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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
BJC HEALTH SYSTEM

Doing business as
BJC HEALTHCARE

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
4901 FOREST PARK AVE MS 90-75-570

City or town, state or province, country, and ZIP or foreign postal code
ST LOUIS, MO 63108

D Employer identification number
43-1617558

E Telephone number
(314) 286-2057

G Gross receipts \$ 3,532,631,219

F Name and address of principal officer:
NICK BARTO
4901 FOREST PARK AVE
ST LOUIS, MO 63108

H(a) Is this a group return for subordinates?
☐ Yes ☒ No
H(b) Are all subordinates included?
☐ Yes ☐ No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶ 3844

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

J Website: ▶ WWW.BJC.ORG

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

L Year of formation: 1993

M State of legal domicile: MO

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
HEALTHCARE SERVICES AND HEALTH EDUCATION TO COMMUNITIES WE SERVE.

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

3 Number of voting members of the governing body (Part VI, line 1a) 3 18

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 16

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 3,600

6 Total number of volunteers (estimate if necessary) 6 288

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a -3,460,970

b Net unrelated business taxable income from Form 990-T, line 39 7b 0

Revenue

8 Contributions and grants (Part VIII, line 1h) 468,752 480,913

9 Program service revenue (Part VIII, line 2g) 810,223,775 783,344,663

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 209,809,525 294,207,117

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 59,805,589 77,072,339

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,080,307,641 1,155,105,032

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 2,134,713 2,470,687

14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 414,530,688 437,183,145

16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0

b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 475,573,597 426,215,643

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 892,238,998 865,869,475

19 Revenue less expenses. Subtract line 18 from line 12 188,068,643 289,235,557

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 4,803,404,644 5,456,592,622

21 Total liabilities (Part X, line 26) 2,994,203,344 3,615,607,828

22 Net assets or fund balances. Subtract line 21 from line 20 1,809,201,300 1,840,984,794

Part II Signature Block

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

Sign Here

Signature of officer
NICK BARTO SR VICE PRESIDENT & CFO
Type or print name and title

2020-11-16
Date

Paid Preparer Use Only

Print/Type preparer's name
Firm's name ▶ ERNST & YOUNG US LLP
Firm's address ▶ 155 N WACKER DRIVE
CHICAGO, IL 60606

Preparer's signature
Date

Check ☐ if self-employed
Firm's EIN ▶ 34-6565596
Phone no. (312) 879-2000

PTIN P01622613

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2019)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

BJC HEALTHCARE IS THE PARENT CORPORATION OF A NONPROFIT HEALTH CARE ORGANIZATION SERVING PRIMARILY THE RESIDENTS OF METROPOLITAN ST. LOUIS, MID-MISSOURI AND SOUTHERN ILLINOIS IN URBAN, SUBURBAN AND RURAL COMMUNITIES. (SEE SCHEDULE O FOR REMAINDER OF MISSION STATEMENT.) BJC OPERATES 15 HOSPITALS AND MULTIPLE COMMUNITY HEALTH LOCATIONS WHICH PROVIDE INPATIENT AND OUTPATIENT CARE, REHABILITATION, PRIMARY CARE, HOME CARE, HOSPICE, LONG-TERM CARE, COMMUNITY MENTAL HEALTH, WORKPLACE HEALTH AND COMMUNITY HEALTH AND WELLNESS. BJC ALSO SUPPORTS THE TRAINING OF FUTURE HEALTH PROFESSIONALS; ADVANCEMENT OF MEDICAL RESEARCH; REGIONAL HEALTH SAFETY NET SERVICES AND EMERGENCY PREPAREDNESS; COMMUNITY OUTREACH AND HEALTH LITERACY; AND REGIONAL ECONOMIC DEVELOPMENT.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a	(Code:)	(Expenses \$	213,874,544	including grants of \$	(Revenue \$	213,874,544)
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See Additional Data

4b	(Code:)	(Expenses \$	154,355,898	including grants of \$	(Revenue \$	154,355,898)
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See Additional Data

4c	(Code:)	(Expenses \$	57,797,392	including grants of \$	(Revenue \$	57,797,392)
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See Additional Data

(Code:)	(Expenses \$	193,455,379	including grants of \$	2,470,687)	(Revenue \$	357,316,829)
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BJC IS COMMITTED TO IMPROVING THE HEALTH AND WELL-BEING OF THE PEOPLE AND COMMUNITIES IT SERVES THROUGH LEADERSHIP, EDUCATION, INNOVATION AND EXCELLENCE IN MEDICINE. OTHER PROGRAMS AND SUPPORT SERVICES INCLUDE: MATERIAL SERVICES, QUALITY MANAGEMENT, FINANCE, LEGAL, AND COMMUNICATIONS.

4d Other program services (Describe in Schedule O.)

(Expenses \$	193,455,379	including grants of \$	2,470,687)	(Revenue \$	357,316,829)
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4e	Total program service expenses ▶	619,483,213
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 Yes	

Part IV Checklist of Required Schedules (continued)

		Yes	No	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☒

		Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	2,515	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance** (continued)

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	3,600			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes			
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes			
b If "Yes," enter the name of the foreign country: ► CJ , CA , UK , BE See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No		
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No		
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No		
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No		
d If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8				
9 Sponsoring organizations maintaining donor advised funds.					
a Did the sponsoring organization make any taxable distributions under section 4966?	9a				
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10 Section 501(c)(7) organizations. Enter:					
a Initiation fees and capital contributions included on Part VIII, line 12	10a				
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11 Section 501(c)(12) organizations. Enter:					
a Gross income from members or shareholders	11a				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a				
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c Enter the amount of reserves on hand	13c				
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		No		
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b				
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 720, Schedule N.	15	Yes			
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No		

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a	18
b	Enter the number of voting members included in line 1a, above, who are independent	1b	16
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	Yes
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶LORI SCHREINER 4901 FOREST PARK AVE STE 1200 ST LOUIS, MO 63108 (314) 286-2057

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

Check if Schedule O contains a response or note to any line in this Part VII ☒

a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

[illegible]

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								22,779,611	0	4,893,134

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 534

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0

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Part VIII Statement of Revenue												
Check if Schedule O contains a response or note to any line in this Part VIII <input type="checkbox"/>												
					(A) Total revenue		(B) Related or exempt function revenue		(C) Unrelated business revenue		(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts		1a Federated campaigns . . .			1a							
		b Membership dues . . .			1b							
		c Fundraising events . . .			1c							
		d Related organizations			1d		35,000					
		e Government grants (contributions)			1e							
		f All other contributions, gifts, grants, and similar amounts not included above			1f		445,913					
		g Noncash contributions included in lines 1a - 1f:\$			1g							
		h Total. Add lines 1a-1f ▶					480,913					
Program Service Revenue					Business Code							
		2a SVCS TO AFFILIATES			561000		658,297,601		658,297,601			
		b PROGRAM SVC REVENUE			621110		124,045,636		124,045,636			
		c PROGRAM RENTAL SERVICE			531190		509,185		509,185			
		d BILLING REVENUE			541900		250,759		250,759			
		e PROGRAM OTHER OPER INC			900099		241,482		241,482			
		f All other program service revenue.										
		g Total. Add lines 2a-2f. ▶					783,344,663					
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts) ▶			107,591,511				-8,092,706		115,684,217	
		4 Income from investment of tax-exempt bond proceeds ▶										
		5 Royalties ▶			1,057						1,057	
					(i) Real		(ii) Personal					
		6a Gross rents			6a 141,785							
		b Less: rental expenses			6b 0							
		c Rental income or (loss)			6c 141,785							
		d Net rental income or (loss) ▶					141,785				141,785	
					(i) Securities		(ii) Other					
		7a Gross amount from sales of assets other than inventory			7a 2,564,138,818		2,975					
		b Less: cost or other basis and sales expenses			7b 2,374,742,997		2,783,190					
		c Gain or (loss)			7c 189,395,821		-2,780,215					
		d Net gain or (loss) ▶					186,615,606				186,615,606	
		8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18			8a							
		b Less: direct expenses			8b							
		c Net income or (loss) from fundraising events . . . ▶										
		9a Gross income from gaming activities. See Part IV, line 19			9a							
		b Less: direct expenses			9b							
		c Net income or (loss) from gaming activities . . . ▶										
		10a Gross sales of inventory, less returns and allowances . . .			10a							
b Less: cost of goods sold . . .			10b									
c Net income or (loss) from sales of inventory . . . ▶												
Miscellaneous Revenue			Business Code									
11a EMPLOYEE PHARMACY			446110		56,966,118				56,966,118			
b OTHER OPERATING INCOME			900099		9,243,064				9,243,064			
c CLIN ENG & TRAIN REV			611430		4,631,736		4,631,736					
d All other revenue					6,088,579				6,088,579			
e Total. Add lines 11a-11d ▶					76,929,497							
12 Total revenue. See instructions ▶					1,155,105,032		783,344,663		-3,460,970		374,740,426	

Form 990 (2019)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☒

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,408,187	2,408,187		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	62,500	62,500		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	27,077,372		27,077,372	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	341,761,896	284,004,066	57,757,830	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	6,672,147	2,449,381	4,222,766	
9 Other employee benefits	37,767,989	30,939,366	6,828,623	
10 Payroll taxes	23,903,741	18,803,305	5,100,436	
11 Fees for services (non-employees):				
a Management	265,200		265,200	
b Legal	3,552,318		3,552,318	
c Accounting	1,208,579		1,208,579	
d Lobbying	766,546		766,546	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	2,994,006		2,994,006	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	95,983,542	62,826,781	33,156,761	
12 Advertising and promotion	2,482,817	277,228	2,205,589	
13 Office expenses	5,436,812	4,755,775	681,037	
14 Information technology	82,552,987	41,751,603	40,801,384	
15 Royalties				
16 Occupancy	37,878,464	26,947,555	10,930,909	
17 Travel	2,626,375	1,815,713	810,662	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,494,461	934,606	559,855	
20 Interest	12,175,972		12,175,972	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	13,396,923	13,353,960	42,963	
23 Insurance	5,573,540	4,867,625	705,915	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	62,254,390	62,254,390		
b REPAIRS AND MAINTENANCE	53,488,736	52,777,952	710,784	
c RECRUITMENT	5,734,952	553,578	5,181,374	
d SERVICE CONTRACT FEES	5,004,072	4,368,461	635,611	
e All other expenses	31,344,951	3,331,181	28,013,770	
25 Total functional expenses. Add lines 1 through 24e	865,869,475	619,483,213	246,386,262	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		10,048	1	10,748
	2	Savings and temporary cash investments		30,857,171	2	54,990,680
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		4,568,757	4	2,345,149
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net		11,487,094	7	1,260,401
	8	Inventories for sale or use		7,991,905	8	7,253,936
	9	Prepaid expenses and deferred charges		45,756,343	9	51,314,898
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	495,522,706		
	b	Less: accumulated depreciation	10b	191,187,674		
				366,920,381	10c	304,335,032
	11	Investments—publicly traded securities		1,409,353,159	11	1,946,671,248
	12	Investments—other securities. See Part IV, line 11		2,753,785,114	12	2,827,897,867
	13	Investments—program-related. See Part IV, line 11		25,366,714	13	26,422,370
	14	Intangible assets			14	
15	Other assets. See Part IV, line 11		147,307,958	15	234,090,293	
16	Total assets. Add lines 1 through 15 (must equal line 34)		4,803,404,644	16	5,456,592,622	
Liabilities	17	Accounts payable and accrued expenses		234,195,951	17	274,312,983
	18	Grants payable			18	
	19	Deferred revenue			19	55,000
	20	Tax-exempt bond liabilities		1,951,303,278	20	1,943,079,773
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		808,704,115	25	1,398,160,072
	26	Total liabilities. Add lines 17 through 25		2,994,203,344	26	3,615,607,828
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions		1,809,193,996	27	1,840,984,794
	28	Net assets with donor restrictions		7,304	28	0
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		1,809,201,300	32	1,840,984,794
33	Total liabilities and net assets/fund balances		4,803,404,644	33	5,456,592,622	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,155,105,032
2	Total expenses (must equal Part IX, column (A), line 25)	2	865,869,475
3	Revenue less expenses. Subtract line 2 from line 1	3	289,235,557
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,809,201,300
5	Net unrealized gains (losses) on investments	5	170,572,937
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-428,025,000
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,840,984,794

