 501(c)(7), (9), or (17) or	ganization (Schedule G) 9									
3 -	10 Exploited exempt act	ivity income (Schedule I)	10	ı								
	11 Advertising income (•		105 540			105					
NOV	•	isti detions, attach sonodalo,	TEMENT 2 12	-7 121 099.			125,5 -7,121,0					
2	13 Total. Combine line Part II Deduction	s 3 through 12 ons Not Taken Elsewhere	13	<u> </u>			-7,121,	033.				
	/Except for	contributions, deductions must	he directly connected with t		ncome)							
2018	14 Compensation of of	ficers, directors, and trustees Scheo	dule kar CEIV			14						
_	15 Salaries and wages		WECEIVED	1		15						
	16 Repairs and mainte	nance 80	NOV 9 1 Ages 19	31		16						
	17 Bad debts		NOV 21 2019			17						
~	,	edule) (see instructions)	88	SEE STATEMENT	-	18	232,2	635.				
2019	19 Taxes and licenses	trong (Con instructions for limitation	OGDEN IT	SEE STATEMENT		19 ⁻		0.				
	20 Charitable contribut21 Depreciation (attach	tions (See instructions for limitation	Tules)	21	-	-						
18	·	laimed on Schedule A and elsewhere	e on return	22a		22b						
ر	23 Depletion					23						
0Ē	24 Contributions to de	ferred compensation plans	·*			24						
	25 Employee benefit pr	rograms			L	25						
Ш	26 Excess exempt expe	,				26						
롲	27 Excess readership of		•	CEE CMAMEMENT		27	2 650 (994				
Ą	28 Other deductions (a			SEE STATEMENT	 	28	2,659,8 2,895,7					
SCANNED		Add lines 14 through 28 taxable income before net operating	loss deduction. Subtract line 20	9 from line 13	<u> </u>	30	-10,016,8					
U ,		taxable income before het operating perating loss arising in tax years beg			_	31	, , = - , -					
		taxable income Subtract line 31 from			_	32	-10,016,8					
		or Paperwork Reduction Act Notice					Form 990-T ((2018)				

N;

BJC HEALTH SYSTEM

Form 990-	(2018) DBA BJC HEALTHCARE	43-161	7558	Page 2
Part	II Total Unrelated Business Taxable Income			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instruction	ns)	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,			,
00	enter the smaller of zero or line 36		38	0.
Part I				<u>_</u>
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 fro	om.	00	
40	Tax rate schedule or Schedule D (Form 1041)	5iii.	40	
44			41	
41	Proxy tax. See instructions Alternative minimum tax (trusts only)		42	***************************************
42		•		
43	Tax on Noncompliant Facility Income. See instructions		43	0.
Part \	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies Tax and Payments	·····	44	
			1 1	
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a		-	
b	Other credits (see instructions)	· · · ·	-	
C	General business credit Attach Form 3800		-	
	Credit for prior year minimum tax (attach Form 8801 or 8827)		-l	
е	Total credits. Add lines 45a through 45d	• •	45e	
46	Subtract line 45e from line 44		46	0.
	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Ott	16[(attach schedule)	47	
	Total tax. Add lines 46 and 47 (see instructions)		48	0.
	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49	0.
50 a	Payments: A 2017 overpayment credited to 2018	820,000.	<u>-</u>	
	2018 estimated tax payments		4 1	
C	Tax deposited with Form 8868		↓	
d	Foreign organizations; Tax paid or withheld at source (see instructions)		<u> </u>	
е	Backup withholding (see instructions) 50e		4	
f	Credit for small employer health insurance premiums (attach Form 8941)	m_] [
g	Other credits, adjustments, and payments: Form 2439			
	Form 4136 X Other 950, 350. Total 50g	, 950,350.]	
51	Total payments. Add lines 50a through 50g		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.		55	0.
Part V	Statements Regarding Certain Activities and Other Information (see inst	tructions)		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other auth	ority		Yes No
	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 count	ry		
	here SEE STATEMENT 7			х
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a	foreign trust?		x
	If "Yes," see instructions for other forms the organization may have to file			
58	Enter the amount of tax-exempt interest received or accrued during the tax year 🕨 \$ 36,7	787.		
	Under panalities of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to	the best of my knowled	dgo and belief	, It Is true,
Sign	correct, and complete Declaration of proparer (other than taxpayer) is based on all information of which preparer has any knowled			
Here	11/14/19 SR VICE PRES & CFO		-	cuss this return with win below (see
	Signature of officer NICK BARTO Date Title	ins	structions)?	Yes X No
-	Print/Type preparer's name Preparer's signature Date	Check I	f PTIN	
Deta	11-15-19	self- employed		
Paid	TRECTOR & WACENER		P016	22613
Prepa	er	Firm's EIN ▶	34-	6565596
Use O	155 N WACKER DRIVE			
	Firm's address CHICAGO, IL 60606	Phone no. (3:	12-879-2	000
823711 01-6				orm 990-T (2018)
				- (-010)

BJC HEALTH SYSTEM

Form 990-T (2018) DBA BJC HEALTHCARE

Schedule A - Cost of Goods	s Sold. Enter	method of inver	ntory v	aluation N/A					
1 Inventory at beginning of year	1		6	Inventory at end of year	ar		6		
2 Purchases	2		7	Cost of goods sold S	ubtract	line 6			
3 Cost of labor	3		7	from line 5 Enter here	and in I	Part I,		_	
4a Additional section 263A costs				line 2			7		
(attach schedule)	4a		8	Do the rules of section	263A (with respect to		Yes	No
b Other costs (attach schedule)	4b			property produced or a	acquirec	for resale) apply to			
5 Total Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income (see instructions)	(From Real	Property and	l Per	sonal Property L	ease	d With Real Prop	erty)	
1 Description of property									
(1)									
(2)	•								
(3)									
(4)	•								
	2 Rent receiv	ed or accrued		-					
(a) From personal property (if the per- rent for personal property is more 10% but not more than 50%)	than	of rent for p	personal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) a	y conne	cted with the income in (attach schedule)	
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column	n (A)	•			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	<u> </u>		0.
Schedule E - Unrelated Deb	ot-Financed	Income (see	ınstru	ctions)					
			2	Gross income from		Deductions directly cor to debt-finan			
1 Description of debt-fir	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	s
(1)									
(2)									
(3)									
(4)	ı								
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property h schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8 Allocable deducti (column 6 x total of co 3(a) and 3(b))	
(1)				%					
(2)				_ %					
(3)				%					
(4)				%	L				
	••					inter here and on page 1, Part I, line 7, column (A)		Enter here and on page Part I, line 7, column (
Totals				>	L		<u> </u>		0.
Total dividends-received deductions in	ncluded in column	18					<u> </u>		0.
								Form 990-T	(2018)

