Form 990-T	E	Exempt Organization Bus (and proxy tax und			x Return	,	OMB No 1545-0047
Department of the Transum	For ca	lender year 2019 or other tax year beginning Go to www.irs gov/Form990T for in	structio	, and endingons and the latest information	<u> </u>	_	2019
Department of the Treasury Internal Revenue Service	▶	Do not enter SSN numbers on this form as it may	be ma	de public if your organization	n is a 501(c)(3)	5	open to Public Inspection for 01(c)(3) Organizations Only
A Check box if address changed		\ · · · · · · · · · · · ·	hanged	and see instructions)		D Employ (Emplo	yer identification number byees' trust, see trone)
	٠	BJC_HEALTH SYSTEM DBA BJC HEALTHCARE				1	3-1617558
B Exempt under section X 501(c M3)	Print	Number, street, and room or suite no. If a P.O box	V 600 Ir	netruotione	<u> </u>	E Unrelat	ted business activity code
408(e) 220(e)	Tyne	4901 FOREST PARK AVE MS 90-75-570		istructions		(See ins	structions)
408A 530(a)		City or town, state or province, country, and ZIP o		n nostal code		1	F.0
529(a)		ST. LOUIS, MO 63108					52
C Book value of all assets at end of year		F Group exemption number (See instructions)	>	3844			
5,456,592	,622.	G Check organization type ► x 501(c) corp		n 501(c) trust	401(a	ı) trust	Other trust
# H Enter the number of the	•	ation's unrelated trades or businesses	2		only (or first) u		
trade or business here		TNERSHIP INVESTMENT INCOME		If only one, co	-		
مثا		ace at the end of the previous sentence, complete Pa	irts I an	d II, complete a Schedule M	for each addition	ial trade o)r
business, then complete				uduani aantrallad arawa?		Yes	x No
If "Ves " enter the name		poration a subsidiary in an affiliated group or a parei tifying number of the parent corporation	น-รบบร	idiary controlled group?		res	; <u>A</u> NO
J The books are in care of				Telephone	number > 3	14-286	
		de or Business Income		(A) Income	(B) Expense		(C) Net
1a Gross receipts or sal	es			<u> </u>	. , , ,		
b Less returns and allo		c Balance	1c		•		
2 Cost of goods sold (Schedule	A, line 7)	2				
3 Gross profit. Subtrac	t line 2 f	rom line 1c	3				
4a Capital gain net inco	me (attac	ch Schedule D)	4a				<u>/</u>
b Net gain (loss) (Forn	n 4797, F	Part II, line 17) (attach Form 4797)	4b	128,509.			128,509.
 Capital loss deduction 			4c			\longrightarrow	
, ,		ship or an S corporation (attach statement)	5	-8,312,556.	STMT/1	\longrightarrow	-8,312,556.
6 Rent income (Sched	•		6		_/	\longrightarrow	
7 Unrelated debt-finan		,	7	 	<u> </u>	\longrightarrow	
	-	and rents from a controlled organization (Schedule F)	8				
		on 501(c)(7), (9), or (17) organization (Schedule G)	10		-		
10 Exploited exempt act11 Advertising income (•	• •	11 -				
12 Other income (See in			12	132,324.			132,324.
13 Total. Combine line			13	-8,051,723.			-8,051,723.
Part II Deduction	ons No	ot Taken Elsewhere (See instructions for	or limita	ations on deductions)			
(Deduction	S must	be directly confidenced with the differenced busin	ess ind	come)			
14 Compensation of of	ficers, d	rectors, and trustees (Schedule K)CE! /ED				14	
15 Salaries and wages			70	·		15	
16 Repairs and mainte	nance	NOV & 3 2020	S			16	
17 Bad debts		/ 101	RS-OSC	CEE CWYWENENW	•	17	7 700
18 Interest (attach sch	edule) (s			SEE STATEMENT	3	18	7,798. 596,689.
19 Taxes and licenses		OGDEN, UT		00		19	330,003.
20 Depreciation (attacl		n Schedule A and elsewhere on return		20 21a		21b	
21 Less depreciation c 22 Depletion	iaiiiicu u	in Schedule A and ersewhere on return		[Z 1 a]		22	
23 Contributions to de	ferred cá	mpensation plans				23	
24 Employee benefit p		•	1.	(X,Y)		24	
25 Excess exempt exp	- /		W	x 7		25	
26 Excess readership	/	1	X,,,			26	
27 Other deductions (a			"	SEE STATEMENT	4	27	2,994,006.
28 Total deductions						28	3,598,493.
29 Unrelated business	taxable i	ncome before net operating loss deduction. Subtract	t line 28	3 from line 13		29	-11,650,216.
	perating	loss arising in tax years beginning on or after Janua	ry 1, 20		_		
(see instructions)				SEE STATEMENT	5	30	0.
		ncome Subtract line 30 from line 29				3}	-11,650,216.
923701 01-27-20 LHA F	or Pape	rwork Reduction Act Notice, see instructions				40	Form 990-T (2019

Parl	t III T	otal Unrelated Business Taxable Income			5
32		unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	130.	050.
33		s paid for disallowed fringes	33	<u>'</u>	
34		le contributions (see instructions for limitation rules) STMT 8 STMT 9	34		0.
35	Total un	related business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 33	35	130	050.
36	Deduction	on for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36		050.
37		unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	'	
38		38	1	000.	
		deduction (Generally \$1,000, but see line 38 instructions for exceptions) d business taxable income Subtract line 38 from line 37. If line 38 is greater than line 37,			
39		deduction (Generally \$1,000, but see line 38 instructions for exceptions) deduction (Generally \$1,000, but see line 38 instructions for exceptions) smaller of zero or line 37	39		0.
Parl		ax Computation	1		
40		ations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40		0.
41	-	axable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from	-74		
41		x rate schedule or Schedule D (Form 1041)	41		
40			42		
42	-	x See instructions ve minimum tax (trusts only)	43		
43		Ioncompliant Facility Income See instructions	44		
44 45		dd lines 42, 43, and 44 to line 40 or 41, whichever applies	45		0.
Pari		ax and Payments	_ 43		
-		tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a			
	_	edits (see instructions)			
C		business credit. Attach Form 3800			
-		r prior year minimum tax (attach Form 8801 or 8827)			
		edits Add lines 46a through 46d	46e		
47		line 46e from line 45	47		0.
48		kes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48		
49		Add lines 47 and 48 (see instructions)	49		0.
50		CCS tour liability and from Form OCE A or Form OCE D. Part II. column (I/) line 2	50		0.
		ts: A 2018 overpayment credited to 2019 Immated tax payments Impact of the control of the cont			<u> </u>
	-	timated tax payments			
		osited with Form 8868			
		organizations: Tax paid or withheld at source (see instructions)			
	_	withholding (see instructions) 51e			
	-	r small employer health insurance premiums (attach Form 8941) 51f			
		edits, adjustments, and payments: Form 2439			
y		rm 4136 Other Total 51g			
52		yments. Add lines 51a through 51g	52 1	,770,	350.
53	•	d tax penalty (see instructions). Check if Form 2220 is attached	53	,	
54		. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54		
55		ment If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid		,770,	350.
56		e amount of line 55 you want: Credited to 2020 estimated tax 1,770,350. Refunded	56		0.
Par		Statements Regarding Certain Activities and Other Information (see instructions)			
57	At any ti	me during the 2019 calendar year, did the organization have an interest in or a signature or other authority		Yes	No
	_	nancial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			
		Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			-
	here	SEE STATEMENT 6		х	•
58		he tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?			х
•••		see instructions for other forms the organization may have to file			,
59		e amount of tax-exempt interest received or accrued during the tax year > \$ 32,702.			
		der penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled	ge and belief, it is tru	∍,	
Sign		rect, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	ab = IDC discuss abo		
Here		2 11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	y the IRS discuss this preparer shown belo		1161
		Signature of officer NICK BARTO Date Title	tructions)? X Y	es	No
		Print/Type preparer's name Preparer's signature Date Check if	PTIN		
Paid	4	(, Δ) self-employed			
	parer	JESSICA A. WAGENER	P01622613		
	Only	Firm's name ► ERNST & YOUNG US (LD) () Firm's EIN ►	34-6565	596	
	~····y	155 N WACKER DRIVE			
		Firm's address ▶ CHICAGO, IL 60606 Phone no 31	2-879-2000		