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	No	
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	Yes	

Additional Data

Software ID:
Software Version:
EIN: 43-1617558
Name: BJC HEALTH SYSTEM

Form 990 (2019)

Form 990, Part III, Line 4a:

2019 BJC MEDICAL GROUP - BJC MEDICAL GROUP EMPLOYS 242 PHYSICIANS WITH A RANGE OF MEDICAL AND SURGICAL SPECIALTIES. THE PHYSICIANS SERVE PATIENTS IN ST. LOUIS, MO; FARMINGTON, MO; SULLIVAN, MO.; MID-MISSOURI AND SOUTHERN ILLINOIS. BJC MEDICAL GROUP SUPPORTS PHYSICIAN PRACTICES ASSOCIATED WITH BJC HEALTHCARE HOSPITALS AND HELPS THEM GROW. THE MEDICAL GROUP ALSO PARTNERS WITH PRIVATE PHYSICIANS AND BJC HOSPITALS TO RECRUIT PHYSICIANS TO GROWING MARKETS. PHYSICIAN RECRUITS INCLUDE BOTH PRIMARY AND SPECIALTY PHYSICIANS. THE ORGANIZATION HAD 789,194 VISITS.

Form 990, Part III, Line 4b:

BJC INFORMATION SERVICES AND TECHNOLOGY SERVICES DEPARTMENT PLANS, DEVELOPS AND SUPPORTS INFORMATION TECHNOLOGY AND TELECOMMUNICATIONS INITIATIVES THROUGHOUT BJC. THE 400-PERSON DEPARTMENT MAINTAINS THE ORGANIZATION'S TECHNOLOGY INFRASTRUCTURE AND ACHIEVES SPECIFIC STRATEGIC GOALS RELATED TO CLINICAL CARE, PATIENT SAFETY AND EVIDENCE-BASED MEDICINE, PROCESS SIMPLIFICATION AND STANDARDIZATION, AUTOMATION, EDUCATION, WORKFORCE DEVELOPMENT, FINANCIAL MANAGEMENT AND PATIENT SATISFACTION. BJC HOSPITALS BENEFIT FROM THE CENTRALIZED DEPTH OF INFORMATION SERVICES KNOWLEDGE AND THE COMMITMENT TO INNOVATIVE TECHNOLOGY SOLUTIONS.

Form 990, Part III, Line 4c:

BJC CLINICAL ENGINEERING MANAGES CLINICAL ASSETS ACROSS BJC, INCLUDING OPERATIONAL SUPPORT AND MAINTENANCE MANAGEMENT OF DIAGNOSTIC, TREATMENT AND PATIENT SUPPORT MEDICAL EQUIPMENT SUCH AS BIOMEDICAL EQUIPMENT, CLINICAL LABORATORY EQUIPMENT AND DIAGNOSTIC IMAGING TECHNOLOGY. SERVICE ENGINEERS ARE DEPLOYED ACROSS THE 15 HOSPITALS AND OTHER HEALTH SERVICE ORGANIZATIONS AS REQUIRED TO MEET DEMAND. BJC CLINICAL ENGINEERING WORKS IN COLLABORATION WITH OTHER BJC DEPARTMENTS CONCERNING PATIENT SAFETY FOR MAINTENANCE AND PRODUCT RECALLS; PRE-PURCHASE EVALUATION AND SUPPORT COST ANALYSIS; ASSET MANAGEMENT PLANNING FROM ACQUISITION THROUGH DISPOSAL; PROJECT PLANNING AND MANAGEMENT; AND ENVIRONMENTAL ROUNDS.

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
BJC HEALTH SYSTEM

Employer identification number
43-1617558

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☒ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations 3
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
See Additional Data Table						
Total	3				545,151,275	0

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6	Public support. Subtract line 5 from line 4.						
Section B. Total Support							
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . .						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9	Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						
Section C. Computation of Public Support Percentage							
14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))					14	
15	Public support percentage for 2018 Schedule A, Part II, line 14					15	
16a	33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
b	33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
17a	10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
b	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>						

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . .						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		

Part IV

Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		
	11a	No
	11b	No
	11c	No

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
	1	Yes
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
	2	Yes
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
	3	Yes

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input checked="" type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)			
2 Activities Test. Answer (a) and (b) below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>			
	3a	Yes	
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
	3b	Yes	

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

<div>1</div> <div><input type="checkbox"/></div> <div>Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.</div>			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<div><input type="checkbox"/></div> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SECTION A, LINE 6	DURING 2019, BJC HEALTH SYSTEM (BJC) PROVIDED GRANTS OR ALLOCATIONS TO OTHER ORGANIZATIONS AND COMMUNITY GROUPS ON BEHALF OF ITS SUPPORTED ORGANIZATIONS. THE PURPOSE OF THESE GRANTS WERE TO FURTHER THE CHARITABLE, SCIENTIFIC AND EDUCATIONAL PURPOSES OF THE SUPPORTED ORGANIZATIONS AND TO PROMOTE AND SUPPORT THE INTERESTS AND PURPOSES OF THOSE SUPPORTED ORGANIZATIONS SPECIFIED IN BJC'S ORGANIZING DOCUMENTS. THESE GRANTS AND ALLOCATIONS WERE INSIGNIFICANT IN RELATION TO BJC HEALTH SYSTEM'S OVERALL ACTIVITIES.

990 Schedule A, Supplemental Information

Return Reference	Explanation
SECTION D, LINE 3	BJC MAINTAINS A CLOSE AND CONTINUOUS WORKING RELATIONSHIP WITH ITS SPECIFIED SUPPORTED ORGANIZATIONS AND APPOINTS THE MAJORITY OF OFFICERS AND DIRECTORS SERVING ON THE BOARDS OF THESE SUPPORTED ORGANIZATIONS. BECAUSE AND AS A RESULT OF THIS CLOSE WORKING RELATIONSHIP, THE SPECIFIED SUPPORTED ORGANIZATIONS PROVIDE INPUT ON MONTHLY FINANCIAL OPERATIONS, ANNUAL BUDGET PROCESS INCLUDING ALLOCATIONS FOR CAPITAL PROJECTS, USE OF HEALTH INFORMATION SYSTEMS AND OTHER MATTERS CONCERNING SUBORDINATE HOSPITAL OPERATIONS.

990 Schedule A, Supplemental Information

Return Reference	Explanation
SECTION E, LINE 3A	AS SOLE MEMBER OF ITS SUPPORTED ORGANIZATIONS, BJC HEALTH SYSTEM HAS RESERVED POWERS TO APPOINT A MAJORITY OF THE OFFICERS AND DIRECTORS OF ITS SUPPORTED ORGANIZATIONS. CERTAIN OF THOSE DIRECTORS IN TURN SERVE ON THE GOVERNING BOARD OF BJC HEALTH SYSTEM.

990 Schedule A, Supplemental Information

Return Reference	Explanation
SECTION E, LINE 3B	BJC HEALTH SYSTEM (BJC) EXERCISES A SUBSTANTIAL DEGREE OF DIRECTION OVER THE POLICIES, PROGRAMS AND ACTIVITIES OF EACH OF ITS SUPPORTED ORGANIZATIONS. BJC REQUIRES THAT EACH SUPPORTED ORGANIZATION ADOPT ITS STANDARD CONFLICT OF INTEREST, WHISTLEBLOWER, DOCUMENT RETENTION, INVESTMENT AND OTHER POLICIES. BJC APPROVES THE OPERATIONAL AND FISCAL BUDGET FOR EACH OF ITS SUPPORTED ORGANIZATIONS AND PROVIDES ADMINISTRATIVE OVERSIGHT FOR HOSPITAL PROGRAMS AND CAPITAL PROJECTS.

Additional Data

Software ID:
Software Version:
EIN: 43-1617558
Name: BJC HEALTH SYSTEM

Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s).

(i)Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")	
2	Political campaign activity expenditures (see instructions)	\$
3	Volunteer hours for political campaign activities (see instructions)	

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955	\$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	\$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV.	

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	\$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	\$
3	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b	\$
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		250,000
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		516,546
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i			766,546
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
PART II-B, LINE 1:	BJC GOVERNMENT RELATIONS DEPARTMENT EXPENSES INCLUDE RESOURCES DEDICATED TO TRACKING LEGISLATION THAT MAY ADVERSELY IMPACT THE FILING ORGANIZATION. INDIRECT ALLOCATION OF EXPENSES INCLUDE RELEVANT PORTION OF LOBBYING ACTIVITIES WITH DIRECT CONTACT WITH LEGISLATORS, THEIR STAFFS, GOVERNMENT OFFICIALS OR A LEGISLATIVE BODY. EXPENSES ALSO INCLUDE EDUCATIONAL SEMINARS FOR BJC EMPLOYEES REGARDING IMPORTANT HEALTHCARE LEGISLATIVE MATTERS.