Page 4

Schedule F - Interest, A	Annuities, Roya	lties, and	Rents	From Co	ntrolle	d Organiza	tions	(see ins	structio	ns)
			Exempt (Controlled O	rganızatı	ons				
Name of controlled organization	ıdent	mployer fication mber		related income a instructions)		al of specified nents made	includ	t of column 4 ed in the cont ation's gross	rolling	6 Deductions directly connected with income in column 5
(1)		-		·			 -			
<u>(1)</u> (2)			-					•••		
(3)							t			·
			····							
(4) Nonexempt Controlled Organia	zations				1	-	<u> </u>			
7 Taxable Income	8 Net unrelated inco	ma (loss)	O Total	of specified pay	nonte	10 Part of colu	ma Q that	is included	11 D	eductions directly connected
/ Taxable sicoline	(see instructio		g rotar	, made	nents !	in the controlli	ng organ s income	ization's		th income in column 10
(1)										
(2)						-	_			
(3)								-		
(4)								_		
<u> </u>						Add colum Enter here and line 8, c		1, Part I,		ndd columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals					•			0.		0.
Schedule G - Investme (see instr		Section 5	i01(c)(7	'), (9), or (17) Org	anization				
1 Descr	ription of income			2. Amount of	income	3 Deduction directly connected (attach sched)	cted	4 Set- (attach s	asides ichedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)	<u> </u>									
(2)										
(3)		-								
(4)										
				Enter here and Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)
Totals Schedule I - Exploited I	Exempt Activity	/ Income.	Other	Than Adv	- 1	a Income				<u> </u>
(see instru		,,	•			g				
Description of exploited activity	2 Gross unrelated business income from trade or business	3. Expe directly con with prod of urrel business i	nnected uction ated	4 Net incomfrom unrelated business (cominus colum gain, compute through	I trade or dumn 2 n 3) If a a cols 5	5 Gross inco from activity t is not unrelat business inco	hat ed	6 Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2)	-			-						
(3)										
(4)	_									
Totals •	Enter here and on page 1, Part I, line 10, col (A)	Enter here page 1, F line 10, co	Part I,							Enter here and on page 1, Part II, line 26
Schedule J - Advertisir		instructions								
Part I Income From F				solidated	Basis					
1 Name of periodical	2 Gross advertising income		Direct ising costs			5 Circulat		6 Reade		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						1				
(2)				7				••]
(3)				7						1 1
(4)				7		<u> </u>				1
						<u> </u>				'
Totals (carry to Part II, line (5))	•	0.	0					_		0. Form 990-T (2018)
										\2010)

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BJC HEALTH SYSTEM

Form 990-T (2018) DBA BJC HEALTHCARE

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-hy-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)	i i					
(2)						
(3)						
(4)						
Totals from Part I	0.	、 0.			- -	0.
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)			-	Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compe	nsation 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)	•		%	<u>.</u>
(4)			%	
Total Enter here and on page 1, Part II, III	ne 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

Department of the Treasury Internal Revenue Service (99)

Name of the organization

► Go to 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).

541300

For calendar year 2018 or other tax year beginning

BJC HEALTH SYSTEM

DBA BJC HEALTHCARE

Unrelated business activity code (see instructions)

501(c)(3) Organizations Only

Employer identification number

43-1617558

C	Describe the unrelated trade or business CLINICAL ENGIR	NEERI	NG SERVICE	SINCOME			
Pa			(A) Inco	ome	(B) Expense	s	(C) Net
1 a	Gross receipts or sales 3,540,790.						
b	Less returns and allowances c Balance	1c	3,5	40,790.			
2	Cost of goods sold (Schedule A, line 7)	2					
3	Gross profit Subtract line 2 from line 1c	3	3,5	40,790.			3,540,790.
4 a	Capital gain net income (attach Schedule D)	4a					
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b					
С	Capital loss deduction for trusts	4c				i	
5	Income (loss) from a partnership or an S corporation (attach						
	statement)	5					
6	Rent income (Schedule C)	6					
7	Unrelated debt-financed income (Schedule E)	7				L.	
8	Interest, annuities, royalties, and rents from a controlled						
	organization (Schedule F)	8					•
9	Investment income of a section 501(c)(7), (9), or (17)						
	organization (Schedule G)	9_					
10	Exploited exempt activity income (Schedule I)	10					
11	Advertising income (Schedule J)	11					
12	Other income (See instructions, attach schedule)	12					<u></u>
13	Total. Combine lines 3 through 12	13	3,5	40,790.			3,540,790.
Par	Deductions Not Taken Elsewhere (See instruction deductions must be directly connected with the uncompensation of officers, directors, and trustees (Schedule K)	ons f nrela	or limitation	ns on dec ss incom	ductions) (Exc e)	cept fo	r contributions,
15	Salaries and wages					15	963,552.
16	Repairs and maintenance		•			16	
17	Bad debts					17	
18	Interest (attach schedule) (see instructions)					18	
19	Taxes and licenses					19	
20	Charitable contributions (See instructions for limitation rules)			,		20	
21	Depreciation (attach Form 4562)			21		J[
22	Less depreciation claimed on Schedule A and elsewhere on return		2	22a		22b	
23	Depletion		_			23	
24	Contributions to deferred compensation plans					24	
25	Employee benefit programs					25	374,716.
26	Excess exempt expenses (Schedule I)					26	

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 31 from line 30

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

Excess readership costs (Schedule J)

Total deductions. Add lines 14 through 28

Other deductions (attach schedule)

Schedule M (Form 990-T) 2018

2,146,027.

3,484,295.

56,495.

27

28

29

30

31

instructions)