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	ır		6		
2 Purchases	2		7 Cost of goods sold St	ubtract lin	e 6			
3 Cost of labor	3		from line 5 Enter here	and in Pa	ırt I,			
4a Additional section 263A costs			line 2			7		
(attach schedule)	4a		8 Do the rules of section	263A (wi	th respect to		Yes	No
Other costs (attach schedule)	4b		property produced or a	cquired f	or resale) apply to			
5 Total. Add lines 1 through 4b	5		the organization?					<u> </u>
Schedule C - Rent Income (see instructions)	(From Real	Property and	Personal Property L	eased	With Real Propo	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%	e than	of rent for p	nd personal property (if the percenta- personal property exceeds 50% or if it is based on profit or income)	ge	3(a) Deductions directly columns 2(a) an	connected with d 2(b) (attach so	the income in chedule)	
(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, colum	п (А)	•		_ 10	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated Del	ot-Financed	Income (see	instructions)	_				
			2 Gross income from or allocable to debt-	ļ	3 Deductions directly conn to debt-finance	ed property		
1. Description of debt-fi	nanced property		financed property	(a)s	traight line depreciation (attach schedule)		her deduction ch schedule)	s
(1)			<u></u>			<u> </u>		
(2)								
(3)								
(4)	•							
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	or or a	adjusted basis allocable to nced property h schedule)	6 Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	(column	cable deduction of column (a) and 3(b))	
(1)			%					
(2)			%					
(3)			%					
(4)			%					
					er here and on page 1, rt I, line 7, column (A)	1	e and on page ne 7, column (l	
Totals			•		0	.		0.
Total dividends-received deductions (neludad in column	1 B		L		. †		0

Form 990-T (2019)

BJC HEALTH SYSTEM Form 990-T (2019) DBA BJC HEALTHCARE 43-1617558 Page 4 Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions) **Exempt Controlled Organizations** 2 Employer identification number 5 Part of column 4 that is included in the controlling organization's gross income Deductions directly onnected with income in column 5 3 Net unrelated income (loss) (see instructions) 4 Total of specified payments made 1. Name of controlled organization (1) (2) (3) (4) Nonexempt Controlled Organizations 10. Part of column 9 that is included in the controlling organization's gross income 7 Taxable Income Net unrelated income (loss) 9 Total of specified payments 11 Deductions directly connected with income in column 10 (1) (2) _(3) (4) Add columns 5 and 10 Add columns 6 and 11 Enter here and on page 1, Part I, Enter here and on page 1, Part I, line 8, column (A) line 8, column (B) 0 0. Totals Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) Deductions 5 Total deductions Set-asides 1 Description of income 2 Amount of income and set-asides (attach schedule) (attach schedule) (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) O 0. **Totals** Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 4 Net income (loss) 3 Expenses 7. Excess exempt 2 Gross unrelated business from unrelated trade or business (column 2 5 Gross income directly connected with production 6 Expenses attributable to expenses (column 1 Description of 6 minus column 5, minus column 3) If a gain, compute cole 5 through 7 exploited activity income from is not unrelated of unrelated column 5 but not more than trade or pusiness business income oolumn 1). (1) (2) (3) (4) Enter here and on page 1, Part I, Enter here and on Enter here and page 1, Part I, on page 1, Part II, line 25 line 10, col (A) line 10, col (B) 0. 0. Totals Schedule J - Advertising Income (see instructions) |Part|| 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)						
Totals (carry to Part II, line (5))	0.	0.				0 .

Form **990-T** (2019)

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)						
Totals from Part I	0.	0.			• · · · · · · · · · · · · · · · · · · ·	C
	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 26
Totals, Part II (lines 1-5)	0.	0.				

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

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

Form 990-T (2019)

SCHEDULE M	_	
(Form 990-T)		

Unrelated Business Taxable Income from an Unrelated Trade or Business

ENTITY		1
	OMB No	1545-0047

Department of the Treasury Internal Revenue Service

For calendar year 2019 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 SYSTEM DBA BJC HEALTHCARE			Employer identificatio	n number
Unrelated Business Activity Code (see instructions) 54 Describe the unrelated trade or business CLINICAL ENG	INEERING	S SERVICES & TRANSI	FORMATION SUPPORT	
Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales b Less returns and allowances c Balance		4,631,736.		
 Cost of goods sold (Schedule A, line 7) Gross profit Subtract line 2 from line 1c Capital gain net income (attach Schedule D) 	2 3 4a	4,631,736.		4,631,736.
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)c Capital loss deduction for trusts	4b 4c			``
5 Income (loss) from a partnership or an S corporation (attach statement)	5			
Rent income (Schedule C)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)11 Advertising income (Schedule J)	10			
12 Other income (See instructions, attach schedule)13 Total. Combine lines 3 through 12	12	4,631,736.		4,631,736.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (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	1,186,626.
16	Repairs and maintenance			16	
17 -	Bad debts ————————————————————————————————————		_	17	
18	Interest (attach schedule) (see instructions)			18	·
19	Taxes and licenses			19	
20	Depreciation (attach Form 4562)	20			
21	Less depreciation claimed on Schedule A and elsewhere on return	21a		21b	
22	Depletion			22	
23	Contributions to deferred compensation plans			23	
24	Employee benefit programs			24	461,466.
25	Excess exempt expenses (Schedule I)			25	
26	Excess readership costs (Schedule J)			26	
27	Other deductions (attach schedule)	E STA	TEMENT 10	27	2,853,594.
28	Total deductions. Add lines 14 through 27			28	4,501,686.
29	Unrelated business taxable income before net operating loss deduction. Subtract line	e 28 fr	om line 13	29	130,050.
30	Deduction for net operating loss arising in tax years beginning on or after January 1,	2018 (see		
	instructions)			30	0.
31	Unrelated business taxable income Subtract line 30 from line 29			31	130,050.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