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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
BJC HEALTH SYSTEM

Employer identification number
43-1617558

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

1

Total number at end of year

2

Aggregate value of contributions to (during year)

3

Aggregate value of grants from (during year)

4

Aggregate value at end of year

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

Yes

No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Yes

No

Part II

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

1

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

☐ Preservation of land for public use (e.g., recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

Held at the End of the Year

2a

2b

2c

2d

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes

No

6

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes

No

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

1b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ► \$

(ii) Assets included in Form 990, Part X ► \$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 52283D

Schedule D (Form 990) 2019

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table:

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

3b

Yes

No

4

Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		13,335,291		13,335,291
b Buildings		13,499,599	10,350,799	3,148,800
c Leasehold improvements		17,672,161	14,985,041	2,687,120
d Equipment		106,522,791	92,326,204	14,196,587
e Other		344,492,864	73,525,630	270,967,234
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				304,335,032

Schedule D (Form 990) 2019

Part VII

Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) PRIVATE EQUITY FUNDS	1,137,265,638	F
(B) HEDGE FUNDS	676,904,479	F
(C) REAL ESTATE FUNDS	385,647,405	F
(D) OTHER	628,080,345	F
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	2,827,897,867	

Part VIII

Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶		

Part IX

Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	

Part X

Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
See Additional Data Table	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	1,398,160,072

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 43-1617558
Name: BJC HEALTH SYSTEM

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	THE AUTHORITATIVE GUIDANCE IN ASC 740, INCOME TAXES, CREATES A SINGLE MODEL TO ADDRESS UNCERTAINTY IN TAX POSITIONS AND CLARIFIES THE ACCOUNTING FOR INCOME TAXES BY PRESCRIBING THE MINIMUM RECOGNITION THRESHOLD A TAX POSITION IS REQUIRED TO MEET BEFORE BEING RECOGNIZED IN THE FINANCIAL STATEMENTS. UNDER THE REQUIREMENTS OF THIS GUIDANCE, TAX-EXEMPT ORGANIZATIONS COULD BE REQUIRED TO RECORD AN OBLIGATION AS THE RESULT OF A TAX POSITION THEY HAVE HISTORICALLY TAKEN ON VARIOUS TAX EXPOSURE ITEMS. BJC HAS NOT RECOGNIZED A LIABILITY FOR UNCERTAIN TAX POSITIONS.

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
BJC HEALTH SYSTEM

Employer identification number
43-1617558

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total	1	0			2,031,580,282
b Total from continuation sheets to Part I	1	0			3,821,176
c Totals (add lines 3a and 3b)	2	0			2,035,401,458

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ► _____
- 3 Enter total number of other organizations or entities ► _____

Part III	Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
-----------------	---

Part III can be duplicated if additional space is needed.

[illegible]

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☒ Yes ☐ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* ☒ Yes ☐ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . ☒ Yes ☐ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☒ Yes ☐ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* ☐ Yes ☒ No

Part V

Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART III ACCOUNTING METHOD:	

Additional Data

Software ID:
Software Version:
EIN: 43-1617558
Name: BJC HEALTH SYSTEM

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		1,608,570,296
CENTRAL AMERICA/CARIBBEAN	1		PROGRAM SERVICES	PROGRAM ADMIN EXPENSES RELATED TO ATG ASSURANCE COMPANY LTD. INCLUDES EXPENSES INCURRED WHILE CONDUCTING ACTIVITIES OF THIS WHOLLY OWNED CAPTIVE INSURANCE COMPANY. ALSO INCLUDES OTHER PROGRAM SERVICES EXPENSES.	126,372

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA AND THE PACIFIC			INVESTMENTS		13,015,380
EAST ASIA AND THE PACIFIC			INVESTMENT EXPENDITURES		

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE			INVESTMENTS		385,322,849
EUROPE			INVESTMENT EXPENDITURES		31,814

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE			PROGRAM SERVICES	PROGRAM SERVICES EXPENSES INCLUDING CLINICAL EXCELLENCE, HEALTHCARE EQUIPMENT AND SUPPLY PURCHASES.	22,950
NORTH AMERICA			INVESTMENTS		24,490,621

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA	1		INVESTMENT EXPENDITURES		
NORTH AMERICA			PROGRAM SERVICES	PROGRAM SERVICES EXPENSES INCLUDING HEALTHCARE CLINICAL EQUIPMENT AND SUPPLY PURCHASES.	732,683

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH ASIA			INVESTMENT EXPENDITURES		3,088,493

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service
Name of the organization
BJC HEALTH SYSTEM

Employer identification number

43-1617558

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 20

3 Enter total number of other organizations listed in the line 1 table 1

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) BOOK BRIGADE PROGRAM, PUBLIC GRADE SCHOOL READING PROGRAM	25000		62,500 FMV		2ND GRADE READING BOOKS FOR STUDENTS IN THE ST LOUIS AREA IN PUBLIC SCHOOLS.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2:	DURING 2019, BJC HEALTH SYSTEM AND AFFILIATES MADE GRANTS TO OTHER SECTION 501(C)(3) PUBLIC CHARITIES OR OTHER ORGANIZATIONS IN SUPPORT OF THE COMMUNITIES WE SERVE AND TO BE USED IN FULFILLING THE EXEMPT PURPOSE OF THE GRANTEE ORGANIZATION. WHILE IMMEDIATE OVERSIGHT OF THE CHARITY IS NOT CONSIDERED NECESSARY, GRANT MATERIALS PROVIDE STRICT GUIDELINES FOR USE OF ALL GRANTS OR AWARDS AS WELL AS RECOVERY OF GRANT MONIES NOT USED FOR STATED PURPOSES. DURING 2019, BJC AND ITS EMPLOYEES DONATED SUMMER READING BOOKS TO AREA GRADE SCHOOLS TO PROMOTE SUMMER READING AND TO HELP STUDENTS IMPROVE OR MAINTAIN READING SKILLS.

Additional Data

Software ID:
Software Version:
EIN: 43-1617558
Name: BJC HEALTH SYSTEM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SCHOLARSHP FOUNDATION OF ST LOUIS 6825 CLAYTON AVE SUITE 100 SAINT LOUIS, MO 63139	43-6031234	501(C)(3)	402,600				SUPPORT PROVIDING ACCESS TO POSTSECONDARY EDUCATION TO MEMBERS OF OUR COMMUNITY.
THE OASIS INSTITUTE 11780 BORMAN DRIVE SUITE 400 SAINT LOUIS, MO 63146	43-1830354	501(C)(3)	400,000				SUPPORT SERVICES AND PROGRAMS FOR OLDER ADULTS TO KEEP THEM HEALTHY, ACTIVE, AND ENGAGED.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CORTEX 4320 FOREST PARK AVE SAINT LOUIS, MO 63108	30-0082817	501(C)(3)	375,044				SUPPORT COMMUNITY DETERIORATION AND FOSTER URBAN GROWTH WITHIN THE COMMUNITES.
WASHINGTON UNIVERSITY 700 ROSEDALE AVE CB 1084 SAINT LOUIS, MO 63112	43-0653611	501(C)(3)	300,000				SUPPORT MEDICAL EDUCATION, RESEARCH, & PATIENT CARE NEEDS IN THE COMMUNITIES.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUBS OF GREATER ST LOUIS 2901 N GRAND BLVD SAINT LOUIS, MO 631072608	43-6061693	501(C)(3)	202,500				SUPPORT CHILDREN AND FAMILIES WITH VARIOUS LEVELS OF ADVERSITY.
BIOSTL 4340 DUNCAN AVE 100 SAINT LOUIS, MO 63110	45-2137574	501(C)(3)	146,994				SUPPORT OF ADVANCED RESEARCH IN BIOMEDICAL SCIENCES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CIVIC PROGRESS INC 4240 DUNCAN AVE STE 200 SAINT LOUIS, MO 63110	43-0965792	501(C)(3)	146,250				SUPPORT BUSINESS BY WORKING ON INITIATIVES TO IMPROVE THE REGION'S ECONOMY.
BETTER FAMILY LIFE INC 5415 PAGE AVE SAINT LOUIS, MO 63112	43-1346617	501(C)(3)	75,680				SUPPORT IMPLEMENTATION OF NEIGHBORHOOD ALIANCE MODEL IN ST. LOUIS CITY AND ST. LOUIS COUNTY.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION MIDWEST AFFILIATE 7272 GREENVILLE AVE DALLAS, TX 75231	13-5613797	501(C)(3)	70,000				SUPPORT AND BUILD HEALTHIER LIVES FREE OF CARDIOVASCULAR DISEASES AND STROKE.
UNITED WAY OF GREATER ST LOUIS 910 N 11TH ST SAINT LOUIS, MO 63101	43-0714167	501(C)(3)	32,500				SUPPORTS OTHER NON-PROFITS NEEDS IN OUR COMMUNITIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST LOUIS AMERICAN FOUNDATION 2315 PINE STREET SAINT LOUIS, MO 63103	43-1686282	501(C)(3)	28,800				SUPPORT OF EDUCATION AND HEALTH.
BOONE HOSPITAL FOUNDATION 1600 E BROADWAY COLUMBIA, MO 652015844	03-0477306	501(C)(3)	16,000				SUPPORT MEDICAL EDUCATION, RESEARCH, & PATIENT CARE NEEDS IN THE COMMUNITIES.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A MILLION STAR INC 110 NORTH JEFFERSON SAINT LOUIS, MO 63103	20-4768985	501(C)(3)	15,000				GIFT TO HELP CHANGE STUDENTS' LIVES THROUGH HIGHER EDUCATION AND CAREER READINESS.
FAIR ST LOUIS FOUNDATION 301 PROSPECT AVE SAINT LOUIS, MO 631101215	43-1218720	501(C)(3)	15,000				SUPPORT ANNUAL SUMMER EVENTS FOR ST LOUIS COMMUNITY.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST LOUIS REGIONAL CHAMBER & GROWTH ASSOCIATION 1 METROPOLITAN SQUARE SUITE 1300 SAINT LOUIS, MO 63102	43-0975222	501(C)(6)	14,500				SUPPORT NEW ECONOMIC OPPORTUNITIES BY SERVING AS A CATALYST FOR REIONAL ECONOMIC OPPORTUNITY.
REGIONAL UNION CONSTRUCTION CENTER PO BOX 771091 SAINT LOUIS, MO 63177	20-5160448	501(C)(3)	10,000				SUPPORT OF EMERGING MINORITY AND WOMEN OWNING UNION CONSTRUCTION FIRMS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIRL SCOUTS OF EASTERN MISSOURI 2300 BALL DRIVE SAINT LOUIS, MO 63146	43-0662471	501(C)(3)	10,000				SUPPORT GIRL SCOUTS IN BUILDING GIRLS OF COURAGE, CONFIDENCE AND CHARACTER.
INDEPENDENCE CENTER 4245 FOREST PARK AVE SAINT LOUIS, MO 631082810	43-1195240	501(C)(3)	7,500				SUPPORT SERVICES FOR MENTAL ILLNESSES AND SUPPORT INDEPENDENT LIVING.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST LOUIS POLICE FOUNDATION 9761 CLAYTON RD SAINT LOUIS, MO 631241503	26-0326513	501(C)(3)	7,500				SUPPORT ST. LOUIS METROPOLITAN AND ST. LOUIS COUNTY POLICE DEPARTMENTS.
BARNES-JEWISH ST PETER & PROGRESS WEST FOUNDATION 10 HOSPITAL DRIVE SAINT PETERS, MO 63376	45-4471497	501(C)(3)	7,500				SUPPORT MEDICAL EDUCATION, RESEARCH, & PATIENT CARE NEEDS IN THE COMMUNITIES.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST LOUIS COMMUNITY FOUNDATION 2 OAK KNOLL PARK SAINT LOUIS, MO 63105	43-6023126	501(C)(3)	5,500				SUPPORT BUILDING A MORE EQUITABLE AND VIBRANT REGION.