28

29

31

SEE STATEMENT 9

Date	Form 990-T (2018) BJC HEALTH SY	STEM							1	Page 3
1 Inventory at beginning of year 2 Purchases 2 Purchases 3 Osat of labor 3 Society of labor 3 Society of labor 3 Society of labor 4 Society of labor 4 Society of labor 4 Society of labor 4 Society of labor 5 Society 6 Society							43-1617	558		
2 Purchases 3 Cost of fabor 4 Additional section 263A costs (attach schedule) 4 B Define ross fatach schedule) 5 Total Add fines 1 through 4b 5 Define ross fatach schedule) 5 Total Add fines 1 through 4b 5 Define ross fatach schedule) 6 Total Add fines 1 through 4b 5 Define ross fatach schedule) 7 Total Add fines 1 through 4b 5 Description of property produced or acquired for resale) apply to the property produced or acquired for resale) apply to the property produced or acquired for resale) apply to the property produced or acquired for resale) apply to the property produced or acquired for resale) apply to the property produced or acquired for resale) apply to the property produced or acquired for resale) apply to the property produced or acquired for resale) apply to the property produced or acquired for resale) apply to the property produced or acquired for resale) apply to the property produced or acquired for resale) apply to the property produced or acquired for resale) apply to the property produced or acquired for resale) apply to the property produced or acquired for resale) apply to the property produced or acquired for resale) apply to the property produced or acquired for resale) apply to the property produced or acquired for resale) apply to the property of th	Schedule A - Cost of Good	s Sold. Enter	method of inve	ntory va	aluation N/A			_	· · · · · · · · · · · · · · · · · · ·	
3 Cost of labor 4 Additional section 263A costs (attach schedule) 4 B Do the rules of section 263A (with respect to properly produced or acquired for reside) apply to 5 Total Add (lines 1 through 4b 5 Total Add (lines 1 th	1 Inventory at beginning of year	1		6	Inventory at end of year	ır		6		
4a Additional section 263A costs (atach schedule) 4b Bother costs (atach schedule) 5 Total Add lines I through 4b S	2 Purchases	2			Cost of goods sold St	ubtract I	line 6	'		
Inter 2 August School 263A costs (attach schedule) August August School 263A (with respect to properly produced or acquired for resale) apply to the organization? August	3 Cost of labor	3			from line 5. Enter here	and in I	Part I,	İ		
b Other costs (attach schedule) 5 Total Add lines 1 through 40 5 Amengan adjusted by Add lines 1 through 40 5 Amengan adjusted by Callines 1 through 40 5 Amengan adjusted by Callines 1 through 40 5 Amengan adjusted by Callines 4 through 40 5 Amengan adjusted by Callines 4 through 40 5 Amengan adjusted by Callines 4 through 40 6 Callines 4 through 40 6 Total Lines 7, Callines (A) 6 Total Callines 4 through 40 7 Total Callines 1 through 40 7 Total Callines 1 through 40 7 Total Add lines 1 thro	4a Additional section 263A costs				line 2					
S Total Add lines I through 4b 5 the organization? 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 (f the percentage of rent to the second property (f the percentage o	(attach schedule)	4a		8	Do the rules of section	263A (with respect to		Yes	No
Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see enstructions) 1 Description of property (1) (2) (3) (4) 2 Rent received or secroud (a) From personal property (if the precentage of rent to personal property (if the precentage of rent to personal property (if the precentage of rent to personal property (if the personal property (if the precentage of rent to personal property (if the personal property (if the precentage of rent to personal property (if the	b Other costs (attach schedule)	4b		7	property produced or a	cquirec	for resale) apply to			
Common C		5			the organization?	•				x
(1) (2) (3) (4) 2 Rent received or accrused (a) From personal property (if the precentage of rent for personal property (if the precentage of rent for personal property if the precentage of rent for personal property (if the precentage of rent for personal property if the precentage of rent for personal property if the precentage of rent for personal property if the precentage of rent for personal property (if the percentage of rent for personal property if the percentage of rent for personal property is a position of rent for personal property in the percentage of rent for personal property in the percentage of rent for personal property in the percentage of rent for personal property is a personal property in the percentage of rent for personal property in the percentage of personal pro		(From Real	Property and	d Pers	sonal Property L	.ease	d With Real Prop	erty	()	
(2) (3) (4) 2 Rent received or accrued (a) From personal property (if the personal property (i	1 Description of property									
(2) (3) (4) 2 Rent received or accrued (a) From personal property (if the personal property (i	(1)	_								
(a) (4) 2 Rent received or accrued (a) From personal property (if the percentage of rother personal property (if the percentage of rother personal property is more than 19%) (b) From seconal property (if the percentage of rother personal property is more than 19%) (i) (2) (3) (4)									 -	
A				•						
California property (if the percentage of received or accrued (b) From real and percentage property (if the percentage of received property (if the percentage of re		=-								
(a) From Personal property (in the percentage) (in the rent is based on profit or income) (in the rent is based		2 Rent receiv	ed or accrued							
(2) (3) (4) Total (b) Total deductions fere and on page 1, Part 1, line 6, column (A) Schedule E - Unrelated Debt-Financed Income 1 Description of debt-financed property 1 Description of debt-financed property (1) (2) (3) (4) 4 Amount of everage accusistion debt-financed property (ettach schedule) (5) (6) Total deductions (a) (b) Total deductions (b) Total deductions (a) (b) Total deductions (b) Total deductions (a) (c) Total income Add totals of column (A) (b) Total deductions (a) (c) Total income Add totals of columns 2(a) and 2(b) (b) Total deductions (a) (c) Total income Add totals of columns 2(a) and 2(b) (c) Total income Add totals of columns 2(a) and 2(b) (d) (a) (b) Total deductions (a) (b) Total deductions (d) (b) Total deductions (a) (b) Total deductions (d) (b) Total deductions (d) (b) Total deductions (d) (ether columns 2(a) (a) (b) Total deductions (d) (b) Total deductions (d) (b) Total deductions (d) (b) Total deductions (a) (b) Total deductions (d) (ether columns 2(a) (a) (b) Total deductions (d) (d) (d) (d) (d) (d) (d) (d) (ether schedule) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	rent for personal property is more	than :	of rent for	personal	property exceeds 50% or if	ge	3(a) Deductions directly columns 2(a) a	y conne nd 2(b)	ected with the income in (attach schedule)	
(3) (4) (5) Total income Add totals of columns 2(a) and 2(b) Enter here and on page 1, Part I, line 6, column (A) Schedule E - Unrelated Debt-Financed Income (see instructions) 2 Gross income from or allocable to debt-financed property 1 Description of debt-financed property 2 Gross income from or allocable to debt-financed property (3) Straight line degrecation (attach schedule) (4) 4 Amount of everage accuration debt-financed property (attach schedule) (5) Average adjusted bears of or allocable to debt-financed property (attach schedule) (6) Total deductions Enter here and on page 1, Part I, line 6, column (B) (a) Straight line degrecation (attach schedule) (b) Total deductions Enter here and on page 1, Part I, line 6, column (B) (a) Straight line degrecation (attach schedule) (b) Total deductions Enter here and on page 1, Part I, line 7, column (B) (b) Total deductions (b) Total deductions Enter here and on page 1, Part I, line 7, column (A) (a) Straight line degrecation (attach schedule) (b) Total deductions Enter here and on page 1, Part I, line 7, column (B) (a) Straight line degrecation (attach schedule) (b) Total deductions Enter here and on page 1, Part I, line 7, column (A) (a) Straight line degrecation (attach schedule) (b) Total deductions Enter here and on page 1, Part I, line 7, column (A) (b) Total deductions Enter here and on page 1, Part I, line 7, column (A) (a) Straight line degrecation (attach schedule) (b) Total deductions Enter here and on page 1, Part I, line 7, column (B) (b) Total deductions Enter here and on page 1, Part I, line 7, column (B) (c) Dim deductions (a) Straight line degrecation (attach schedule) (a) Straight line degrecation (attach schedule) (b) Total deductions (b) Total deductions (a) Total deduc	(1)									
(4) Total 0, T	(2)									
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(c) Total income Add totals of columns 2(a) and 2(b) Enter here and on page 1, Part I, line 6, column (A) Schedule E - Unrelated Debt-Financed Income (see instructions) 2 Gross income from or allocable to debt-financed property 1 Description of debt-financed property 2 Gross income from or allocable to debt-financed property (a) Straight line depreciation (attach schedule) (b) Other deductions (attach schedule) (b) Other deductions (attach schedule) (b) Other deductions (attach schedule) (c) (3) (4) 4 Amount of everage acquisition debt-financed property (attach schedule) (d) (2) (3) (4) (4) (4) (5) (4) (5) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6	(4)									
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(2) (3) (4) 4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) (1) (2) 4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) (1) (2) (3) (4) (5) Average adjusted basis of or allocable to by column 5 (column 6 x total of columns 2 x column 6) (column 6 x total of columns 3(a) and 3(b)) (1) (2) (3) (4) (4) (5) (6) (9) (9) (9) (9) (9) (1) (1) (1	(1)			+				1		
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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) Enter here and on page 1, Part I, line 7, column (A) Part I, line 7, column (B) 0 .										
(2)	4 Amount of average acquisition debt on or allocable to debt-financed	of or a debt-fina	allocable to nced property	6			reportable (column		(column 6 x total of col	
(2)	(1)				%					
(3) % (4) % Enter here and on page 1, Part I, line 7, column (A) Part I, line 7, column (B) Totals 0. 0.										
(4) Enter here and on page 1, Part I, line 7, column (A) Fort I, line 7, column (B) Totals O. O.										
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) O. 0.										
Part I, line 7, column (A) Part I, line 7, column (B) 0. 0.	X-7					F	nter here and on page 1		Enter here and on page	1.
	Totals				.		0).		0.
		ncluded in columi	1 8		•		b	•		

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

FULLIA	
OMB No	1545-0687

76,728.