13 Total. Combine lines 3 through 12

Form 990-1 (2019) BUC HEALTH ST						43-1617	558		Page 3
Schedule A - Cost of Good		method of inven	tory value	ation N/A		45-1017.	-	_	
	1 1	metriod of lifteri		ventory at end of year			6		
1 Inventory at beginning of year2 Purchases	2		7	ost of goods sold Si		.no 6	-		
3 Cost of labor	3	 -	7	om line 5. Enter here					
	3		7		anu in r	arri,	7		
4a Additional section 263A costs				e 2	0004 /	th vecaset to		Yes	No
(attach schedule)	4a		7	the rules of section	•	*		163	110
b Other costs (attach schedule)	4b	-	7	operty produced or a	icquirea	for resale) apply to		ļ	- x
5 Total Add lines 1 through 4b Schedule C - Rent Income	(From Real	Property and		e organization?	9350	d With Beal Prop	ertyl		1
(see instructions)	(i roin near						City)		
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%)	e than	of rent for p	ersonal prop	property (if the percenta perty exceeds 50% or if in profit or income)	ge	3(a) Deductions directly columns 2(a) ai	connecte nd 2(b) (att	d with the income i ach schedule)	n
(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		iter -			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated Deb	ot-Financed	Income (see	ınstructio	ons)					
			2 G	ross income from		3 Deductions directly con to debt-finance			
1 Description of debt-fit	nanced property			an alle a a black and a dalek		Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)		
(1)									
(2)			I.						
(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)			Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	8 Allocable (column 6 ∠ tota 3(a) and		olumns	
(1)				%					
(2)				%					
(3)				%					
(4)				%					
						nter here and on page 1, Part I, line 7, column (A)		ter here and on pag art I, line 7, column	
Totals				•		0	.		0.
Total dividends reserved deductions in		. 0					+		

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

Did the corporation dispose of any investme	nt(s) in a qualified opportun	ity fund during the tax year	7		Yes X No		
If "Yes," attach Form 8949 and see its instru			ain or loss		<u> </u>		
Part I Short-Term Capital Ga	ins and Losses (See	instructions)					
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gain or loss from Form(s) 894	າ 9.	(h) Gain or (loss) Subtract column (e) from column (d) and		
This form may be easier to complete if you round off cents to whole dollars	(sales price)	(or other basis)	Part I, line 2, column (g		combine the result with column (g)		
1a 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	116,849.	165,557.	·=- ··		-48,708.		
4 Short-term capital gain from installment sales	s from Form 6252, line 26 or 37	,		4			
5 Short-term capital gain or (loss) from like-kin	d exchanges from Form 8824			5			
6 Unused capital loss carryover (attach comput	ation)	SEE STATE	MENT 11	6	(122,025.)		
7 Net short-term capital gain or (loss). Combin				7	-170,733.		
Part II Long-Term Capital Gai	ins and Losses (See !	nstructions)			,		
See instructions for how to figure the amounts to enter on the lines below This form may be easier to complete if you	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gair or loss from Form(s) 894 Part II, line 2, column (g	า 9,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)		
round off cents to whole dollars.	(==== p =,	(======================================	1 2 1 11, 1110 2, 00101 111 /g	,	combine the recent that column (g)		
8a 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	0.500.670	10 245 245			2 22 522		
Form(s) 8949 with Box F checked	8,509,679.	12,347,317.			-3,837,638.		
11 Enter gain from Form 4797, line 7 or 9			ŀ	11	1,108,262.		
12 Long-term capital gain from installment sales	•		}	12			
13 Long-term capital gain or (loss) from like-kin	d exchanges from Form 8824		}	13			
14 Capital gain distributions							
15 Net long-term capital gain or (loss) Combine lines 8a through 14 in column h 15 -2,729,376.							
Part III Summary of Parts I and II							
16 Enter excess of net short-term capital gain (li			.	16			
-	7 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 17						
18 Add lines 16 and 17 Enter here and on Form		per line on other returns	l	18	0.		
Note: If losses exceed gains, see Capital Los	sses in the instructions						

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

Schedule D (Form 1120) 2019

LHA

Department of the Treasur Internal Revenue Service

Name(s) shown on return

BJC HEALTH SYSTEM

DBA BJC HEALTHCARE

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

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 roker and may even tell you which box to check

Part I | Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long term

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				
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 your 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					<u> </u>	aujustinent	107
FROM BRIDGE DEBT STRATEGIES							
FUND II LP			822.			-	822.
SHORT-TERM CAPITAL GAIN							
FROM GARRISON MIDDLE MARKET							
FUNDING II LP			905.		<u> </u>		905.
SHORT-TERM CAPITAL GAIN							
FROM GARRISON OPPORTUNITY			-				
FUND IV A LLC			56,577.				56,577.
SHORT-TERM CAPITAL GAIN							
FROM GSO ENERGY SELECT							
OPPORTUNITIES FUND LP			4,033.				4,033.
SHORT-TERM CAPITAL GAIN							
FROM RIVERSTONE/CARLYLE							
GLOBAL EN & POWER FD IV FT			31,582.				31,582.
SHORT-TERM CAPITAL GAIN							
FROM TENNENBAUM SPECIAL							
SITUATIONS FUND IX LLC			22,930.				22,930.
SHORT-TERM CAPITAL LOSS							
FROM GSO ENERGY SELECT							
OPPORTUNITIES FUND AIV-2 LP				7,819.			<7,819.>
SHORT-TERM CAPITAL LOSS		-					
FROM L CATTERTON GROWTH							
PARTNER III LP				128.			<128.>
SHORT-TERM CAPITAL LOSS							
FROM L CATTERTON VIII LP				115,316.			<115,316.>
SHORT-TERM CAPITAL LOSS			-				
FROM PROVIDENCE DEBT FUND							
III LP				19,485.			<19,485.>
SHORT-TERM CAPITAL LOSS							
FROM QUANTUM ENERGY							
PARTNERS V LP .				9,493.			<9,493.>
2 Totals. Add the amounts in colum	nns (d), (e), (g), a	nd (h) (subtract					_
negative amounts) Enter each to	tal here and inclu	ide on your					
Schedule D, line 1b (if Box A abo	ove is checked), I	line 2 (if Box B					
above is checked), or line 3 (if B	ox C above is ch	ecked)	116,849.	165,557.	l	<u> </u>	<48,708.>

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

923011 12-11-19 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form **8949** (2019)

Department of the Treasury 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

Part I | 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

(C) Short-term transactions no	or reported to you	i on Form 1099-i	3				
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	loss If y in column	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) &
		, , ,,,,		see Column (e) In the instructions	Code(s)	(g) Amount of adjustment	combine the result with column (g)
SHORT-TERM CAPITAL LOSS							
FROM TENNENBAUM ENHANCED							
YIELD FUND I LLC				13,316.			<13,316.>
			<u> </u>				
				-			
			· · · · · · · · · · · · · · · · · · ·				
				1			
]			
						•	
			•				
2 Totals. Add the amounts in colur negative amounts) Enter each to Schedule D, line 1b (if Box A above is checked), or line 3 (if B	otal here and inclu ove is checked), I	ide on your line 2 (if Box B					