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization BJC HEALTH SYSTEM		Employer identification number 43-1617558

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<input checked="" type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input checked="" type="checkbox"/> Tax idemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?		2 Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?		4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?		5a	No
b Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?		6a	No
b Any related organization?		6b	No
If "Yes," on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

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

[illegible]

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 1A	PURSUANT TO TREASURY REG SECTION 1.6033-2(D)(5), BJC HEALTH SYSTEM HAS ELECTED TO REPORT INFORMATION ABOUT CONTRIBUTIONS, GIFTS & GRANTS, COMPENSATION AND OTHER INFORMATION ABOUT OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES, FORMER EMPLOYEES, CERTAIN OTHER HIGHLY PAID EMPLOYEES, CERTAIN PROFESSIONAL CONTRACTORS AND CERTAIN OTHER CONTRACTORS ON A CONSOLIDATED BASIS FOR ALL OF THE MEMBERS OF THE GROUP, INCLUDING THE PARENT ORGANIZATION, ON THE GROUP RETURN OF BJC HEALTH SYSTEM GROUP, EIN 75-3052953
PART I, LINE 4	PURSUANT TO TREASURY REG SECTION 1.6033-2(D)(5), BJC HEALTH SYSTEM HAS ELECTED TO REPORT INFORMATION ABOUT CONTRIBUTIONS, GIFTS & GRANTS, COMPENSATION AND OTHER INFORMATION ABOUT OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES, FORMER EMPLOYEES, CERTAIN OTHER HIGHLY PAID EMPLOYEES, CERTAIN PROFESSIONAL CONTRACTORS AND CERTAIN OTHER CONTRACTORS ON A CONSOLIDATED BASIS FOR ALL OF THE MEMBERS OF THE GROUP, INCLUDING THE PARENT ORGANIZATION, ON THE GROUP RETURN OF BJC HEALTH SYSTEM GROUP, EIN 75-3052953

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
BJC HEALTH SYSTEM

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990.

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number
43-1617558

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A HEALTH & EDUC FACILITIES AUTHORITY STATE OF MISSOURI	43-1178966	000000000	10-31-2012	271,000,000	FUND CAPITAL EXP-SEE PART VI		X		X		X
B HEALTH & EDUC FACILITIES AUTHORITY STATE OF MISSOURI	43-1178966	60635R2K2	04-22-2008	368,575,000	REFUND PRIOR BONDS & CAPITAL EXP-SEE PART VI		X		X		X
C HEALTH & EDUC FACILITIES AUTHORITY STATE OF MISSOURI	43-1178966	000000000	12-13-2011	200,000,000	FUND CAPITAL EXPENDITURES-SEE PART VI		X		X		X
D HEALTH & EDUC FACILITIES AUTHORITY STATE OF MISSOURI	43-1178966	000000000	09-20-2013	100,000,000	FUND CAPITAL EXPENDITURES-SEE PART VI		X		X		X

Part II	Proceeds								
		A		B		C		D	
1	Amount of bonds retired			18,260,000					
2	Amount of bonds legally defeased								
3	Total proceeds of issue	271,000,000		369,074,888		200,000,000		100,000,000	
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds			711,712					
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	221,000,000		124,788,176		200,000,000		100,000,000	
11	Other spent proceeds			243,575,000					
12	Other unspent proceeds								
13	Year of substantial completion	2013		2008		2011		2013	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X		X			X		X
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X		X		X		X	

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X		X		X		X
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?		X		X		X		X
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0.250 %		0.520 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5	0 %		0.250 %		0.520 %		0 %	
7	Does the bond issue meet the private security or payment test? . . .		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . .								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . .		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		X
b	Exception to rebate?	X			X	X		X	
c	No rebate due?		X	X			X		X
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X		X		X	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X	X			X		X
b	Name of provider			JPM MORGAN CHASE					
c	Term of hedge			3020.0000000000 %					
d	Was the hedge superintegrated?				X				
e	Was the hedge terminated?				X				

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

Return Reference	Explanation
DATE REBATE COMPUTATION PERFORMED	ISSUER NAME: HEALTH & EDUC FACILITIES AUTHORITY, STATE OF MISSOURI DATE THE REBATE COMPUTATION WAS PERFORMED: 05/15/2010

Return Reference	Explanation
<p>SCHEDULE K, PART I, COLUMN (F)</p>	<p>SERIES 2012E BONDS WERE ISSUED AT A VARIABLE RATE WITH PROCEEDS OF \$50M USED TO FINANCE CAPITAL EXPENDITURES AT VARIOUS AFFILIATE HOSPITALS. SERIES 2008 BONDS WERE ISSUED IN PART TO REFUND SERIES 2006 BONDS (ISSUED ON 4/4/06) AND TO FINANCE, IN PART, CAPITAL EXPENDITURES AT VARIOUS AFFILIATE HOSPITALS. SERIES 2011AB BONDS WERE ISSUED TO FUND CAPITAL EXPENDITURES AT VARIOUS AFFILITATE HOSPITALS. SERIES 2013A BONDS WERE ISSUED TO FUND CAPITAL EXPENDITURES AT VARIOUS AFFILIATE HOSPITALS. SERIES 2013B BONDS WERE ISSUED TO FUND CAPITAL EXPENDITURES AT VARIOUS AFFILIATE HOSPITALS. SERIES 2013C BONDS WERE ISSUED TO FUND CAPITAL EXPENDITURES AT VARIOUS AFFILIATE HOSPITALS. SERIES 2014 BONDS WERE ISSUED TO FUND CAPITAL EXPENDITURES AT VARIOUS AFFILIATE HOSPITALS. SERIES 2015 BONDS WERE ISSUED TO FUND CAPITAL EXPENDITURES AT VARIOUS AFFILIATE HOSPITALS. SERIES 2016A BONDS WERE ISSUED TO FUND CAPITAL EXPENDITURES AT VARIOUS AFFILIATE HOSPITALS. SERIES 2016B BONDS WERE ISSUED TO FUND CAPITAL EXPENDITURES AT VARIOUS AFFILIATE HOSPITALS. SERIES 2017ABC BONDS REFUND ALL OUTSTANDING MATURITIES OF THE 2013 BONDS, WHICH OBLIGATIONS WERE ORIGINALLY ISSUED ON 12/6/2013. SERIES 2017C BONDS REISSUANCE AND DEEMED CURRENT REFUNDING OF THE 2017C NOTES, WHICH NOTES WERE ORIGINALLY ISSUED ON 6/29/17. SERIES 2017DEFGHI BONDS WERE ISSUED TO FUND CAPITAL EXPENDITURES AT VARIOUS AFFILIATE HOSPITALS. SERIES 2018D BOND WAS ISSUED TO CURRENT REFUND A PORTION OF SERIES 2017DEFGHI (ISSUED 12/21/2017) SERIES 2018C BOND WAS ISSUED TO CURRENT REFUND A PORTION OF SERIES 2017ABC BONDS (ISSUED 6/29/17)</p>

Return Reference	Explanation
SCHEDULE K, PART II, LINE 2	SERIES 2017ABC ARBITRAGE ANALYSIS COMPLETED AS OF 11/1/2018. SERIES 2017DEFGHI \$75,000,000 WAS REISSUED AND TREATED AS A REFUNDING OF SERIES 2017D BONDS

Return Reference	Explanation
SCHEDULE K, PART I, COLUMN (G)	2017 ABC BONDS - A PORTION OF THE OBLIGATIONS (THE 2017 NOTES) WERE REISSUED AND DEEMED CURRENTLY REFUNDED ON 8/1/2018 AND THEREFORE, THE 2017C NOTES ARE SEPARATELY REPORTED.

Return Reference	Explanation
SCHEDULE K, PART II, LINE 3	ANY DIFFERENCE BETWEEN THE ISSUE PRICE REPORTED ON PART I, COLUMN (E) AND TOTAL PROCEEDS REPORTED ON PART III, LINE 3 IS DUE TO INVESTMENT EARNINGS OR LOSS ON THE INVESTMENTS. SERIES 2017ABC, BECAUSE THERE IS NOT A PROJECT PERIOD, INVESTMENT EARNINGS EARNED ON AMOUNTS DEPOSITED INTO THE ESCROW FUND HAVE NOT BEEN REPORTED.

Return Reference	Explanation
SCHEDULE K, PART II, LINE 6	SERIES 2017ABC THIS AMOUNT IS THE TOTAL ON DEPOSIT IN THE ESCROW FUND AS OF THE 2019 FISCAL YEAR END. OF THIS AMOUNT, 93.8280% IS ALLOCABLE TO PROCEEDS OF THE 2017ABC OBLIGATIONS AND 6.1720% IS ALLOCABLE TO PROCEEDS OF THE 2013 BONDS, A PORTION OF WHICH WILL BECOME TRANSFERRED PROCEEDS OF THE 2017AB BONDS AND THE 2017C NOTES. SERIES 2017C ANY PROCEEDS OF THE 2017ABC OBLIGATIONS HELD IN THE ESCROW FUND FOR THE 2013 BONDS, WHICH ARE ALLOCABLE TO TRANSFERRED PROCEEDS OF THE 2017C NOTES ARE REFLECTED IN PART II, LINE 6 FOR THE 2017ABC OBLIGATIONS

Return Reference	Explanation
SCHEDULE K, PART II, LINE 11	SERIES 2013C RESIDUAL EARNINGS USED TO PAY INTEREST. SERIES 2017ABC THIS PORTION HAS BEEN USED TO FUND ESCROW

Return Reference	Explanation
SCHEDULE K, PART III, LINES 3B AND 3D	INTERNAL LEGAL COUNSEL IS FAMILIAR WITH TAX LAWS AND ROUTINELY REVIEWS THESE AGREEMENTS.

Return Reference	Explanation
SCHEDULE K, PART III, PAGE2, COLUMN D AND PAGE 3 COLUMN A	RESPONSES APPLY TO THOSE PROJECTS THAT HAVE BEEN COMPLETED FOR SERIES 2014, SERIES 2015, SERIES 2016A, SERIES 2016B, AND SERIES 2017DEFGHI.