Department of the Treasury Internal Revenue Service (99) For calendar year 2018 or other tax year beginning ► Go to 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 SYS				Employer identification	n number
	activity code (see ins ted trade or business	· · · · · · · · · · · · · · · · · · ·	N SUPPO	PRT	·	
Part I Unrelated	Trade or Busine	ess Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or b Less returns and allo	_	76,728. c Balance ▶	1c	76,728.		
2 Cost of goods sol	d (Schedule A, line 7)		2			

3

4a

4b

4c

b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) Capital loss deduction for trusts

Income (loss) from a partnership or an S corporation (attach statement)

6 Rent income (Schedule C)

Unrelated debt-financed income (Schedule E)

Gross profit Subtract line 2 from line 1c 4a Capital gain net income (attach Schedule D)

Interest, annuities, royalties, and rents from a controlled organization (Schedule F)

Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)

Exploited exempt activity income (Schedule I)

11 Advertising income (Schedule J)

Other income (See instructions, attach schedule) 12

Total. Combine lines 3 through 12

76,728. 76 728

6 7 8 10 11

76,728.

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)

12

13

14	Compensation of officers, directors, and trustees (Schedule K)			14	
15	Salaries and wages			15	40,831.
16	Repairs and maintenance			16	
17	Bad debts			17	
18	Interest (attach schedule) (see instructions)			18	
19	Taxes and licenses			19	
20	Charitable contributions (See instructions for limitation rules)			20	
21	Depreciation (attach Form 4562)	21			
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		22b	
23	Depletion			23	
24	Contributions to deferred compensation plans			24	
25	Employee benefit programs			25	15,879.
26	Excess exempt expenses (Schedule I)			26	
27	Excess readership costs (Schedule J)			27	
28	Other deductions (attach schedule)	E STA	TEMENT 10	28	41,301.
29	Total deductions. Add lines 14 through 28			29	98,011.
30	Unrelated business taxable income before net operating loss deduction. Subtract lin	e 29 fr	om line 13	30	-21,283.
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	-21,283.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

Form 990-T (2018) BJC HEALTH SY	STEM					Page :
DBA BJC HEALT					43-161755	58
Schedule A - Cost of Good	s Sold. Enter	method of inven	tory valuation N/A			
1 Inventory at beginning of year	1		6 Inventory at end of year	ar		6
2 Purchases	2		7 Cost of goods sold S	ubtract l	line 6	
3 Cost of labor	3		from line 5 Enter here	and in f	Part I,	
4a Additional section 263A costs			line 2			7
(attach schedule)	4a		8 Do the rules of section	263A (1	with respect to	Yes No
b Other costs (attach schedule)	4b		property produced or a	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 L	.ease	d With Real Prope	erty)
(see instructions)						
1 Description of property						
(1)						
(2)			<u>.</u>		.	
(3)						=
(4)						
		ed or accrued			2(a) Doductions directly o	onnected with the income in
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	than -	' of rent for p	nd personal property (if the percenta ersonal property exceeds 50% or if t is based on profit or income)	ge	columns 2(a) and	2(b) (attach schedule)
(1)		<u> </u>				
(2)			-			
(3)						
(4)						
Total	0.	Total		0.		
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column		ter	• •	0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	0.
Schedule E - Unrelated Deb		Income (see	instructions)		,	
		,	2 Gross income from		3 Deductions directly conne to debt-finance	octed with or allocable d property
1 Description of debt-fin	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)						
(2)						
(3)						r
(4)						
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property n 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)		-	%			
· · · · · · · · · · · · · · · · · · ·					nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totale			_		0.	0.

0.

Total dividends-received deductions included in column 8

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

ENTITY	3
OMB No	1545-0687

Department of the Treasury Internal Revenue Service (99)

, and ending ► Go to 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)

For calendar year 2018 or other tax year beginning

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

Name	of the organization BJC HEALTH SYSTEM DBA BJC HEALTHCARE			Employer ident		on number
	Unrelated business activity code (see instructions) 541610 Describe the unrelated trade or business BJC COLLABORAT	IVE			r	
Pa	tt I Unrelated Trade or Business Income		(A) Income	(B) Expenses		(C) Net
1a	Gross receipts or sales Less returns and allowances 476, 279. c Balance	1c	476,279.		ŀ	
ь 2	Cost of goods sold (Schedule A, line 7)	2	,			
3	Gross profit Subtract line 2 from line 1c	3	476,279.			476,279.
4 a	Capital gain net income (attach Schedule D)	4a				
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
c	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach				I	
	statement)	5				<u> </u>
6	Rent income (Schedule C)	6				
7	Unrelated debt-financed income (Schedule E)	7				···
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Schedule F)	8				
9	Investment income of a section 501(c)(7), (9), or (17)					
	organization (Schedule G)	9				
10	Exploited exempt activity income (Schedule I)	10		·		
11	Advertising income (Schedule J)	11				
12	Other income (See instructions, attach schedule)	12				
13	Total. Combine lines 3 through 12	13	476,279.			476,279.
Pai	Deductions Not Taken Elsewhere (See instruction deductions must be directly connected with the unconnected with th				ept fo	or contributions,
14	Compensation of officers, directors, and trustees (Schedule K)				14	

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	342,921.
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)		
22	Less depreciation claimed on Schedule A and elsewhere on return	22b	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	133,358.
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	
29	Total deductions. Add lines 14 through 28	29	476,279.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	0.
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	
		Cabadula 84 /	000 T\ 0040