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

923011 12-11-19 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2019)

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 <u>broker and may even tell you which box to check</u>

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

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

X (F) Long-term transactions not	reported to you	on Form 1099-B		· ·			
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	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) & combine the result
				see Column (e) In the instructions	Code(s)	Amount of adjustment	with column (g)
LONG-TERM CAPITAL GAIN FROM							
ACTIS ENERGY 4 LP			22,274.				22,274.
LONG-TERM CAPITAL GAIN FROM							
BRIDGE DEBT STRATEGIES FUND							
II LP			5,367.				5,367.
LONG-TERM CAPITAL GAIN FROM							
FORTRESS CREDIT							
OPPORTUNITIES FUND (B) LP			88.				88.
LONG-TERM CAPITAL GAIN FROM							
FORTRESS CREDIT							
OPPORTUNITIES FUND II (B)							
LP			432.				432.
LONG-TERM CAPITAL GAIN FROM							
FORTRESS REAL ESTATE							
OPPORTUNITIES FUND II (B) I			17,390.				17,390.
LONG-TERM CAPITAL GAIN FROM							
FORTRESS TRANS, AND							
INFRASTRUCTURE INVESTORS							
LLC			76,901.				76,901.
LONG-TERM CAPITAL GAIN FROM							
L CATTERTON ASIA 3 SING LP			20,761.				20,761.
LONG-TERM CAPITAL GAIN FROM							
L CATTERTON GROWTH PARTNER							
III LP			391,735.				391,735.
LONG-TERM CAPITAL GAIN FROM							
L CATTERTON VIII LP	L		6,420.				6,420.
LONG-TERM CAPITAL GAIN FROM							
PRIVATE ADVISORS SMALL CO.							
PRIVATE EQ. FD. IX			33,668.				33,668.
LONG-TERM CAPITAL GAIN FROM							
PRIVATE ADVISORS SMALL CO.				-			-
PRIVATE EQ. FD. VIII			15.				15.
2 Totals. Add the amounts in colum	nns (d), (e), (g), ai	nd (h) (subtract					
negative amounts) Enter each to	tal here and inclu	de on your		i			
Schedule D, line 8b (if Box D abo	ove is checked), I	line 9 (if Box E					
above is checked), or line 10 (if E	ox F above is ch	necked)	8,509,679.	12,347,317.		<u> </u>	<3,837,638.>

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 (2019)

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

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 fut 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

X (F) Long-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss If you enter an amount (d) (e) (h) (a) Proceeds Cost or other Gain or (loss). Date sold or Description of property Date acquired in column (g), enter a code in (sales price) basis. See the Subtract column (e) (Example 100 sh XYZ Co) (Mo, day, yr) disposed of column (f). See instructions Note below and from column (d) & (Mo, day, yr) (f) (g) see *Column (e*) ır combine the result Amount of adjustment Code(s) with column (g) the instructions LONG-TERM CAPITAL LOSS FROM FORTRESS TRANS, & INFRASTRUCTURE INVESTORS 7,934,628. 8,798,098. <863,470.> LONG-TERM CAPITAL LOSS FROM GARRISON OPPORTUNITY PL CO-INVEST 2015-1 LP 4,144 <4,144.> LONG-TERM CAPITAL LOSS FROM GARRISON OPPORTUNITY PL CO-INVEST 2015-3 LP 20,688. <20,688.> LONG-TERM CAPITAL LOSS FROM PROVIDENCE DEBT FUND III LI 714,896 <714,896.> LONG-TERM CAPITAL LOSS FROM RIVERSTONE/CARLYLE EN & 1,017,835 <1,017,835.> POWER FD IV FT LP LONG-TERM CAPITAL LOSS FROM TENNENBAUM ENHANCED YIELD <230,273.> FUND I LLC 230,273. LONG-TERM CAPITAL LOSS FROM TENNENBAUM SPECIAL 21,586. <21,586.> SITUATIONS FUND IX LLC LONG-TERM LOSS FROM GARRISON MIDDLE MARKET FUNDING II LP 14,899. <14,899.> LONG-TERM CAPITAL LOSS FROM GARRISON OPPORTUNITY FUND 1,524,898, <1,524,898.> IV A LLC 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E

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** (2019)

above is checked), or line 10 (if Box F above is checked)

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			
	(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	3 <u>49</u> 1
2	Passive activity credits from line 2 of all Parts III with box B checked 2		
3	Enter the applicable passive activity credits allowed for 2019 See instructions	3	
4	Carryforward of general business credit to 2019 Enter the amount from line 2 of Part III with box C checked. See instructions for statement to attach	4	<u>1376</u> 1
5	Carryback of general business credit from 2020 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	17252
Part			
7	Regular tax before credits:		
8	 Individuals. Enter the sum of the amounts from Form 1040 or 1040-SR, line 12a, and Schedule 2 (Form 1040 or 1040-SR), line 2, or the sum of the amounts from Form 1040-NR, lines 42 and 44	7	0
9	Add lines 7 and 8	9	0
10a b c	Foreign tax credit	10c	
		1	
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
- •			
12	Net regular tax. Subtract line 10c from line 7 If zero or less, enter -0 12		
13	Enter 25% (0.25) of the excess, if any, of line 12 over \$25,000 See		
14	Tentative minimum tax:		
	• Individuals Enter the amount from Form 6251, line 9		
	• Corporations. Enter -0	4	
	• Estates and trusts. Enter the amount from Schedule I (Form 1041),		
	line 52		•
15	Enter the greater of line 13 or line 14	15	0
16	Subtract line 15 from line 11. If zero or less, enter -0	16	0
17	Enter the smaller of line 6 or line 16	17	0
	C corporations: See the line 17 instructions if there has been an ownership change, acquisition, or reorganization		

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 23		
24	Enter the applicable passive activity credit allowed for 2019. 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
27	Subtract line 13 from line 11. If zero or less, enter -0-	27	0
28	Add lines 17 and 26	28	0
29	Subtract line 28 from line 27. If zero or less, enter -0-	29	0
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	0
31	Reserved	31	
32	Passive activity credits from line 5 of all Parts III with box B checked		
33	Enter the applicable passive activity credits allowed for 2019. See instructions .	33	
34	Carryforward of business credit to 2019 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	0
35	Carryback of business credit from 2020. 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	0
37	Enter the smaller of line 29 or line 36	37	0
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 or 1040-SR), line 6, or Form 1040-NR, line 51 Corporations. Form 1120, Schedule J, Part I, line 5c Estates and trusts. Form 1041, Schedule G, line 2b	38	0