Return Reference	Explanation
SCHEDULE K, PART IV, LINE 2	SERIES 2008 BONDS IS "NO REBATE DUE." REBATE CALCULATION WAS PERFORMED ON MAY 15,2010. SERIES 2014 BOND IS "NO REBATE DUE." REBATE CALCULATION WAS PERFORMED ON MARCH 15, 2016. SERIES 2015 BOND IS "NO REBATE DUE." REBATE CALCULATION WAS PERFORMED ON APRIL 30,2017. SERIES 2017ABC IS "NO REBATE DUE". PROCEEDS ARE IN A YIELD RESTRICTED ESCROW ACCOUNT BELOW THE BOND YIELD.

Return Reference	Explanation
SCHEDULE K, PART IV, LINES 3A-E	THE ORGANIZATION ENTERED INTO A QUALIFIED HEDGE RELATED TO SERIES 2008 A-E BONDS. THE SERIES A-C HEDGES MATURE ON 5/15/2038 AT JP MORGAN. THESE CARRY A FLOATING/FIXED RATE WHERE BJC PAYS 3.551% AND RECEIVES 68% OF ONE MONTH LIBOR. THE ORGANIZATION ENTERED INTO A QUALIFIED HEDGE RELATED TO SERIES 2017ABC BONDS. THE HEDGE MATURES ON 07/01/2047 AT JP MORGAN. THE HEDGE CARRIES A FLOATING/FIXED RATE WHERE BJC PAYS 1.5925% AND RECEIVES 68% OF ONE MONTH LIBOR. THE HEDGE RELATED TO THE SERIES D-E PORTIONS OF THE 2008 BOND ISSUE ARE HELD AT BANK OF AMERICA AND MERRILL LYNCH. EACH OF THESE MATURE ON 5/15/2038 AND CARRY VARIOUS FLOATING/FIXED RATES: FOR 2008D SERIES HEDGE, BJC PAYS 3.482% AND RECEIVES 68% OF ONE MONTH LIBOR; AND FOR 2008E SERIES HEDGE, BJC PAYS 3.497% AND RECEIVES 68% OF THREE MONTH LIBOR

Return Reference	Explanation
SCHEDULE K, PART IV, LINE 6	PROCEEDS OF THE 2017ABC OBLIGATIONS ARE INVESTED IN A YIELD RESTRICTED FUND BELOW THE BOND YIELD.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
BJC HEALTH SYSTEM

Supplemental Information on Tax-Exempt Bonds

- Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
- Attach to Form 990.
- Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Employer identification number

43-1617558

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	HEALTH & EDUC FACILITIES AUTHORITY STATE OF MISSOURI	43-1178966	60637AEG3	10-10-2013	100,000,000	FUND CAPITAL EXPENDITURES-SEE PART VI		X		X		X
B	HEALTH & EDUC FACILITIES AUTHORITY STATE OF MISSOURI	43-1178966	60637AEH1	10-31-2013	100,000,000	FUND CAPITAL EXPENDITURES-SEE PART VI		X		X		X
C	HEALTH & EDUC FACILITIES AUTHORITY STATE OF MISSOURI	43-1178966	60637AFE7	03-13-2014	209,195,546	FUND CAPITAL EXPENDITURES-SEE PART VI		X		X		X
D	HEALTH & EDUC FACILITIES AUTHORITY STATE OF MISSOURI	43-1178966	60637AHZ8	04-30-2015	150,000,000	FUND CAPITAL EXPENDITURES-SEE PART VI		X		X		X

Part II Proceeds

					A		B		C		D	
1	Amount of bonds retired								12,005,000			
2	Amount of bonds legally defeased											
3	Total proceeds of issue				100,949,143		101,059,509		213,573,719		148,532,124	
4	Gross proceeds in reserve funds											
5	Capitalized interest from proceeds											
6	Proceeds in refunding escrows											
7	Issuance costs from proceeds											
8	Credit enhancement from proceeds											
9	Working capital expenditures from proceeds											
10	Capital expenditures from proceeds				100,949,143		101,059,490		213,573,719		148,532,124	
11	Other spent proceeds						19					
12	Other unspent proceeds											
13	Year of substantial completion				2016		2016		2016		2015	
					Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?					X		X		X		X
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?					X		X		X		X
16	Has the final allocation of proceeds been made?				X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?				X		X		X		X	

Part III Private Business Use

					A		B		C		D	
					Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?					X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?				X		X			X		X

Part III Private Business Use (Continued)		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X			X
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X		X		X		
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X			X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?		X		X		X		
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %		0.460 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5	0 %		0 %		0.460 %		0 %	
7	Does the bond issue meet the private security or payment test? . . .		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . .								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . .		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		X
b	Exception to rebate?	X		X			X		X
c	No rebate due?		X		X	X		X	
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X			X		X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
BJC HEALTH SYSTEM

Supplemental Information on Tax-Exempt Bonds

- Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
- Attach to Form 990.
- Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Employer identification number

43-1617558

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	HEALTH & EDUC FACILITIES AUTHORITY STATE OF MISSOURI	43-1178966	000000000	09-26-2016	75,000,000	FUND CAPITAL EXPENDITURES-SEE PART VI		X		X		X
B	HEALTH & EDUC FACILITIES AUTHORITY STATE OF MISSOURI	43-1178966	000000000	12-21-2016	32,000,000	FUND CAPITAL EXPENDITURES-SEE PART VI		X		X		X
C	HEALTH & EDUC FACILITIES AUTHORITY STATE OF MISSOURI	43-1178966	000000000	06-29-2017	198,000,000	REFUND PRIOR BONDS-SEE PART VI	X			X		X
D	HEALTH & EDUC FACILITIES AUTHORITY STATE OF MISSOURI	43-1178966	000000000	12-21-2017	400,000,000	FUND CAPITAL EXPENDITURES-SEE PART VI	X			X		X

Part II Proceeds

					A		B		C		D	
1	Amount of bonds retired											
2	Amount of bonds legally defeased								43,000,000		75,000,000	
3	Total proceeds of issue				75,000,000		32,000,000		198,000,000		400,000,000	
4	Gross proceeds in reserve funds											
5	Capitalized interest from proceeds											
6	Proceeds in refunding escrows								187,502,533			
7	Issuance costs from proceeds											
8	Credit enhancement from proceeds											
9	Working capital expenditures from proceeds											
10	Capital expenditures from proceeds				75,000,000		32,000,000				400,000,000	
11	Other spent proceeds								31,298,645			
12	Other unspent proceeds											
13	Year of substantial completion				2016		2016		2016		2017	
					Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?					X		X		X		X
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?					X		X	X			X
16	Has the final allocation of proceeds been made?				X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?				X		X		X		X	

Part III Private Business Use

					A		B		C		D	
					Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?					X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?					X		X	X			X

Part III Private Business Use (Continued)		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X	X			X
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?						X		
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %		0 %		0 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6	Total of lines 4 and 5	0 %		0 %		0 %		0 %	
7	Does the bond issue meet the private security or payment test? . . .		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . .								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		X
b	Exception to rebate?	X		X			X	X	
c	No rebate due?		X		X	X			X
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X		X		X	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X	X			X
b	Name of provider				SEE BELOW				
c	Term of hedge				3001.0000000000 %				
d	Was the hedge superintegrated?						X		
e	Was the hedge terminated?						X		

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X	X			X
7 Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
BJC HEALTH SYSTEM

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

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OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

43-1617558

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A HEALTH & EDUC FACILITIES AUTHORITY STATE OF MISSOURI	43-1178966	000000000	05-01-2018	75,000,682	REFUND PRIOR BONDS-SEE PART VI		X		X		X
B HEALTH & EDUC FACILITIES AUTHORITY STATE OF MISSOURI	43-1178966	000000000	08-01-2018	43,000,000	REFUND PRIOR BONDS-SEE PART VI		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue	75,000,682		43,000,000					
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	682							
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds								
11	Other spent proceeds	75,000,000		43,000,000					
12	Other unspent proceeds								
13	Year of substantial completion	2017		2016					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X		X					
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %		0 %					
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6	Total of lines 4 and 5	0 %		0 %					
7	Does the bond issue meet the private security or payment test?		X		X				
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . .								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X					

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X	X					
b	Exception to rebate?	X			X				
c	No rebate due?		X		X				
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X					
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X	X					
b	Name of provider			SEE BELOW					
c	Term of hedge			3001.0000000000 %					
d	Was the hedge superintegrated?				X				
e	Was the hedge terminated?				X				

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X				
7 Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X					

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X					

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019**Open to Public Inspection**