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

DBA BJC HEALTHCARE

43-1617558

Page 3

Schedule A - Cost of Goods		method of inven	ntory val	uation N/A		45 10175	
1 Inventory at beginning of year	1		T	Inventory at end of year	ır		6
2 Purchases	2		7	Cost of goods sold. Si	ubtract	line 6	
3 Cost of labor	3] 1	from line 5. Enter here	and in l	Part I,	
4a Additional section 263A costs		-		ine 2			7
(attach schedule)	4a		8	Do the rules of section	263A (with respect to	Yes No
b Other costs (attach schedule)	4b			property produced or a	cquirec	for resale) apply to	
5 Total Add lines 1 through 4b	5			the organization?			х
Schedule C - Rent Income (see instructions)	(From Real F	Property and	d Pers	onal Property L	ease	d With Real Prope	erty)
1. Description of property							
(1)							
(2)		·		<u></u>			
(3)							
(4)						•	
	2 Rent receive					3/a) Deductions directly o	onnected with the income in
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	than	of rent for p	personal pr	al property (if the percenta operty exceeds 50% or if on profit or income)	ge	columns 2(a) and	2(b) (attach schedule)
(1)				·····			
(2)			*****				
(3)							
(4)							
Total	0.	Total			0.	ļ., .	
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column	n (A)	.			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	o .
Schedule E - Unrelated Deb	t-Financed	Income (see	instruct	ions)	1		
			١,	Gross income from		3 Deductions directly connected to debt-finances	
1 Description of debt-fir	nanced property		0	r allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)							
(2)		·					
(3)							
(4)							
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or al debt-finan	adjusted basis locable to ced property 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)			<u> </u>	%			
(3)			<u> </u>	%			
(4)				%			
						nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals				>		0.	0.
Total dividends-received deductions in	icluded in column	8				<u> </u>	0.
							Form 990-T (2018)

Form 8827

Credit for Prior Year Minimum Tax - Corporations

OMB No 1545-0123

2018

Department of the Treasury Internal Revenue Service Attach to the corporation's tax return

Internal Revenue Service	► Go to www.irs gov/Form8827 for the latest information	[
Name BJC HEALTH S	YSTEM	Employer	identification number
DBA BJC HEAL	THCARE	43	-1617558
1 Alternative minimum	tax (AMT) for 2017 Enter the amount from line 14 of the 2017 Form 4626	1	813,610.
2 Minimum tax credit o	arryforward from 2017 Enter the amount from line 9 of the 2017 Form 8827	2	1,087,089.
3 Enter any 2017 unalle	owed qualified electric vehicle credit (see instructions)	3	
4 Add lines 1, 2, and 3		4	1,900,699.
5 Enter the corporation instructions)	's 2018 regular income tax liability minus allowable tax credits (see	5	0.
6 Enter the refundable	minimum tax credit (see instructions)	6	950,350.
7 Add lines 5 and 6		7	950,350.
pre-acquisition exces	line 4 or line 7. If the corporation had a post-1986 ownership change or has s credits, see instructions	8a	950,350.
	m tax credit Enter the smaller of line 4 or line 5 here and on Form 1120, Schedule J, Part I, line 5d of your return). If the corporation had a post-1986 ownership change or has pre-acquisition		
excess credits, see in	structions. If you made an entry on line 6, go to line 8c. Otherwise, skip line 8c	8b	0.
c Subtract line 8b from	line 8a This is the current year refundable minimum tax credit. Include this		
amount on Form 112	0, Schedule J, Part II, line 20c (or the applicable line of your return)	8c	950,350.
9 Minimum tax credit o	carryforward to 2019. Subtract line 8a from line 4. Keep a record of this		
amount to carry forw	ard and use in future years	9	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 for instructions and the latest information

OMB No 1545-0123

Name

BJC HEALTH SYSTEM

DBA BJC HEALTHCARE

Employer identification number

43-1617558

	Part I Short-Term Capital Ga	ins and Losses (See	instructions)			
to e	e instructions for how to figure the amounts enter on the lines below	(d) Proceeds	(e) Cost	(0) Adjustments to gair or loss from Form(s) 8949	9,	(h) Gain or (loss) Subtract column (e) from column (d) and
Thi rou	is form may be easier to complete if you und off cents to whole dollars	(sales price)	(or other basis)	Part I, line 2, column (g))	combine the result with column (g)
1a	a 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					
1b	Totals for all transactions reported on					
	Form(s) 8949 with Box A checked		-			
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on					-
	Form(s) 8949 with Box C checked	462,481.	3,162.			459,319.
4	Short-term capital gain from installment sale:	s from Form 6252, line 26 or 37	,		4	
5	Short-term capital gain or (loss) from like-kir				5	
6	Unused capital loss carryover (attach comput	tation)	SEE STATE	MENT 12	6	(4,776,001.)
7	Net short-term capital gain or (loss) Combin	ne lines 1a through 6 in column	h		7	-4,316,682.
F	Part II Long-Term Capital Ga	ins and Losses (See i	nstructions)			
	e instructions for how to figure the amounts	(4)	(a)	(g) Adjustments to gain		(h) Gain or (loss) Subtract
The	enter on the lines below. Is form may be easier to complete if you und off cents to whole dollars	(d) Proceeds (sales price)	(e) Cost (or other basis)	or loss from Form(s) 8949 Part II, line 2, column (g)	9,	column (e) from column (d) and combine the result with column (g)
8a	a 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					
8b	Totals for all transactions reported on					
	Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on					
_	Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on	3,850,035.	4,363,214.			-513,179.
_	Form(s) 8949 with Box F checked	3,030,033.	4,500,221.		11	4,707,836,
	 Enter gain from Form 4797, line 7 or 9 Long-term capital gain from installment sale: 	from Form 6252 line 26 or 37	,	}	12	-,,,
				}	13	
	Long-term capital gain or (loss) from like-kir	iu excitatiges irotii i oriii ooza		<u> </u>	14	
	Capital gain distributions	a linea On through 14 in column	a b	<u> </u>	15	4,194,657.
	5 Net long-term capital gain or (loss) Combin Part III Summary of Parts I an		111		13	1,252,007.
	6 Enter excess of net short-term capital gain (li		l loss (line 15)		16	
	7 Net capital gain Enter excess of net long-terr	•	, ,	, †	17	
	8 Add lines 16 and 17. Enter here and on Form			<i>'</i>	18	0.
	Note: If losses exceed gains, see Capital loss	•				

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

Schedule D (Form 1120) 2018

JWA

Department of the Treasu Internal Revenue Service

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D OMB No 1545-0074

Name(s) shown on return

BJC HEALTH SYSTEM

DBA BJC HEALTHCARE

Social security number or taxpayer identification no.

43-1617558

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions) For long term transactions, see page 2

Note You may aggregate all short-term transactions reported on Form(s) 1099 B showing basis was reported to the IRS and for which no adjustments or codes are required Enter the totals directly on Schedule D, line 1a, you aren't required to report these transactions on Form 8949 (see instructions)

You must check Box A, B, or C below Check only one box If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

X (C) Short-term transactions no	t reported to you	on Form 1099-	3	7	ı		
1 (a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr)	(c) Date sold or disposed of (Mo , day, yr)	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below and see Column (e) in the instructions	loss If y in column column (f	nt, if any, to gain or ou enter an amount (g), enter a code in) See instructions. (g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
SHORT-TERM CAPITAL GAIN							
FROM BRIDGE DEBT STRATEGIES							
II LP			32,163.				32,163.
SHORT-TERM CAPITAL GAIN							
FROM GARRISON MIDDLE MARKET							
FUNDING II LP			110,051.				110,051.
SHORT-TERM CAPITAL LOSS							
FROM GSO ENERGY SELECT							
OPPORTUNITIES FUND LP	-			3,162.			<3,162.>
SHORT-TERM CAPITAL GAIN							
FROM PROVIDENCE DEBT FUND		•					
III LP			240,549.				240,549.
SHORT-TERM CAPITAL GAIN							
FROM TENNENBAUM ENHANCED						•	
YIELD FUND I LLC			63,752.			-	63,752.
SHORT-TERM CAPITAL GAIN							
FROM TENNENBAUM SPECIAL							
SITUATIONS FUND IX LLC			15,966.				15,966.
					-		
	<u> </u>						i
	-	-					

-							
		_					
							
			-				
2 Totals. Add the amounts in colum	nns (d), (e), (a), a	nd (h) (subtract			-		
negative amounts) Enter each tot							
Schedule D, line 1b (If Box A abo		·					
above is checked), or line 3 (if Bo			462,481.	3,162.			459,319.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

823011 11-28-18 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form **8949** (2018)

Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on page 1
BJC HEALTH SYSTEM

Social security number or taxpayer identification no.