Form 38	OO /2	101a

	Name(s) shown on return Identifying number							
BJC	HEALTH SYSTEM DBA BJC HEALTHCARE	43-	1617558					
Par	Part III General Business Credits or Eligible Small Business Credits (see instructions)							
	plete a separate Part III for each box checked below. See instructions							
A [General Business Credit From a Non-Passive Activity							
в [☐ General Business Credit From a Passive Activity F ■ Reserved							
c [☐ General Business Credit Carryforwards G ☐ Eligible Small Busin	ness C	redit Carryforward	8				
D [General Business Credit Carrybacks H 🔳 Reserved							
	you are filing more than one Part III with box A or B checked, complete and attach first an							
a	Il Parts III with box A or B checked Check here if this is the consolidated Part III.	· · _	<u> </u>					
	(a) Description of credit		(b) If claiming the credit	(c) Enter the				
	On any line where the credit is from more than one source, a separate Part III is needed for each through entity	_	from a pass-through entity, enter the EIN	appropriate amount				
1a		1a		··				
b		1b						
C	·	1c		3491				
d	· · · · · · · · · · · · · · · · · · ·	1d						
е		1e						
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f						
g		1g						
h		1h						
į.	New markets (Form 8874)	1i						
J	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	<u> 1j</u>						
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 n	n Low sulfur diesel fuel production (Form 8896)	1m						
п	- · · · · · · · · · · · · · · · · · · ·	1n						
c		10						
p	- 45	1p						
· c		1q						
r	40.	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						
٧		1v						
. v	Employer differential wage payments (Form 8932)	1w						
х	·	1x						
У		1y						
Z	• •	1z						
а	Employee retention (Form 5884-A)	1aa						
b	General credits from an electing large partnership (carryforward only)	1bb						
Z	The other Oil and gas production from marginal wells (Form 8904) and certain other	١.						
_	credits (see instructions)	1zz						
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	3		3491				
3	Enter the amount from Form 8844 here and on the applicable line of Part II							
4a		4a 4b						
b		4c						
d	· · · · · · · · · · · · · · · · · · ·	4d		·				
		4e		·				
e f		4f						
9	(= 0000)	4g	- 1	_				
h	·	4h	-	_				
i	Increasing research activities (Form 6765)	4i		-				
i	Employer credit for paid family and medical leave (Form 8994)	4j	-					
z		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		3491				
		<u> </u>	,	Form 3800 (2019)				

Name(s) shown on return			Identifying num	ber		
BJC I	SJC HEALTH SYSTEM DBA BJC HEALTHCARE 43-1617558						
Part	III General Business Credits or Eligible Small Business Credits (see inst	ruction	ns)				
Com	plete a separate Part III for each box checked below. See instructions				·		
ΑC	General Business Credit From a Non-Passive Activity E 📳 Reserved						
в	General Business Credit From a Passive Activity F 🔳 Reserved						
c √	General Business Credit Carryforwards G Eligible Small Busin	ess Cr	edit (Carryforwards	.		
	General Business Credit Carrybacks H 🔳 Reserved			,			
	you are filing more than one Part III with box A or B checked, complete and attach first an a	addition	al Pa	urt III combinin	a amounts from		
	(a) Description of credit			(b)	(c)		
M		Į.	f claın	ning the credit	Enter the		
	On any line where the credit is from more than one source, a separate Part III is needed for each through entity	fr	rom a	pass-through enter the EIN	appropriate amount		
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a	Jinuty,	Critici trio Erry			
b	Reserved	1b					
	Increasing research activities (Form 6765)	1c	26	-2514715			
C		1d			66		
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					
9	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			1			
	for limitation)	1k					
1	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					
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	- · · · · · · · · · · · · · · · · · · ·	1w					
×	Carbon oxide sequestration (Form 8933)	1x					
	Qualified along a cleative draw mater vehicle (Form 2026)	1v					
у _	Qualified plug-in electric drive motor vehicle (Form 8936)	1z					
Z		1aa					
a	· · ·	· · · · · · · · · · · · · · · · · · ·					
þ		1bb					
Z			45-	3135406	875		
_	credits (see instructions)	1zz	1 J	3133400			
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2			941		
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					
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					
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		
_ _ _	4 - 1				Form 3800 (2019)		

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d Low-income housing (Form 8858, Part I only)	Name	s) shown on return		Identifying num	ber
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z Qualified plug-in electric vehicle (carryforward only) aa Employee retention (Form 5884-A) bb General credits from an electing large partnership (carryforward only) zz Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions) 2 Add lines 1a through 1zz and enter here and on the applicable line of Part I 3 Enter the amount from Form 8844 here and on the applicable line of Part II 4a Investment (Form 3468, Part III) (attach Form 3468) b Work opportunity (Form 5884) c Biofuel producer (Form 6478) d Low-income housing (Form 8586, Part II) e Renewable electricity, refined coal, and Indian coal production (Form 8835) f Employer social security and Medicare taxes paid on certain employee tips (Form 8846) g Qualified railroad track maintenance (Form 8900) h Small employer health insurance premiums (Form 8941) i Increasing research activities (Form 6765) j Employer credit for paid family and medical leave (Form 8994) z Other Add lines 4a through 4z and enter here and on the applicable line of Part II 5	X	·	—		
aa Employee retention (Form 5884-A)	У	· ·			
bb General credits from an electing large partnership (carryforward only) zz Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions) 1zz Add lines 1a through 1zz and enter here and on the applicable line of Part I Enter the amount from Form 8844 here and on the applicable line of Part II Investment (Form 3468, Part III) (attach Form 3468) Work opportunity (Form 5884) Biofuel producer (Form 6478) Campious Producer (Form 6478) Employer social security and Medicare taxes paid on certain employee tips (Form 8846) Gallified railroad track maintenance (Form 8900) Small employer health insurance premiums (Form 8941) Increasing research activities (Form 6765) Employer credit for paid family and medical leave (Form 8994) Zother Add lines 4a through 4z and enter here and on the applicable line of Part II State 1zz 1zz 1zz 2 123 3 242 4a 4b 4a 4b 4b 4c 4c 4c 4d 4d 4e 4c 4d 4d 4e 4d 4f 5	Z		-		
Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions) Add lines 1a through 1zz and enter here and on the applicable line of Part I Enter the amount from Form 8844 here and on the applicable line of Part II Investment (Form 3468, Part III) (attach Form 3468) Work opportunity (Form 5884) Biofuel producer (Form 6478) Carrier Biofuel producer (Form 6478) Carrier Biofuel producer (Form 8586, Part II) Enemewable electricity, refined coal, and Indian coal production (Form 8835) Employer social security and Medicare taxes paid on certain employee tips (Form 8846) Qualified railroad track maintenance (Form 8900) Employer health insurance premiums (Form 8941) Increasing research activities (Form 6765) Employer credit for paid family and medical leave (Form 8994) Add lines 4a through 4z and enter here and on the applicable line of Part II See Taxe Social Security and Security and Security and Medical leave (Form 8994) Add lines 4a through 4z and enter here and on the applicable line of Part II See Taxe Security and Securit	а		-		
credits (see instructions) Add lines 1a through 1zz and enter here and on the applicable line of Part I Enter the amount from Form 8844 here and on the applicable line of Part II Investment (Form 3468, Part III) (attach Form 3468) Work opportunity (Form 5884) Biofuel producer (Form 6478) Carrier Biofuel producer (Form 6478) Carrier Biofuel electricity, refined coal, and Indian coal production (Form 8835) Family Employer social security and Medicare taxes paid on certain employee tips (Form 8846) Qualified railroad track maintenance (Form 8900) Carrier Biofuel Producer (Form 6765) Carrier Biofuel Producer (Form 6765) Carrier Biofuel Producer (Form 8904) Carrier Biofuel Producer (Form 8904) Carrier Biofuel Producer (Form 8904) Carrier Biofuel Producer Biofuel	b	b General credits from an electing large partnership (carryforward only)	1bb		
Add lines 1a through 1zz and enter here and on the applicable line of Part I	Z				
3 Enter the amount from Form 8844 here and on the applicable line of Part II 4a Investment (Form 3468, Part III) (attach Form 3468) b Work opportunity (Form 5884) c Biofuel producer (Form 6478) d Low-income housing (Form 8586, Part II) e Renewable electricity, refined coal, and Indian coal production (Form 8835) f Employer social security and Medicare taxes paid on certain employee tips (Form 8846) g Qualified railroad track maintenance (Form 8900) h Small employer health insurance premiums (Form 8941) i Increasing research activities (Form 6765) j Employer credit for paid family and medical leave (Form 8994) c Other Add Innes 4a through 4z and enter here and on the applicable line of Part II 5		· · · · · · · · · · · · · · · · · · ·	1zz		
lowestment (Form 3468, Part III) (attach Form 3468)	2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		<u>1233</u> 3
b Work opportunity (Form 5884) c Biofuel producer (Form 6478) d Low-income housing (Form 8586, Part II) e Renewable electricity, refined coal, and Indian coal production (Form 8835) f Employer social security and Medicare taxes paid on certain employee tips (Form 8846) g Qualified railroad track maintenance (Form 8900) h Small employer health insurance premiums (Form 8941) i Increasing research activities (Form 6765) j Employer credit for paid family and medical leave (Form 8994) c Other c Add lines 4a through 4z and enter here and on the applicable line of Part II 5	3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
c Biofuel producer (Form 6478)	4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
c Biofuel producer (Form 6478)	b	Work opportunity (Form 5884)	4b		
d Low-income housing (Form 8586, Part II)	С		4c		
e Renewable electricity, refined coal, and Indian coal production (Form 8835) . f Employer social security and Medicare taxes paid on certain employee tips (Form 8846) g Qualified railroad track maintenance (Form 8900)	d		4d		
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846) g Qualified railroad track maintenance (Form 8900)	е		4e		
g Qualified railroad track maintenance (Form 8900)			4f		_
h Small employer health insurance premiums (Form 8941)		0.16.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	\vdash		
i Increasing research activities (Form 6765) j Employer credit for paid family and medical leave (Form 8994). z Other				•	
j Employer credit for paid family and medical leave (Form 8994)	:	· ·	-		
z Other	:		-	+	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II 5	J				.
b Add lines 2, 3, and 5 and enter nere and on the applicable line of Part II 6 1 123		· · · · · · · · · · · · · · · · · · ·	-	_ _	
	6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	ь		12333 Form 3800 (2019)