Department of the Treasury

Internal Revenue Service

Name of the organization
BJC HEALTH SYSTEM**Employer identification number**

43-1617558

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE ORGANIZATION PREPARES DRAFT COPIES OF FORM 990 AND ATTACHMENTS FOR REVIEW BY MEMBERS OF MANAGEMENT. THESE DRAFT COPIES HAVE BEEN REVIEWED BY AN INDEPENDENT ACCOUNTING FIRM. AFTER RESOLVING ANY OPEN ITEMS, THE FINAL DRAFT RETURNS ARE MADE AVAILABLE TO THE BOARD AND TO TWO BOARD COMMITTEES FOR THEIR REVIEW. QUESTIONS AND COMMENTS THAT ARISE FROM THE COMMITTEES OR INDIVIDUAL BOARD MEMBER REVIEWS ARE ADDRESSED IN ADVANCE OF SUBMISSION TO THE APPROPRIATE TAXING AUTHORITIES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS COMPLIANCE WITH THE POLICY BY ISSUING ANNUALLY A CONFLICT OF INTEREST QUESTIONNAIRE REMINDING COVERED INDIVIDUALS OF THEIR OBLIGATIONS TO DISCLOSE POTENTIAL CONFLICTS AND REQUESTING THAT THEY COMPLETE A CONFLICTS OF INTEREST QUESTIONNAIRE. THE QUESTIONNAIRE REQUIRES THE DISCLOSURE OF CONFLICTS AND AN ATTESTATION TO THEIR CONTINUING OBLIGATION TO DISCLOSE SAID CONFLICTS SHOULD THE NEED ARISE. THE RESULTS OF THE CONFLICT OF INTEREST QUESTIONNAIRE ARE REVIEWED BY A CENTRALIZED COMPLIANCE DEPARTMENT AND APPROPRIATE ACTION TAKEN AS NECESSARY. SHOULD THE ORGANIZATION BECOME AWARE OF A CONFLICT NOT PREVIOUSLY REPORTED, ITS GENERAL COUNSEL WOULD INVESTIGATE THE ISSUE AND RESPOND IN ACCORDANCE WITH THE POLICY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION AND BENEFIT AMOUNTS OF THE ORGANIZATION'S OFFICERS AND TOP MANAGEMENT OFFICIALS ARE DETERMINED BY AN INDEPENDENT COMMITTEE OF THE BOARD OF DIRECTORS OF BJC HEALTH SYSTEM. THIS COMMITTEE IS COMPRISED OF INDEPENDENT PERSONS AND USES COMPENSATION CONSULTING STUDIES AND BENCHMARKING DATA PROVIDED BY AN INDEPENDENT MANAGEMENT CONSULTANT TO ESTABLISH COMPENSATION AMOUNTS AND GUIDELINES. THE PROCESS INCLUDES A VALIDATION OF JOB DESCRIPTIONS AS WELL AS REPORTING ALL FORMS OF COMPENSATION. THE CONSULTANT USES SURVEY DATA TO DETERMINE MARKET RATES OF BASE SALARY AND OTHER SHORT AND LONG TERM INCENTIVES FOR: THE BJC HEALTH SYSTEM CEO AND OTHER SENIOR EXECUTIVES. THE COMMITTEE REVIEWS, APPROVES, AND SUBSEQUENTLY RECONCILES EXECUTIVE COMPENSATION AS WELL AS DELIBERATES ON THE REASONABLENESS OF THE DATA. THIS REVIEW IS DOCUMENTED IN THE MINUTES OF THE BOARD COMMITTEE MEETINGS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE FOR INSPECTION BY THE GENERAL PUBLIC UPON REQUEST AT THE ADMINISTRATIVE OFFICES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FROM 990, PART VII	PURSUANT TO TREASURY REG SECTION 1.6033-2(D)(5), BJC HEALTH SYSTEM HAS ELECTED TO REPORT INFORMATION ABOUT COMPENSATION & OTHER INFORMATION ABOUT OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES, FORMER EMPLOYEES, CERTAIN OTHER HIGHLY PAID EMPLOYEES, CERTAIN PROFESSIONAL CONTRACTORS & CERTAIN OTHER CONTRACTORS ON A CONSOLIDATED BASIS FOR ALL OF THE MEMBERS OF THE GROUP, INCLUDING THE PARENT ORGANIZATION, ON THE BJC HEALTH SYSTEM GROUP RETURN EIN 75-3052953.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	PURCHASED SERVICES: PROGRAM SERVICE EXPENSES 55,419,190. MANAGEMENT AND GENERAL EXPENSES 2,621,378. TOTAL EXPENSES 78,040,568. GENERAL CONSULTING FEES: PROGRAM SERVICE EXPENSES 5,493,311. MANAGEMENT AND GENERAL EXPENSES 10,374,826. TOTAL EXPENSES 15,868,137. OTHER FEES : PROGRAM SERVICE EXPENSES 1,914,280. MANAGEMENT AND GENERAL EXPENSES 160,557. TOTAL EXPENSES 2,074,837.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	TRANSFERS TO/FROM BJC ENTITIES -54,875,910. ASSET RELEASED FROM RESTRICTIONS -306,696,095. INTEREST RATE SWAP GAIN/LOSS -66,452,995.

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SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
BJC HEALTH SYSTEM

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number
43-1617558

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

See Additional Data Table					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

See Additional Data Table							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) THE HEART CARE INSTITUTE LLC 1020 NORTH MASON ROAD ST LOUIS, MO 63141 43-1870517	MEDICAL SERVICES	MO	N/A									
(2) GAMMA KNIFE CENTER AT BARNES JEWISH HOSP LLC ONE BARNES-JEWISH HOSP PLZ ST LOUIS, MO 63110 43-1846941	OUTPATIENT CARE SERVICES	MO	N/A									
(3) THE REHABILITATION INSTITUTE OF ST LOUIS LLC 3660 GRANDVIEW PKWY BIRMINGHAM, AL 35243 63-1254288	MEDICAL SERVICES	AL	N/A									
(4) CHILDREN'S DISCOVERY INSTITUTE LLC 4901 FOREST PARK AVE ST LOUIS, MO 63108	SEARCH FOR CURES OF PEDIATRIC DISEASES	MO	N/A									
(5) Y-SIHVI LLC 4500 MEMORIAL DRIVE BELLEVILLE, IL 62226 37-1385862	PHYSICAL THERAPY & FITNESS	IL	N/A									
(6) SOUTHWEST ILLINOIS HEALTH SERVICES LLP 4500 MEMORIAL DRIVE BELLEVILLE, IL 62226 37-1312961	MEDICAL SERVICES	IL	N/A									
(7) SOUTHWEST ILLINOIS HEALTH SERVICES REAL ESTATE LLP 4500 MEMORIAL DRIVE BELLEVILLE, IL 62226 82-3633320	COMMERCIAL REAL ESTATE	IL	N/A									

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) ATG ASSURANCE COMPANY LTD PO BOX 1109 GRAND CAYMAN GEORGETOWN, GR CAYMAN KY1-1002 CJ 98-0599167	INSURANCE	CJ	BJC HEALTH SYSTEM	C	172,693	9,636,843	100.000 %		No
(2) MEMORIAL CAPTIVE INSURANCE COMPANY 94 SOLARIS 2ND FLOOR CAMANA BAY, GR CAYMAN KY1-1102 CJ 98-1082415	INSURANCE	CJ	N/A	C					No
(3) PF SERVICES INC 11155 DUNN ROAD ST LOUIS, MO 63136 43-1237767	MANAGEMENT SERVICES	MO	N/A	C					No
(4) MB MEDICAL SERVICES INC 3015 N BALLAS ROAD ST LOUIS, MO 63131 43-1437404	HEALTHCARE SERVICES	MO	N/A	C					No
(5) DMP MIDWEST INC ONE METROPOLITAN SQ 2600 ST LOUIS, MO 63102 27-1943910	INACTIVE	MO	N/A	C					No
(6) WLA INVESTMENT LTD PO BOX 178 OKOTOKS, ALBERTA T1S A1S CA	INVESTMENT HOLDINGS	CA	BMCA PRIVATE EQUITY LLC	C		5,806,326	100.000 %		No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

Yes

1b

Yes

1c

Yes

1d

No

1e

No

1f

No

1g

Yes

1h

Yes

1i

Yes

1j

Yes

1k

Yes

1l

Yes

1m

Yes

1n

Yes

1o

Yes

1p

Yes

1q

Yes

1r

Yes

1s

Yes

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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Schedule R (Form 990) 2019

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

[illegible]

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 43-1617558
Name: BJC HEALTH SYSTEM

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
PHYSICIAN GROUPS LC 670 MASON RIDGE CTR DR ST LOUIS, MO 63141 43-1681957	PROFESSIONAL FEES & BILLING SVCS	MO	213,874,544	24,080,764	BJC HEALTH SYSTEM
MYHEALTH FOLDERS LLC 4901 FOREST PARK AVE ST LOUIS, MO 63108	HEALTH AWARENESS COMMUNICATIONS	MO	0	0	BJC HEALTH SYSTEM
BJC HEALTHCARE ACO LLC 670 MASON RIDGE CTR DR ST LOUIS, MO 63141 45-4480491	HEALTH CARE SERVICES	MO	-486,340	503,569	BJC HEALTH SYSTEM
BMCA PRIVATE EQUITY LLC 4901 FOREST PARK AVE ST LOUIS, MO 63108 45-4578054	INVESTMENT HOLDINGS	MO	0	0	BJC HEALTH SYSTEM
BMCA GROWTH LLC 4901 FOREST PARK AVE ST LOUIS, MO 63108 45-4577941	INVESTMENT HOLDINGS	MO	0	0	BJC HEALTH SYSTEM
BMCA INCOME LLC 4901 FOREST PARK AVE ST LOUIS, MO 63108 45-4578306	INVESTMENT HOLDINGS	MO	0	0	BJC HEALTH SYSTEM
BHS INNOVATION LLC ONE US BANK PLAZA ST LOUIS, MO 63101 83-6348115	INVESTMENT HOLDINGS	MO	0	0	BJC HEALTH SYSTEM
DWDB LLC 7700 FORSYTH BLVD ST LOUIS, MO 63105	INVESTMENT HOLDINGS	MO	0	0	BJC HEALTH SYSTEM
METRO-EAST DEVELOPMENT LLC 7700 FORSYTH BLVD ST LOUIS, MO 63105	INVESTMENT HOLDINGS	MO	0	0	BJC HEALTH SYSTEM

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
1109 N OXFORDSHIRE LANE EDWARDSVILLE, IL 62025 37-1177053	SUPPORT TO AMH	IL	501(C)(3)	LINE 12C, III-FI	ALTON MEMORIAL HOSPITAL	Yes	
PO BOX 0634 MILWAUKEE, WI 53201 37-6039185	SUPPORT TO AMH	IL	501(C)(3)	LINE 12D, III-O	ALTON MEMORIAL HOSPITAL	Yes	
ONE BARNES JEWISH HOSP PLAZA ST LOUIS, MO 63110 23-7000410	SUPPORT TO BJH	MO	501(C)(3)	LINE 12C, III-FI	BARNES-JEWISH HOSPITAL	Yes	
10 HOSPITAL DRIVE ST PETERS, MO 63376 45-4471497	SUPPORT TO BJSPH & PROGRESS WEST	MO	501(C)(3)	LINE 7	BJSP HOSPITAL & PROGRESS WEST HEALTHCARE	Yes	
10 HOSPITAL DRIVE ST PETERS, MO 63376 43-1232811	SUPPORT TO BJSP HOSPITAL	MO	501(C)(3)	LINE 3	BARNES-JEWISH ST PETERS HOSPITAL	Yes	
11155 DUNN ROAD SUITE 300 N ST LOUIS, MO 63136 43-1947644	SUPPORT TO CHNE	MO	501(C)(3)	LINE 7	CHRISTIAN HOSPITAL NE-NW	Yes	
670 MASON RIDGE CENTER DR SUITE 300 ST LOUIS, MO 63141 36-4147189	HEALTHCARE SERVICES	IL	501(C)(3)	LINE 3	BJC HEALTH SYSTEM	Yes	
1001 HIGHLANDS PLAZA DR WEST SUITE ST LOUIS, MO 63110 43-1648435	SUPPORT TO BJH	MO	501(C)(3)	LINE 7	BARNES-JEWISH HOSPITAL	Yes	
4500 MEMORIAL DRIVE BELLEVILLE, IL 62226 37-1186034	SUPPORT TO PMMCI	IL	501(C)(3)	LINE 7	MEMORIAL REGIONAL HEALTH SVCS INC	Yes	
4500 MEMORIAL DRIVE BELLEVILLE, IL 62226 37-1186035	SUPPORT TO MFI & MRHSI	IL	501(C)(3)	LINE 12C, III-FI	N/A		No
4500 MEMORIAL DRIVE BELLEVILLE, IL 62226 37-1064809	PROVIDE MED MAL INSURANCE	IL	501(C)(3)	LINE 12C, III-FI	MEMORIAL REGIONAL HEALTH SVCS INC	Yes	
3015 N BALLAS ROAD ST LOUIS, MO 63131 43-1472026	SUPPORT TO MBMC	MO	501(C)(3)	LINE 7	MISSOURI BAPTIST MEDICAL CENTER	Yes	
751 SAPPINGTON BRIDGE SULLIVAN, MO 63080 43-1349641	SUPPORT TO MBHS	MO	501(C)(3)	LINE 3	MISSOURI BAPTIST HOSPITAL OF SULLIVAN	Yes	
1101 WEST LIBERTY ST FARMINGTON, MO 63640 90-0424964	SUPPORT TO PHC	MO	501(C)(3)	LINE 12A, I	PARKLAND HEALTH CENTER	Yes	
4500 MEMORIAL DRIVE BELLEVILLE, IL 62226 37-1413286	SUPPORT TO PMMCI	IL	501(C)(3)	LINE 12A, I	MEMORIAL REGIONAL HEALTH SVCS INC		No
ONE CHILDRENS PLACE ST LOUIS, MO 63110 43-1626863	SUPPORT TO SLCH	MO	501(C)(3)	LINE 7	ST LOUIS CHILDREN'S HOSPITAL	Yes	