DBA BJC HEALTHCARE

43-1617558

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

see page 1

Note You may aggregate all long term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions)

You must check Box D, E, or F below Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box if you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

- (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
- (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr)	(c) Date sold or disposed of	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below and	loss If you	nt, if any, to gain or ou enter an amount (g), enter a code in). See instructions	(h) Gain or (loss). Subtract column (e) from column (d) &
		(Mo , day, yr)		see Column (e) In the instructions	(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)
LONG-TERM CAPITAL GAIN FROM							
FORTRESS REAL ESTATE							
OPPORTUNITIES FUND II (B) L			35,621.				35,621.
LONG-TERM CAPITAL GAIN FROM							-
GARRISON MIDDLE MARKET							
FUNDING II LP			15,263.				15,263.
LONG-TERM CAPITAL LOSS FROM							
GARRISON OPPORTUNITY FUND							
IV A LLC				474,544.			<474,544.>
LONG-TERM CAPITAL LOSS FROM							
GARRISON OPPORTUNITY PL				• • •			
CO-INVEST 2015-1 LP				379,707.			<379,707.>
LONG-TERM CAPITAL LOSS FROM							
GARRISON OPPORTUNITY PL							
CO-INVEST 2015-3 LP				385,402.			<385,402.>
LONG-TERM CAPITAL LOSS FROM							·
PROVIDENCE DEBT FUND III LF				485,909.			<485,909.>
LONG-TERM CAPITAL LOSS FROM				·			
QUANTUM ENERGY PARTNERS V							
LP				1,099.			<1,099.>
LONG-TERM CAPITAL GAIN FROM				· · · · · ·			<u> </u>
RIVERSTONE/CARLYLE GLOBAL			<u>. </u>				
EN & PWR FD IV FT LP			737,013.				737,013.
LONG-TERM CAPITAL GAIN FROM							,
TENNENBAUM ENHANCED YIELD							
FUND I LLC		-	48,163.				48,163.
LONG-TERM CAPITAL GAIN FROM			•				·
TENNENBAUM SPECIAL							
SITUATIONS FUND IX LLC	-		50,379.				50,379.
FORTRESS TRANSPORTATION AND	·· ·· ··		·				
INFRASTRUCTURE INVESTORS							
LLC			2,963,596.	2,636,553.			327,043.
			, ,				
2 Totals. Add the amounts in columnegative amounts) Enter each tot							
Schedule D, line 8b (If Box D abo above is checked), or line 10 (if B	ove is checked),	line 9 (if Box E	3,850,035.	4,363,214.			<513,179.>

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

Form **8949** (2018)

General Business Credit

▶ Go to 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 Attachment Sequence No 22

Department of the Treasury Internal Revenue Service (99) 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 2	†	10,200.00
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	<u> </u>	
•	box D checked. See instructions	5	
6	Add lines 1, 3, 4, and 5	6	19,199.00
Part			
7	Regular tax before credits:		
	 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		
	• Corporations Enter the amount from Form 1120, Schedule J, Part I, line 2; or the		
	applicable line of your return	7	0.00
	• 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		
8	Alternative minimum tax:		
	Individuals. Enter the amount from Form 6251, line 11		
	• Corporations. Enter -0	8_	
	• Estates and trusts. Enter the amount from Schedule I (Form 1041), line 56	-	
9	Add lines 7 and 8	9	0.00
10a	Foreign tax credit	, '	
b	Certain allowable credits (see instructions)		
С	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- 2 0.00		
13	Enter 25% (0.25) of the excess, if any, of line 12 over \$25,000. See		
• •	Instructions		
14	Tentative minimum tax	,	
	Individuals, Enter the amount from Form 6251, line 9		
	• Corporations Enter -0	١, ا	
	Estates and trusts. Enter the amount from Schedule I		
	(Form 1041), line 54		
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	
••	C corporations: See the line 17 instructions if there has been an ownership change, acquisition, or reorganization.		
For Pan	erwork Reduction Act Notice, see separate Instructions.		Form 3800 (2018)
up			(-0.0)

Part			
Note:	f you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and ent	er -0- c	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 23		
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 32		
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	Credit allowed for the current year. 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		0.00
	• Estates and trusts Form 1041, Schedule G, line 2b	38	0.00
			Form 3800 (2018)

Form 3800 (2018)			Page
Name(s) shown on return		Identifying number	
BJC HEALTH SYSTEM DBA BJC HEALTHCARE		43-161755	8
Part III General Business Credits or Eligible Small Business Credits (see in	structions	s)	
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			
·	II Busines	ss Credit Carryfor	wards
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			
III with box A or B checked Check here if this is the consolidated Part III			▶] X
(a) Description of credit	╽.	(b) f claiming the credit	(c)
Note: On any line where the credit is from more than one source, a separate Part III is needed for		rom a pass-through	Enter the appropriat amount
pass-through entity	T	entity, enter the EIN	umount
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	•	
b Reserved	1b		
c Increasing research activities (Form 6765)			12,886.0
d Low-income housing (Form 8586, Part I only)			
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		
Biodiesel and renewable diesel fuels (attach Form 8864)	11	· · · · · · · · · · · · · · · · · · ·	
m Low sulfur diesel fuel production (Form 8896)	1m		
n Distilled spirits (Form 8906)	1n		
o Nonconventional source fuel (carryforward only)	10		
p Energy efficient home (Form 8908)	1p		
q Energy efficient appliance (carryforward only)	1g		
r Alternative motor vehicle (Form 8910)	1r		
s Alternative fuel vehicle refueling property (Form 8911)	1s		-
t Enhanced oil recovery credit (Form 8830)	1t		
44	1u		<u> </u>
	1v		
v Agricultural chemicals security (carryforward only)		•	
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		6,313.0
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		19,199.0
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	••-	2,134.0
g Qualified railroad track maintenance (Form 8900)	4g		
	4h	·	
h Small employer health insurance premiums (Form 8941)	41		_
h Small employer health insurance premiums (Form 8941)	1 41 1		
i Increasing research activities (Form 6765)			
i Increasing research activities (Form 6765)	4]		
i Increasing research activities (Form 6765)	4j 4z		2.134 0
i Increasing research activities (Form 6765)	4]		2,134.0 21,333.0