-orm	3800	(2019)

Daga 3

BJC HEALTH SYSTEM DBA BJC HEALTHCARE 43.	1617558
	1017000
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	
B General Business Credit From a Passive Activity F Reserved	
C ✓ General Business Credit Carryforwards G ☐ Eligible Small Business Credit Carryforwards	s
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	ng 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)	(c) Enter the
Note: On any line where the credit is from more than one source, a separate Part III is needed for each If claiming the credit from a pass-through	appropriate
pass-through entity enter the EIN	amount
1a Investment (Form 3468, Part II only) (attach Form 3468) 1a	
b Reserved	
the reasons research detivities (remained to the order)	487
d Low-income housing (Form 8586, Part I only)	
e Disabled access (Form 8826) (see instructions for limitation)	
f Renewable electricity, refined coal, and Indian coal production (Form 8835) . 1f	
g Indian employment (Form 8845)	
h Orphan drug (Form 8820)	
, , , , , , , , , , , , , , , , , , , ,	
k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	
I Biodiesel and renewable diesel fuels (attach Form 8864)	
15 1 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
n Distilled spirits (Form 8906)	
o Nonconventional source fuel (carryforward only)	
p Energy efficient home (Form 8908)	
q Energy efficient appliance (carryforward only)	
r Alternative motor vehicle (Form 8910)	
s Alternative fuel vehicle refueling property (Form 8911)	
t Enhanced oil recovery credit (Form 8830)	
u Mine rescue team training (Form 8923)	
v Agricultural chemicals security (carryforward only)	
w Employer differential wage payments (Form 8932)	
x Carbon oxide sequestration (Form 8933)	
y Qualified plug-in electric drive motor vehicle (Form 8936)	
z Qualified plug-in electric vehicle (carryforward only)	
aa Employee retention (Form 5884-A)	
bb General credits from an electing large partnership (carryforward only) 1bb	
zz Other. Oil and gas production from marginal wells (Form 8904) and certain other	
credits (see instructions)	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I 2	487
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)	
b Work opportunity (Form 5884)	
c Biofuel producer (Form 6478)	
d Low-income housing (Form 8586, Part II)	
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)	
h Small employer health insurance premiums (Form 8941)	
i Increasing research activities (Form 6765)	
j Employer credit for paid family and medical leave (Form 8994) 4j	
z Other	
	405
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II 6	487 Form 3800 (2019)

	(2019)	

	e(s) shown on return		Identitying nun	nher Page O
	HEALTH SYSTEM DBA BJC HEALTHCARE			1617558
_	t III General Business Credits or Eligible Small Business Credits (see ins	tructio		1017336
	aplete a separate Part III for each box checked below See instructions	uctio	113)	
	☐ General Business Credit From a Non-Passive Activity			
	General Business Credit From a Passive Activity F Reserved Reserved			
B		C-	radit Caratanuard	n
C	=	iless Ci	edit Carrylorward	5
			and One of the annual control	
	f you are filing more than one Part III with box A or B checked, complete and attach first an all Parts III with box A or B checked Check here if this is the consolidated Part III	addition		
	(a) Description of credit	i	(b)	(c)
	,		f claiming the credit	Enter the
	e: On any line where the credit is from more than one source, a separate Part III is needed for each strongh entity		rom a pass-through entity, enter the EIN	appropriate amount
1		1a	entity, enter the Life	
	Beserved	1b		
	c Increasing research activities (Form 6765)	1c	81-4516497	2927
	d Low-income housing (Form 8586, Part I only)	1d	01-#210#31	<u> </u>
	Disabled access (Form 8826) (see instructions for limitation)	1e		
	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
	g Indian employment (Form 8845)	1g		
	h Orphan drug (Form 8820)	1h		_
	New markets (Form 8874)	1i		
	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)	1 _k		
	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		
	p Energy efficient home (Form 8908)	1p		
	n 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		
	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		
	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 (carryforward only)	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 1		2927
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		
	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		
	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f		
	g Qualified railroad track maintenance (Form 8900)	4g		
	Small employer health insurance premiums (Form 8941)	4h		
	Increasing research activities (Form 6765)	4i		
	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 6		2027