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
ALTON MEMORIAL HOSPITAL	A	18,970,805	
ALTON MEMORIAL HOSPITAL	B	101,965	
ALTON MEMORIAL HOSPITAL	I	90,541	
ALTON MEMORIAL HOSPITAL	J	1,970,735	
ALTON MEMORIAL HOSPITAL	K	7,889,916	
ALTON MEMORIAL HOSPITAL	L	7,877,177	
ALTON MEMORIAL HOSPITAL	O	11,401,881	
ALTON MEMORIAL HOSPITAL	P	277,138,902	
ALTON MEMORIAL HOSPITAL	Q	172,704,591	
ALTON MEMORIAL HOSPITAL	R	96,048,062	
ALTON MEMORIAL HOSPITAL	S	996,137	
BARNES-JEWISH HOSPITAL	A	339,030,421	
BARNES-JEWISH HOSPITAL	B	8,016,347	
BARNES-JEWISH HOSPITAL	C	9,176,486	
BARNES-JEWISH HOSPITAL	G	4,040,648	
BARNES-JEWISH HOSPITAL	I	2,682,765	
BARNES-JEWISH HOSPITAL	J	5,587,728	
BARNES-JEWISH HOSPITAL	K	106,192,654	
BARNES-JEWISH HOSPITAL	L	87,002,141	
BARNES-JEWISH HOSPITAL	N	1,210,978	
BARNES-JEWISH HOSPITAL	O	162,026,276	
BARNES-JEWISH HOSPITAL	P	5,844,266,373	
BARNES-JEWISH HOSPITAL	Q	4,218,370,037	
BARNES-JEWISH HOSPITAL	R	1,461,159,352	
BARNES-JEWISH HOSPITAL	S	32,651,025	

Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
BJ ST PETERS AND PROGRESS WEST FOUNDATION	A	52,236	
BJ ST PETERS AND PROGRESS WEST FOUNDATION	B	67,840	
BJ ST PETERS AND PROGRESS WEST FOUNDATION	L	111,600	
BJ ST PETERS AND PROGRESS WEST FOUNDATION	O	50,456	
BJ ST PETERS AND PROGRESS WEST FOUNDATION	P	672,284	
BJ ST PETERS AND PROGRESS WEST FOUNDATION	Q	666,188	
BJ ST PETERS AND PROGRESS WEST FOUNDATION	R	164,777	
BJ ST PETERS HOSPITAL	A	19,930,160	
BJ ST PETERS HOSPITAL	B	76,320	
BJ ST PETERS HOSPITAL	C	71,021	
BJ ST PETERS HOSPITAL	I	123,639	
BJ ST PETERS HOSPITAL	J	610,114	
BJ ST PETERS HOSPITAL	K	5,282,795	
BJ ST PETERS HOSPITAL	L	7,357,161	
BJ ST PETERS HOSPITAL	O	10,401,193	
BJ ST PETERS HOSPITAL	P	285,927,065	
BJ ST PETERS HOSPITAL	Q	189,907,441	
BJ ST PETERS HOSPITAL	R	88,438,024	
BJ ST PETERS HOSPITAL	S	367,580	
BJ WEST COUNTY HOSPITAL	A	22,407,106	
BJ WEST COUNTY HOSPITAL	B	79,150	
BJ WEST COUNTY HOSPITAL	G	2,487,925	
BJ WEST COUNTY HOSPITAL	I	567,803	
BJ WEST COUNTY HOSPITAL	J	557,959	
BJ WEST COUNTY HOSPITAL	K	9,603,129	

Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
BJ WEST COUNTY HOSPITAL	L	14,943,402	
BJ WEST COUNTY HOSPITAL	O	10,852,864	
BJ WEST COUNTY HOSPITAL	P	383,020,846	
BJ WEST COUNTY HOSPITAL	Q	285,507,896	
BJ WEST COUNTY HOSPITAL	R	97,414,413	
BJ WEST COUNTY HOSPITAL	S	3,533,407	
BJC BEHAVIORAL HEALTH	A	6,365,249	
BJC BEHAVIORAL HEALTH	I	281,041	
BJC BEHAVIORAL HEALTH	K	13,720,104	
BJC BEHAVIORAL HEALTH	L	1,373,248	
BJC BEHAVIORAL HEALTH	O	7,264,658	
BJC BEHAVIORAL HEALTH	P	112,937,416	
BJC BEHAVIORAL HEALTH	Q	63,893,833	
BJC BEHAVIORAL HEALTH	R	37,938,165	
BJC BEHAVIORAL HEALTH	S	51,959	
BJC CORPORATE HEALTH SERVICES	A	1,804,922	
BJC CORPORATE HEALTH SERVICES	K	538,451	
BJC CORPORATE HEALTH SERVICES	L	394,019	
BJC CORPORATE HEALTH SERVICES	O	86,358	
BJC CORPORATE HEALTH SERVICES	P	14,478,014	
BJC CORPORATE HEALTH SERVICES	Q	6,103,720	
BJC CORPORATE HEALTH SERVICES	R	6,333,720	
BJC HOME CARE SERVICES	A	16,007,984	
BJC HOME CARE SERVICES	C	686,293	
BJC HOME CARE SERVICES	I	140,261	

Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
BJC HOME CARE SERVICES	J	153,088	
BJC HOME CARE SERVICES	K	2,417,128	
BJC HOME CARE SERVICES	L	2,799,640	
BJC HOME CARE SERVICES	O	10,470,625	
BJC HOME CARE SERVICES	P	187,396,240	
BJC HOME CARE SERVICES	Q	117,779,623	
BJC HOME CARE SERVICES	R	63,777,044	
BOONE HOSPITAL CENTER	A	148,667,438	
BOONE HOSPITAL CENTER	G	137,013	
BOONE HOSPITAL CENTER	I	75,546	
BOONE HOSPITAL CENTER	J	537,725	
BOONE HOSPITAL CENTER	K	18,603,211	
BOONE HOSPITAL CENTER	L	43,968,385	
BOONE HOSPITAL CENTER	N	2,600,000	
BOONE HOSPITAL CENTER	O	22,742,068	
BOONE HOSPITAL CENTER	P	550,697,273	
BOONE HOSPITAL CENTER	Q	397,310,693	
BOONE HOSPITAL CENTER	R	64,963,678	
BOONE HOSPITAL CENTER	S	10,127,363	
BOONE HOSPITAL HOME HEATH CARE	A	1,567,819	
BOONE HOSPITAL HOME HEATH CARE	K	360,701	
BOONE HOSPITAL HOME HEATH CARE	L	189,223	
BOONE HOSPITAL HOME HEATH CARE	O	340,432	
BOONE HOSPITAL HOME HEATH CARE	P	4,114,265	
BOONE HOSPITAL HOME HEATH CARE	Q	2,204,986	

Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
BOONE HOSPITAL HOME HEATH CARE	R	550,388	
CH ALLIED SERVICES	K	31,827,071	
CH ALLIED SERVICES	L	8,792,450	
CH ALLIED SERVICES	N	2,600,000	
CH ALLIED SERVICES	P	114,318,052	
CH ALLIED SERVICES	Q	88,694,517	
CH ALLIED SERVICES	R	1,498,750	
CH ALLIED SERVICES	S	1,509,836	
CHRISTIAN HEALTHCARE DEVELOPMENT CORP	A	150,000	
CHRISTIAN HEALTHCARE DEVELOPMENT CORP	J	63,811	
CHRISTIAN HEALTHCARE DEVELOPMENT CORP	P	1,293,495	
CHRISTIAN HEALTHCARE DEVELOPMENT CORP	Q	1,485,208	
CHRISTIAN HEALTHCARE DEVELOPMENT CORP	S	100,000	
CHRISTIAN HOSPITAL	A	57,096,035	
CHRISTIAN HOSPITAL	B	204,093	
CHRISTIAN HOSPITAL	C	259,306	
CHRISTIAN HOSPITAL	G	52,017	
CHRISTIAN HOSPITAL	I	56,343	
CHRISTIAN HOSPITAL	J	1,210,741	
CHRISTIAN HOSPITAL	K	15,820,748	
CHRISTIAN HOSPITAL	L	101,229,779	
CHRISTIAN HOSPITAL	N	106,035	
CHRISTIAN HOSPITAL	O	28,313,361	
CHRISTIAN HOSPITAL	P	628,573,313	
CHRISTIAN HOSPITAL	Q	443,633,220	

Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
CHRISTIAN HOSPITAL	R	240,426,183	
CHRISTIAN HOSPITAL FOUNDATION	B	223,085	
CHRISTIAN HOSPITAL FOUNDATION	K	69,656	
CHRISTIAN HOSPITAL FOUNDATION	L	163,852	
CHRISTIAN HOSPITAL FOUNDATION	O	100,492	
CHRISTIAN HOSPITAL FOUNDATION	P	1,829,391	
CHRISTIAN HOSPITAL FOUNDATION	Q	1,744,521	
CHRISTIAN HOSPITAL FOUNDATION	R	478,771	
FAIRVIEW HEIGHTS MEDICAL GROUP SC	A	278,512	
FAIRVIEW HEIGHTS MEDICAL GROUP SC	G	50,470	
FAIRVIEW HEIGHTS MEDICAL GROUP SC	I	4,532,927	
FAIRVIEW HEIGHTS MEDICAL GROUP SC	J	1,104,759	
FAIRVIEW HEIGHTS MEDICAL GROUP SC	K	16,106,438	
FAIRVIEW HEIGHTS MEDICAL GROUP SC	L	15,541,478	
FAIRVIEW HEIGHTS MEDICAL GROUP SC	O	15,325,349	
FAIRVIEW HEIGHTS MEDICAL GROUP SC	P	215,425,704	
FAIRVIEW HEIGHTS MEDICAL GROUP SC	Q	230,420,601	
FAIRVIEW HEIGHTS MEDICAL GROUP SC	R	2,995,738	
FAIRVIEW HEIGHTS MEDICAL GROUP SC	S	127,028	
MEMORIAL FOUNDATION INC	B	498,895	
MEMORIAL FOUNDATION INC	C	220,103	
MEMORIAL FOUNDATION INC	K	1,397,202	
MEMORIAL FOUNDATION INC	L	1,431,903	
MEMORIAL FOUNDATION INC	P	32,995,846	
MEMORIAL FOUNDATION INC	Q	8,013,850	

Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
MEMORIAL FOUNDATION INC	R	398,427	
MEMORIAL MEDICAL GROUP LLC	O	57,020	
MEMORIAL MEDICAL GROUP LLC	P	41,076,798	
MEMORIAL MEDICAL GROUP LLC	Q	51,738	
MEMORIAL REGIONAL HEALTH SERVICES INC	A	3,025,317	
MEMORIAL REGIONAL HEALTH SERVICES INC	J	1,290,391	
MEMORIAL REGIONAL HEALTH SERVICES INC	K	387,242	
MEMORIAL REGIONAL HEALTH SERVICES INC	L	235,627	
MEMORIAL REGIONAL HEALTH SERVICES INC	N	494,163	
MEMORIAL REGIONAL HEALTH SERVICES INC	P	34,639,404	
MEMORIAL REGIONAL HEALTH SERVICES INC	Q	22,745,475	
METRO-EAST SERVICES INC	A	4,955,767	
METRO-EAST SERVICES INC	B	56,817	
METRO-EAST SERVICES INC	C	839,331	
METRO-EAST SERVICES INC	I	56,621	
METRO-EAST SERVICES INC	J	991,814	
METRO-EAST SERVICES INC	K	363,662,214	
METRO-EAST SERVICES INC	L	355,568,544	
METRO-EAST SERVICES INC	N	134,428	
METRO-EAST SERVICES INC	O	6,928,383	
METRO-EAST SERVICES INC	P	392,273,134	
METRO-EAST SERVICES INC	Q	401,329,189	
METRO-EAST SERVICES INC	R	8,077,699	
METRO-EAST SERVICES INC	S	14,931,687	
MISSOURI BAPTIST HEALTHCARE FOUNDATION	A	1,246,252	

Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
MISSOURI BAPTIST HEALTHCARE FOUNDATION	B	1,360,051	
MISSOURI BAPTIST HEALTHCARE FOUNDATION	C	107,285	
MISSOURI BAPTIST HEALTHCARE FOUNDATION	K	722,026	
MISSOURI BAPTIST HEALTHCARE FOUNDATION	L	950,121	
MISSOURI BAPTIST HEALTHCARE FOUNDATION	O	125,148	
MISSOURI BAPTIST HEALTHCARE FOUNDATION	P	6,504,657	
MISSOURI BAPTIST HEALTHCARE FOUNDATION	Q	4,947,533	
MISSOURI BAPTIST HEALTHCARE FOUNDATION	R	1,916,880	
MISSOURI BAPTIST HOSPITAL SULLIVAN	A	8,979,503	
MISSOURI BAPTIST HOSPITAL SULLIVAN	I	159,846	
MISSOURI BAPTIST HOSPITAL SULLIVAN	J	145,752	
MISSOURI BAPTIST HOSPITAL SULLIVAN	K	5,033,760	
MISSOURI BAPTIST HOSPITAL SULLIVAN	L	3,906,526	
MISSOURI BAPTIST HOSPITAL SULLIVAN	O	7,465,905	
MISSOURI BAPTIST HOSPITAL SULLIVAN	P	92,554,147	
MISSOURI BAPTIST HOSPITAL SULLIVAN	Q	52,029,288	
MISSOURI BAPTIST HOSPITAL SULLIVAN	R	37,978,803	
MISSOURI BAPTIST HOSPITAL SULLIVAN	S	64,037	
MISSOURI BAPTIST MEDICAL CENTER	A	94,844,899	
MISSOURI BAPTIST MEDICAL CENTER	B	422,988	
MISSOURI BAPTIST MEDICAL CENTER	C	1,249,930	
MISSOURI BAPTIST MEDICAL CENTER	I	331,454	
MISSOURI BAPTIST MEDICAL CENTER	J	2,925,113	
MISSOURI BAPTIST MEDICAL CENTER	K	21,772,784	
MISSOURI BAPTIST MEDICAL CENTER	L	27,525,747	

Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
MISSOURI BAPTIST MEDICAL CENTER	O	46,047,421	
MISSOURI BAPTIST MEDICAL CENTER	P	1,216,044,818	
MISSOURI BAPTIST MEDICAL CENTER	Q	751,522,056	
MISSOURI BAPTIST MEDICAL CENTER	R	419,089,147	
MISSOURI BAPTIST MEDICAL CENTER	S	1,023,008	
PARKLAND HEALTH CARE FOUNDATION	B	60,517	
PARKLAND HEALTH CARE FOUNDATION	K	72,887	
PARKLAND HEALTH CARE FOUNDATION	L	79,257	
PARKLAND HEALTH CARE FOUNDATION	P	424,893	
PARKLAND HEALTH CARE FOUNDATION	Q	465,985	
PARKLAND HEALTH CENTER	A	15,700,132	
PARKLAND HEALTH CENTER	B	60,405	
PARKLAND HEALTH CENTER	I	88,894	
PARKLAND HEALTH CENTER	J	690,857	
PARKLAND HEALTH CENTER	K	2,802,684	
PARKLAND HEALTH CENTER	L	5,707,835	
PARKLAND HEALTH CENTER	O	8,351,966	
PARKLAND HEALTH CENTER	P	246,900,316	
PARKLAND HEALTH CENTER	Q	172,878,201	
PARKLAND HEALTH CENTER	R	69,096,143	
PARKLAND HEALTH CENTER	S	83,524	
PROGRESS WEST HEALTHCARE CENTER	A	12,457,888	
PROGRESS WEST HEALTHCARE CENTER	I	112,476	
PROGRESS WEST HEALTHCARE CENTER	J	583,824	
PROGRESS WEST HEALTHCARE CENTER	K	14,323,617	

Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
PROGRESS WEST HEALTHCARE CENTER	L	17,998,400	
PROGRESS WEST HEALTHCARE CENTER	O	6,777,978	
PROGRESS WEST HEALTHCARE CENTER	P	146,216,533	
PROGRESS WEST HEALTHCARE CENTER	Q	91,926,792	
PROGRESS WEST HEALTHCARE CENTER	R	51,873,674	
PROTESTANT MEMORIAL MEDICAL CENTER INC	A	40,791,096	
PROTESTANT MEMORIAL MEDICAL CENTER INC	B	368,819	
PROTESTANT MEMORIAL MEDICAL CENTER INC	C	483,338	
PROTESTANT MEMORIAL MEDICAL CENTER INC	I	78,380	
PROTESTANT MEMORIAL MEDICAL CENTER INC	J	3,447,125	
PROTESTANT MEMORIAL MEDICAL CENTER INC	K	1,123,090,582	
PROTESTANT MEMORIAL MEDICAL CENTER INC	L	1,135,729,840	
PROTESTANT MEMORIAL MEDICAL CENTER INC	N	579,995	
PROTESTANT MEMORIAL MEDICAL CENTER INC	O	17,104,179	
PROTESTANT MEMORIAL MEDICAL CENTER INC	P	520,569,908	
PROTESTANT MEMORIAL MEDICAL CENTER INC	Q	305,105,557	
PROTESTANT MEMORIAL MEDICAL CENTER INC	R	223,983,634	
PROTESTANT MEMORIAL MEDICAL CENTER INC	S	23,664,107	
ST LOUIS CHILDREN'S HOSPITAL	A	121,849,217	
ST LOUIS CHILDREN'S HOSPITAL	B	2,333,584	
ST LOUIS CHILDREN'S HOSPITAL	C	13,991,997	
ST LOUIS CHILDREN'S HOSPITAL	G	101,154	
ST LOUIS CHILDREN'S HOSPITAL	I	315,160	
ST LOUIS CHILDREN'S HOSPITAL	J	216,076	
ST LOUIS CHILDREN'S HOSPITAL	K	84,958,541	

Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
ST LOUIS CHILDREN'S HOSPITAL	L	74,057,893	
ST LOUIS CHILDREN'S HOSPITAL	N	1,498,579	
ST LOUIS CHILDREN'S HOSPITAL	O	55,985,561	
ST LOUIS CHILDREN'S HOSPITAL	P	1,694,583,939	
ST LOUIS CHILDREN'S HOSPITAL	Q	1,145,730,117	
ST LOUIS CHILDREN'S HOSPITAL	R	486,193,470	
ST LOUIS CHILDREN'S HOSPITAL	S	24,290,469	
ST LOUIS CHILDREN'S HOSPITAL FOUNDATION	A	2,026,704	
ST LOUIS CHILDREN'S HOSPITAL FOUNDATION	B	13,258,667	
ST LOUIS CHILDREN'S HOSPITAL FOUNDATION	C	246,237	
ST LOUIS CHILDREN'S HOSPITAL FOUNDATION	I	3,781,281	
ST LOUIS CHILDREN'S HOSPITAL FOUNDATION	J	3,737,970	
ST LOUIS CHILDREN'S HOSPITAL FOUNDATION	K	3,978,116	
ST LOUIS CHILDREN'S HOSPITAL FOUNDATION	L	5,078,880	
ST LOUIS CHILDREN'S HOSPITAL FOUNDATION	O	2,104,078	
ST LOUIS CHILDREN'S HOSPITAL FOUNDATION	P	62,018,685	
ST LOUIS CHILDREN'S HOSPITAL FOUNDATION	Q	56,989,089	
ST LOUIS CHILDREN'S HOSPITAL FOUNDATION	R	21,141,436	
ST LOUIS CHILDREN'S HOSPITAL FOUNDATION	S	1,877,960	
THE FOUNDATION FOR BARNES JEWISH HOSPITAL	A	5,300,728	
THE FOUNDATION FOR BARNES JEWISH HOSPITAL	B	4,455,781	
THE FOUNDATION FOR BARNES JEWISH HOSPITAL	I	3,775,445	
THE FOUNDATION FOR BARNES JEWISH HOSPITAL	J	3,818,756	
THE FOUNDATION FOR BARNES JEWISH HOSPITAL	K	11,621,505	
THE FOUNDATION FOR BARNES JEWISH HOSPITAL	L	7,271,732	

Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
THE FOUNDATION FOR BARNES JEWISH HOSPITAL	O	1,745,686	
THE FOUNDATION FOR BARNES JEWISH HOSPITAL	P	35,737,047	
THE FOUNDATION FOR BARNES JEWISH HOSPITAL	Q	87,210,477	
THE FOUNDATION FOR BARNES JEWISH HOSPITAL	R	4,869,636	