_	n 38 <u>00 (2018)</u>			Page 3
Nam	ne(s) shown on return		Identifying number	1
BJ	C HEALTH SYSTEM DBA BJC HEALTHCARE		43-161755	8
_	rt III General Business Credits or Eligible Small Business Credits (see in	structi	ons)	
Coi	mplete a separate Part III for each box checked below See instructions			
Α	General Business Credit From a Non-Passive Activity E Reserved			
В	General Business Credit From a Passive Activity F Reserved			
С	X General Business Credit Carryforwards G Eligible Smal	Busi	ness Credit Carryfor	wards
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 a			
	Ill with box A or B checked Check here if this is the consolidated Part III			
	(a) Description of credit		(b) If claiming the credit	(c)
	e: On any line where the credit is from more than one source, a separate Part III is needed for a s-through entity	each	from a pass-through entity, enter the EIN	Enter the appropriate amount
	Investment (Form 3468, Part II only) (attach Form 3468)	1a	onder, onto the Litt	
	b Reserved	1b		
	Increasing research activities (Form 6765)	1c	26-2514715	66.00
	d Low-income housing (Form 8586, Part I only)	1d		
	Disabled access (Form 8826) (see instructions for limitation)	1e		
	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
	1 11 1 1/5 00/5			·
	g Indian employment (Form 8845)	1g	· · · · · · · · · · · · · · · · · · ·	
	h Orphan drug (Form 8820)	1h		
1	New markets (Form 8874)	1i		
,	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	_1 <u>j</u> _		
•	k Employer-provided child care facilities and services (Form 8882) (see	ا بد		
	instructions for limitation)	1k		<u> </u>
•	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
,	m Low sulfur diesel fuel production (Form 8896)	1m		<u> </u>
ı	Distilled spirits (Form 8906)	1n		
•	Nonconventional source fuel (carryforward only)	10		
ı	Energy efficient home (Form 8908)	1p		
(q Energy efficient appliance (carryforward only)	1g	<u> </u>	
ı	r Alternative motor vehicle (Form 8910)	1r		
,	s Alternative fuel vehicle refueling property (Form 8911)	1s		
(Enhanced oil recovery credit (Form 8830)	1t		
ı	u Mine rescue team training (Form 8923)	1u		
•	Agricultural chemicals security (carryforward only)	1v	· · · · · · · · · · · · · · · · · · ·	
	w Employer differential wage payments (Form 8932)	1w	 	
,	Carbon oxide sequestration (Form 8933)	1x		
3	y Qualified plug-in electric drive motor vehicle (Form 8936)	1 <u>y</u>		
2	Z Qualified plug-in electric vehicle (carryforward only)	1z		
•	aa Employee retention (Form 5884-A)	1aa		
i	bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		
2	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		
4:		4a		
1	b Work opportunity (Form 5884)	4b		
	Biofuel producer (Form 6478)	4c		
	d Low-income housing (Form 8586, Part II)	4d		
	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		
_		4i		
		41		<u> </u>
	z Other	4z		
5		5		041 00
<u>6</u>	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		941,00

	s) shown on return		Identifying number	rage o
	HEALTH SYSTEM DBA BJC HEALTHCARE		43-161755	
Par		etruet		
	plete a separate Part III for each box checked below. See instructions.	Struct	ions)	
Г	-			
<u>^</u> }	General Business Credit From a Non-Passive Activity Reserved Reserved			
В	General Business Credit From a Passive Activity F Reserved	II D	inner Cardit Corn for	
c l		ii Busi	iness Credit Carryfor	warus
D [General Business Credit Carrybacks H Reserved		1.5. 4.111	
	f you are filing more than one Part III with box A or B checked, complete and attach first an a II with box A or B checked. Check here if this is the consolidated Part III			
		• • •	(b)	
	(a) Description of credit		If claiming the credit	(c) Enter the appropriate
	On any line where the credit is from more than one source, a separate Part III is needed for a through entity	eacn	from a pass-through entity, enter the EIN	amount
	Investment (Form 3468, Part II only) (attach Form 3468)	1a	entity, enter the Life	
b	Reserved	1b		
c	Increasing research activities (Form 6765)	1c		
	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		
i	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		
	Biodiesel and renewable diesel fuels (attach Form 8864)	11		~~~
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906).	1n		
	Nonconventional source fuel (carryforward only).	10		
р	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		
v	Qualified plug-in electric drive motor vehicle (Form 8936).	1y		
z	Qualified plug-in electric vehicle (carryforward only)	1z		
	Employee retention (Form 5884-A)	1aa		
	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		
	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		
4 a	Investment (Form 3468, Part III) (attach Form 3468)	4a_		
b	Work opportunity (Form 5884)	4b		
С	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
е	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

	3800 (2018)		·	Page 3
	e(s) shown on return		Identifying number	
_	C HEALTH SYSTEM DBA BJC HEALTHCARE		43-161755	8
$\overline{}$	t III General Business Credits or Eligible Small Business Credits (see in	structio	ons)	
Con	plete a separate Part III for each box checked below. See instructions.			
Α	X General Business Credit From a Non-Passive Activity E Reserved			
В	General Business Credit From a Passive Activity F Reserved			
С	General Business Credit Carryforwards G Eligible Sma	ll Busır	ess Credit Carryfor	wards
D	General Business Credit Carrybacks H Reserved			
	If you are filing more than one Part III with box A or B checked, complete and attach first an			
	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	(c) Enter the appropriate
pass	On any line where the credit is from more than one source, a separate Part III is needed for through entity.	,	from a pass-through entity, enter the EIN	amount
	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b	Reserved	1b		
C	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		81-4516497	12,333.00
d	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1d		
е		1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h	, , , , , , , , , , , , , , , , , , , ,	1h		
j	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	11		
k				
	instructions for limitation)	1k		
ŀ	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
n	Low sulfur diesel fuel production (Form 8896)	1m		
n	, , , , , , , , , , , , , , , , , , ,	1n		
0	Nonconventional source fuel (carryforward only)	10		
р	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		1u		
٧	Agricultural chemicals security (carryforward only)	1v		
W	Employer differential wage payments (Form 8932)	1w	· · · · · · · · · · · · · · · · · · ·	
Х	Carbon oxide sequestration (Form 8933)	1x		
У	Qualified plug-in electric drive motor vehicle (Form 8936)	1у		
z		1z		
а	a Employee retention (Form 5884-A)	1aa		
	b General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb	····	<u> </u>
Z	z 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 \dots	2		12,333.00
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4 a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b		
C	Biofuel producer (Form 6478)	4c		
d	, , , , , , , , , , , , , , , , , , , ,	4d		
е	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