Orm '	3 BUU	(2019)	

Page 3 Identifying number Name(s) shown on return **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 H Reserved **D** General Business Credit Carrybacks 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 (c) (a) Description of credit Enter the If claiming the credit Note: On any line where the credit is from more than one source, a separate Part III is needed for each appropriate from a pass-through amount pass-through entity entity, enter the EIN Investment (Form 3468, Part II only) (attach Form 3468) 1a 1a 1b b Reserved С Increasing research activities (Form 6765) 1c 82-0766078 564 Low-income housing (Form 8586, Part I only) d 1d Disabled access (Form 8826) (see instructions for limitation) 1e Renewable electricity, refined coal, and Indian coal production (Form 8835) . 1f f Indian employment (Form 8845) . 1g g 1h h Orphan drug (Form 8820) . i New markets (Form 8874) . 1i 1j Small employer pension plan startup costs (Form 8881) (see instructions for limitation) j Employer-provided child care facilities and services (Form 8882) (see instructions k for limitation) 1k 11 ı Biodiesel and renewable diesel fuels (attach Form 8864) . Low sulfur diesel fuel production (Form 8896) . . . 1m m Distilled spirits (Form 8906) 1n n Nonconventional source fuel (carryforward only) 10 0 1p p Energy efficient appliance (carryforward only) . . . 1q q Alternative motor vehicle (Form 8910) 1r Alternative fuel vehicle refueling property (Form 8911) . 1s s Enhanced oil recovery credit (Form 8830) 1t t Mine rescue team training (Form 8923) 1u u Agricultural chemicals security (carryforward only) 1v Employer differential wage payments (Form 8932) 1w w Carbon oxide sequestration (Form 8933) 1x X Qualified plug-in electric drive motor vehicle (Form 8936) . . . **1y** У Qualified plug-in electric vehicle (carryforward only) 1z z Employee retention (Form 5884-A) 1aa aa 1bb bb General credits from an electing large partnership (carryforward only) Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions) 1zz 2 2 Add lines 1a through 1zz and enter here and on the applicable line of Part I 564 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 4b Work opportunity (Form 5884) þ Biofuel producer (Form 6478) . 4c C Low-income housing (Form 8586, Part II) . d 4e Renewable electricity, refined coal, and Indian coal production (Form 8835) е f Employer social security and Medicare taxes paid on certain employee tips (Form 8846) Qualified railroad track maintenance (Form 8900) 4g Small employer health insurance premiums (Form 8941) . 4h h Increasing research activities (Form 6765) . . . 4i i 4j j Employer credit for paid family and medical leave (Form 8994) 4z z 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 564

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 1
DESCRIPTION	NET INCOME OR (LOSS)
TRADE/BUSINESS INCOME OR LOSS FROM PARTNERSHIPS - ORDINARY	
BUSINESS INCOME (LOSS)	-16,216,488.
INTEREST INCOME FROM PARTNERSHIPS - INTEREST INCOME	10,708,012.
DIVIDEND INCOME FROM PARTNERSHIPS - DIVIDEND INCOME	44,021.
OTHER PORTFOLIO INCOME FROM PARTNERSHIPS - OTHER PORTFOLIO	
INCOME (LOSS)	72,212.
INVESTMENT INTEREST EXPENSE FROM PARTNERSHIPS - ORDINARY	
BUSINESS INCOME (LOSS)	-2,573,401.
FOREIGN TAX WITHHELD FROM PARTNERSHIPS - ORDINARY BUSINESS	
INCOME (LOSS)	-334,214.
PORTFOLIO DEDUCTIONS FROM PARTNERSHIPS - ORDINARY BUSINESS	12 600
INCOME (LOSS)	-12,698.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	-8,312,556.

BJC HEALTH SYSTEM DBA BJC HEALTHCARE

FORM 990-T	OTHER INCOME	STATEMENT 2
DESCRIPTION		AMOUNT
STATE TAX REFUNDS INTEREST ON STATE TAX REFUNDS		129,206. 3,118.
TOTAL TO FORM 990-T, PAGE 1, LIN	VE 12	132,324.

FORM 990-T INTEREST PAID	STATEMENT 3
DESCRIPTION	AMOUNT
INTEREST ON STATE TAX NOTICES	7,798.
TOTAL TO FORM 990-T, PAGE 1, LINE 18	7,798.

BJC HEALTH SYSTEM DBA BJC HEALTHCARE

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 4
DESCRIPTION		AMOUNT
PROFESSIONAL INVESTMENT ADVICE FOR TAX PREPARATION FEES	EES	2,302,935. 691,071.
TOTAL TO FORM 990-T, PAGE 1, LIN	E 27	2,994,006.

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 5
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18	10,016,854.	0.	10,016,854.	10,016,854.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	10,016,854.	10,016,854.

FORM 990-T

NAME OF FOREIGN COUNTRY IN WHICH ORGANIZATION HAS FINANCIAL INTEREST

STATEMENT 6

NAME OF COUNTRY

CANADA
CAYMAN ISLANDS
UNITED KINGDOM
BELGIUM

FORM 990-T STATEMENT 7

STATEMENT 7 IS NOT USED.

SEE STATEMENTS 15 & 16.

BJC HEALTH SYSTEM DBA BJC HEALTHCARE

FORM 990-T	CONTRIBUTIONS	STATEMENT 8
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
VARIOUS-THROUGH K-1 VARIOUS-BJC	N/A N/A	7,584. 2,266,868.
TOTAL TO FORM 990-T, PAGE 2, I	INE 34	2,274,452.

BJC HEALTH SYSTEM DBA BJC HEALTHCARE

FORM 990-T	CONTRIBUTIONS SUMMARY	·	STATEMENT 9
	CONTRIBUTIONS SUBJECT TO 100% LIMIT CONTRIBUTIONS SUBJECT TO 25% LIMIT		
FOR TAX FOR TAX FOR TAX	OF PRIOR YEARS UNUSED CONTRIBUTIONS YEAR 2014 1,040,097 YEAR 2015 1,669,779 YEAR 2016 1,453,048 YEAR 2017 2,418,229 YEAR 2018 1,881,632		
TOTAL CARI	YOVER ENT YEAR 10% CONTRIBUTIONS	8,462,785 2,274,452	
	RIBUTIONS AVAILABLE ICOME LIMITATION AS ADJUSTED	10,737,237	
EXCESS 10	TRIBUTIONS % CONTRIBUTIONS SS CONTRIBUTIONS	10,737,237 0 10,737,237	
ALLOWABLE	CONTRIBUTIONS DEDUCTION		
TOTAL CON	RIBUTION DEDUCTION	•	0

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 10
DESCRIPTION		AMOUNT
SUPPLIES INDIRECT EXPENSE & OVERH	END NILOCATION	1,939,798. 759,610.
TRAVEL	EAD ADDOCATION	2,818.
CORPORATE OVERHEAD		151,368.
TOTAL TO SCHEDULE M, PAR	r II, LINE 27	2,853,594.