	_	800 (2018)			Page 3
Nam	ie(:	s) shown on return	_	Identifying numbe	
		HEALTH SYSTEM DBA BJC HEALTHCARE		43-161755	58
Pa			struction	ns)	. <u></u>
Coi	·	olete a separate Part III for each box checked below. See instructions.			
Α	L	General Business Credit From a Non-Passive Activity E Reserved			
В	L	General Business Credit From a Passive Activity F Reserved			
С	-	General Business Credit Carryforwards G Eligible Smal	l Busine	ess Credit Carryfor	wards
D	L	General Business Credit Carrybacks H Reserved			
I		you are filing more than one Part III with box A or B checked, complete and attach first an			
	-11	with box A or B checked. Check here if this is the consolidated Part III	· · · ·		
		(a) Description of credit		(b) If claiming the credit	(c)
		On any line where the credit is from more than one source, a separate Part III is needed for o	each	from a pass-through	Enter the appropriate amount
		hrough entity Investment (Form 3468, Part II only) (attach Form 3468)	1a	entity, enter the EIN	
			1b		
	C	Reserved	-	82-0766078	487.00
	d	Low-income housing (Form 8586, Part I only)	1d		107.00
	9	Disabled access (Form 8826) (see instructions for limitation)	1e		
f		Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
		Indian employment (Form 8845)	1g		
	_	Orphan drug (Form 8820)	1h		
i		New markets (Form 8874)	1i		
i		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		
1		Biodiesel and renewable diesel fuels (attach Form 8864)	11		
r		Low sulfur diesel fuel production (Form 8896)	1m		
r		Distilled spirits (Form 8906)	1n		
c	,	Nonconventional source fuel (carryforward only)	10		
ŗ)	Energy efficient home (Form 8908)	1p		
	1	Energy efficient appliance (carryforward only)	1q		
r		Alternative motor vehicle (Form 8910)	1r		
9	5	Alternative fuel vehicle refueling property (Form 8911)	1s		
t		Enhanced oil recovery credit (Form 8830)	1t		
ι	ı	Mine rescue team training (Form 8923)	1u		
v	,	Agricultural chemicals security (carryforward only)	1v		
V	V	Employer differential wage payments (Form 8932)	1w		
×	(Carbon oxide sequestration (Form 8933)	1x		
У	,	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z		Qualified plug-in electric vehicle (carryforward only)	1z		
a	aa	Employee retention (Form 5884-A)	1aa		
t	dc	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		
Z		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 \dots .	2	-	487.00
3		Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4 a		Investment (Form 3468, Part III) (attach Form 3468)	4a		
k		Work opportunity (Form 5884)	4b		
C	:	Biofuel producer (Form 6478).	4c		
C		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		
Ę.		Qualified railroad track maintenance (Form 8900)	4g		
ŀ		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)	<u>4j</u>		
_ 2		Other	4z		
5		Add lines 4a through 4z and enter here and on the applicable line of Part II	5		407.00
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	STAT	EMENT 1
DESCRIPTION		INCOME (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

FORM 990-T	OTHER INCOME	STATEMENT 2
DESCRIPTION		AMOUNT
STATE TAX REFUNDS INTEREST ON STATE TAX REFUNDS		53,401. 72,111.
TOTAL TO FORM 990-T, PAGE 1, LI	NE 12	125,512.

FORM 990-T INTERE	ST PAID STATEMENT 3
DESCRIPTION	AMOUNT
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 VARIOUS-BJC	N/A N/A	3,889. 1,877,743.
TOTAL TO FORM 990-T, PAGE 1, L	INE 20	1,881,632.

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 5
DESCRIPTION		AMOUNT
PROFESSIONAL INVESTMENT ADVICE TAX PREPARATION FEES	FEES	1,904,572. 755,322.
TOTAL TO FORM 990-T, PAGE 1, LI	NE 28	2,659,894.

ORM 990-T	CONTRIBUTIONS SUMMARY		STATEMENT	6
QUALIFIED	CONTRIBUTIONS SUBJECT TO 100% LIMIT			
FOR TAX FOR TAX FOR TAX FOR TAX	OF PRIOR YEARS UNUSED CONTRIBUTIONS YEAR 2013 3,359,357 YEAR 2014 1,040,097 YEAR 2015 1,669,779 YEAR 2016 1,453,048 YEAR 2017 2,418,229			
TOTAL CARE	YOVER ENT YEAR 10% CONTRIBUTIONS	9,940,510 1,881,632		
	RIBUTIONS AVAILABLE COME LIMITATION AS ADJUSTED	11,822,142	_	
EXCESS 100	CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS	11,822,142 0 11,822,142	_	
ALLOWABLE	CONTRIBUTIONS DEDUCTION			0
rotal cont	RIBUTION DEDUCTION			0

43-1617558

FORM 990-T

NAME OF FOREIGN COUNTRY IN WHICH ORGANIZATION HAS FINANCIAL INTEREST

STATEMENT 7

NAME OF COUNTRY

CANADA
CAYMAN ISLANDS
UNITED KINGDOM
BELGIUM

FORM 990-T	OTHER CREDITS AND PAYMENTS	STATEMENT 8
DESCRIPTION		AMOUNT
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
DESCRIPTION		AMOUNT
SUPPLIES		1,412,908.
INDIRECT EXPENSE & OVER	HEAD ALLOCATION	601,937.
TRAVEL		1,586.
CORPORATE OVERHEAD		129,596.
TOTAL TO SCHEDULE M, PAI	RT II, LINE 28	2,146,027.

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 10
DESCRIPTION		AMOUNT
SUPPLIES		14,639.
INDIRECT EXPENSE & OVERHEA	AD ALLOCATION	3,069.
CORPORATE OVERHEAD		23,593.
TOTAL TO SCHEDULE M, PART	II, LINE 28	41,301.

BJC HEALTH SYSTEM (DBA BJC HEALTHCARE) 2018 Form 990-T Part II, Line 35

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Statement 15

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

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

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)
	228,749

2018 Form 990-T Part II, Line 31 43-1617558

Statement 16

Post-2017 Net Operating Loss Deduction (see Statement 22 for Pre-2018 NOL)

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

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

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Statement 17

Charitable Contributions

	Contribution	Year(s)	Amount	Amount	[·] Amount
<u>Year</u>	<u>Deduction</u>	<u>Deducted</u>	<u>Deducted</u>	Expired	<u>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	11,823,410		0	1,268	11,822,142
-					

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)
	228,749

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

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Statement 18

Percentage Depletion					Carryovers Lost on	
reicentage Depletion		Amount	Year(s)	Amount	Partnerships	Amount
	<u>Year</u>	Incurred	Utilized	Utilized	Disposed	<u>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
	Nevision for its examination	17,757			(311)	313,333
	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
	10/01/01/0					505.070
	12/31/2017	685,870				685,870
	12/31/2018	301,386				301,386
	12/31/2010	301,360				201,200
Carryforward to 12/31/2019	-	3,305,215		0	27,880	3,277,335
	=					

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

Statement 19

Capital Loss

	<u>Year</u>	Capital <u>Losses</u>	Year(s) <u>Deducted</u>	Amount <u>Deducted</u>	Amount Expired	Amount <u>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	:	9,706,239	=	9,584,214	0	122,025

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

Statement 20

General Business Credit	General	Business	Credits
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General Business Credits						
		General				
		Business	Year(s)	Amount	Amount	Amount
	<u>Year</u>	<u>Credits</u>	<u>Deducted</u>	<u>Utilized</u>	<u>Expired</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	-	23,796		1,522	0	22,274