SCHEDULE D	Cz	CAPITAL LOSS CARRYOVER		
	LOSS YEAR	ORIGINAL LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING
	2014 2015 2016 2017 2018	5,515,408	5,393,383	122,025
CAPITAL LOSS	CARRYOVER TO (CURRENT TAXABLE YEAR		122,025

BJC HEALTH SYSTEM STATEMENT 13

EIN: 43-1617558

SECTION 1.263(a)-1(f) DE MINIMIS SAFE HARBOR ELECTION FOR

TAX YEAR ENDING 12/31/2019

SECTION 1.263(a)-1(f) DE MINIMIS SAFE HARBOR ELECTION STATEMENT

TAXPAYER NAME:

BJC HEALTH SYSTEM ("TAXPAYER")

TAXPAYER ADDRESS:

4901 FOREST PARK AVE MS9075570

ST.LOUIS, MO 63108-1402

TAXPAYER EIN:

43-1617558

THE ABOVE-REFERENCED TAXPAYER IS MAKING THE DE MINIMIS SAFE HARBOR ELECTION UNDER SECTION 1.263(a)-1(f) FOR ITS TAX YEAR ENDING 12/31/2019.

BJC HEALTH SYSTEM

STATEMENT 14

EIN: 43-1617558

SECTION 1.263(a)-3(n) ELECTION FOR TAX YEAR ENDING 12/31/2019

SECTION 1.263(a)-3(n) ELECTION STATEMENT

TAXPAYER NAME: BJC HEALTH SYSTEM ("TAXPAYER")
TAXPAYER ADDRESS: 4901 FOREST PARK AVE MS9075570 4901 FOREST PARK AVE MS9075570

ST.LOUIS, MO 63108-1402

TAXPAYER EIN:

43-1617558

THE ABOVE-REFERENCED TAXPAYER IS MAKING THE ELECTION TO CAPITALIZE REPAIR AND MAINTENANCE COSTS UNDER SECTION 1.263(a)-3(n) FOR ITS TAX YEAR ENDING 12/31/2019.

BJC HEALTH SYSTEM (DBA BJC HEALTHCARE) 2019 Form 990-T Part III, Line 37

43-1617558

Statement 15

Pre-2018 Net Operating Loss Deduction (see Statement 19 for Post-2017 NOL)

(see Statement 19 for Post-2017 NOL)					
	Amount	Year(s)	Amount	Amount	Amount
<u>Year</u>	<u>Incurred</u>	<u>Utilized</u>	<u>Utılızed</u>	<u>Expired</u>	<u>Available</u>
12/31/2014	9,045,952	12/31/2016	0		9,045,952
Revision for IRS Examination	(988,798)	12/31/2016	704,510		(1,693,308)
		12/31/2018	233,516		(233,516)
Restore NOL for removal of QTFB		12/31/2018	(177,021)		177,021
		12/31/2019	130,050		(130,050)
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 12/31/2020	14,301,628	_	891,055	0	13,410,573
=		=		·	
Original totals	15,290,612		186,545		15,104,067
Revision for IRS examination	(988,984)		704,510		(1,693,494)
-	14,301,628	_	891,055	•	13,410,573
- •		_e -		-	
*					
Federal contribution carryover has been adjust	sted due to net	operating loss	carryover per		
Income Tax Regulations Sec. 1.170A-11(C)(2)					
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)

43-1617558

2019 Form 990-T Part II, Line 30

Statement 16

Post-2017 Net Operating Loss Deduction (see Statement 18 for Pre-2018 NOL)

Separate Businesses

Clinical

Engineering &

Partnership

Transformation

<u>Investments</u> <u>Year</u>

Support

12-31-2018

21,283

10,016,854

Adjustment to 2018 NOL for 2018

missed on return as filed

L Catterton Asia 3 Sing LP Schedule K-1

415,052

12-31-2019

11,650,216

22,082,122

21,283

BJC HEALTH SYSTEM (DBA BJC HEALTHCARE) 2019 Form 990-T

43-1617558

Part III, Line 34

Statement 17

Cha	ritah	le Co	ntrik	nutio	ns
CHIA	IIILAN	וכ עט	111111	JULIO	115

	Contribution	Year(s)	Amount	Amount	Amount
<u>Year</u>	<u>Deduction</u>	<u>Deducted</u>	<u>Deducted</u>	Expired	<u>Available</u>
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
12/31/2019	2,274,452				2,274,452
Carryforward to 12/31/2019	10,737,237		0	0	10,737,237

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

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43-1617558

Statement 18

Percentage Depletion					Carryovers Lost on	
Percentage Depletion		Amount	Year(s)	Amount	Partnerships	Amount
	Year	Incurred	<u>Utilized</u>	<u>Utilized</u>	Disposed	<u>Available</u>
	<u>rear</u>	incurred	Othizea	<u>Otnizeu</u>	Disposed	Available
	12/31/2009	58,808				58,808
	12/31/2010	108,583				
	Revision for IRS Examination	(20)				108,563
	nevision for ins examination	(20)				100,505
	12/31/2011	314,629			3,329	
	Revision for IRS Examination	(1,509)			(2,945)	312,736
		(2,555)			(2,5 .5)	011,700
	12/31/2012	477,252			15,440	
	Revision for IRS Examination	6,970			(1,322)	470,104
		0,5 . 0			(2,522)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	12/31/2013	311,547			7,133	
	Revision for IRS Examination	14,434			(511)	319,359
		,			(,	5 = 5,5 = 5
	12/31/2014	269,255			3,507	
	Revision for IRS Examination	,			(188)	265,936
					(2007	
	12/31/2015	537,356			•	537,356
	12,01,2013	33.,333				337,330
	12/31/2016	220,654				
	Revision for IRS Examination				3,437	217,217
	nevision for the Examination				3,137	,
	12/31/2017	685,870				685,870
	12,31,201,	005,070				003,070
	12/31/2018	301,386				301,386
	12,51,2015	301,300				301,300
÷	12/31/2019	180,903				180,903
	12/31/2019	100,503				100,503
Carryforward to 12/31/2020	-	3,486,118		0	27,880	3,458,238
22,101.114.10 12/31/2020	=	0,100,110		<u></u>	27,000	3,130,230

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Statement 19

Capital Loss

	<u>Year</u>	Capital <u>Losses</u>	Year(s) <u>Deducted</u>	Amount <u>Deducted</u>	Amount <u>Expired</u>	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)
	12/31/2019	2,778,084				2,778,084
Carryforward to 12/31/2020	=	12,484,323	• •	9,584,214	0	2,900,109

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Statement 20

_		C - 1
General	Business	creaits

	<u>Year</u>	General Business <u>Credits</u>	Year(s) <u>Deducted</u>	Amount <u>Utilized</u>	Amount <u>Expired</u>	Amount <u>Available</u>
	12/31/2017	2,463	12/31/2017	1,522		941
	12/31/2018	12,820				12,820
	12/31/2019	3,491				3,491
Carryforward to 12/31/2020		18,774		1,522	0	17,252

12/31/2017 66 12/31/2018 12,820 12/31/2019 3,491 16,377

Credit for oil and gas production from marginal wells

12/31/2017 875

Total __ _ _ _ _ _ _ _