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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at *www IRS gov/form990*

OMB No 1545-0047

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016

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

C Name of organization
BJC HEALTH SYSTEM GROUP RETURN

Doing business as

Number and street (or P O box if mail is not delivered to street address) 4901 FOREST PARK AVE NO 1200
Room/suite

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

D Employer identification number
75-3052953

E Telephone number
(314) 286-2057

G Gross receipts $ 4,662,513,743

F Name and address of principal officer
KEVIN V ROBERTS
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

M State of legal domicile

Part I Summary

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**	266
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	179
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	**5**	34,136
6	Total number of volunteers (estimate if necessary)	**6**	3,697
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	11,731,455
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	17,715,835	18,981,804
9	Program service revenue (Part VIII, line 2g)	3,995,914,789	4,466,457,859
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,403,319	9,585,693
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	89,991,535	163,318,618
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,106,025,478	4,658,343,974
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	94,875,817	53,782,796
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)	1,589,956,235	1,839,244,664
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)	2,288,503,259	2,557,579,935
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	3,973,335,311	4,450,607,395
19	Revenue less expenses Subtract line 18 from line 12	132,690,167	207,736,579

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,908,843,634	3,672,706,660
21	Total liabilities (Part X, line 26)	373,456,849	634,862,879
22	Net assets or fund balances Subtract line 21 from line 20	2,535,386,785	3,037,843,781

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 — Date: 2017-11-15

KEVIN V ROBERTS SENIOR VICE PRES & CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
JENNIFER RICHTER	JENNIFER RICHTER			P00366526

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

Firm's address ▶ 190 CARONDELET PLAZA STE 1300
CLAYTON, MO 63105

Phone no (314) 290-1000

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

THE 16 HOSPITALS & SERVICE ORGANIZATIONS OF BJC HEALTHCARE SERVE THE HEALTHCARE NEEDS OF THE RESIDENTS OF METROPOLITAN ST LOUIS, MID-MISSOURI & SOUTHERN ILLINOIS BASED IN URBAN, SUBURBAN & RURAL COMMUNITIES, BJC HOSPITALS INCLUDE ACADEMIC MEDICAL CENTERS & LARGE & SMALL COMMUNITY HOSPITALS BJC'S HOSPITALS HAVE REMAINED IN COMMUNITIES THAT OTHER HEALTH SYSTEMS ABANDONED & WITH NO PUBLIC HOSPITAL IN THE REGION, BJC'S ACADEMIC MEDICAL CENTERS SERVE AS A CRITICAL COMPONENT OF THE HEALTH SAFETY NET FOR UNINSURED & UNDERINSURED PATIENTS BJC ORGANIZATIONS PROVIDE INPATIENT & OUTPATIENT CARE, REHABILITATION, PRIMARY CARE, HOME CARE, HOSPICE, LONG-TERM CARE, MENTAL HEALTH, WORKPLACE HEALTH & COMMUNITY HEALTH/WELLNESS BJC ORGANIZATIONS ALSO SUPPORT THE TRAINING OF FUTURE HEALTH PROFESSIONALS, ADVANCEMENT OF MEDICAL RESEARCH, REGIONAL HEALTH SAFETY NET SERVICES & EMERGENCY PREPAREDNESS, COMMUNITY OUTREACH & HEALTH LITERACY, & 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 $ 2,064,206,916 including grants of $ 3,443,784) (Revenue $ 3,609,965,705)

See Additional Data

4b (Code) (Expenses $ 1,042,003,937 including grants of $ 0) (Revenue $ 752,019,942)

See Additional Data

4c (Code) (Expenses $ 275,890,187 including grants of $ 50,339,012) (Revenue $ 93,736,948)

See Additional Data

(Code) (Expenses $ 75,828,261 including grants of $ 0) (Revenue $ 10,672,509)

COMMUNITY HEALTH IMPROVEMENT PROGRAMS & CONTRIBUTIONS TO COMMUNITY GROUPS BJC PROMOTES HEALTH AWARENESS AND SUPPORTS HEALTH LITERACY PROGRAMS TO THE COMMUNITIES WHERE CHILDREN AND ADULTS LIVE AND WORK DURING 2016, BJC CONTRIBUTED MORE THAN $51 5 MILLION TO COMMUNITY GROUPS FOR COMMUNITY BENEFIT PURPOSES AND EXPENDED $11 9 MILLION TO CONDUCT PROGRAMS TO BENEFIT THE COMMUNITIES SERVED BY BJC HOSPITALS & HEALTH SERVICES ORGANIZATIONS

4d Other program services (Describe in Schedule O)

(Expenses $ 75,828,261 including grants of $ 0) (Revenue $ 10,672,509)

4e **Total program service expenses ▶** 3,457,929,301

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		No
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		No
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	Yes	
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	Yes	
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

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**	Yes	
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	
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, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity 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, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
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**	Yes	
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**	Yes	
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 Compliance**

Check 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**	8,971		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	34,136		
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**			No
b	If "Yes," enter the name of the foreign country ▶ _____ 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**		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**		Yes	
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**			
9a	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?	**12a**			
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**			

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	1a	266		
	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				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	179		
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		Yes	
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		Yes	
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		Yes	
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		Yes	
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		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
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	Yes	
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	Yes	

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you 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 ST 1200 ST LOUIS, MO 63108 (314) 286-2057

Part VII **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 . . . . . ☑

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

1a 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

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

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

(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			
See Additional Data Table										

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			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								38,219,076	766,245	6,050,119

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 ▶ 2,578

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization 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
WASHINGTON UNIV SCHOOL OF MEDICINE 660 S EUCLID ST SAINT LOUIS, MO 63110	MEDICAL SERVICES	218,951,507
MISSOURI CARDIOVASCULAR SPECIALISTS LLP 1065 EAST BROADWAY STE 300 COLUMBIA, MO 65205	MEDICAL SERVICES	18,063,659
MID AMERICA TRANSPLANT SERV 1110 HIGHLAND PL DR E 100 SAINT LOUIS, MO 63110	PROCURMENT OF TRANSPLANTS	15,617,373
MORRISONS HEALTH CARE INC 5801 PEACHTREE DUNWDY ALTANTA, GA 30342	FOOD SERVICES	14,926,489
FAULTLESS HEALTH CARE DIVISION 1615 N 25TH STREET SAINT LOUIS, MO 63106	LINEN SERVICES	7,137,989

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 ▶ 315

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

		(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 304,075				
b Membership dues	1b				
c Fundraising events	1c 145,773				
d Related organizations	1d 13,259,835				
e Government grants (contributions)	1e 3,222,627				
f All other contributions, gifts, grants, and similar amounts not included above	1f 2,049,494				
g Noncash contributions included in lines 1a-1f $ 140,942					
h **Total.** Add lines 1a-1f		18,981,804			
Program Service Revenue	Business Code				
2a PROGRAM SVC REVENUE	621990	4,355,395,506	4,353,731,699	1,663,807	0
b RETAIL PHARMACY	621400	61,943,489		2,920,096	59,023,393
c PROGRAM RENTAL INCOME	531190	31,733,150	31,733,150		
d PROGRAM INVESTMENT REV	621400	9,589,092	9,589,092		
e REFERENCE LABORATORY	621400	3,486,125		3,486,125	
f All other program service revenue		4,310,497	4,078,739	231,705	53
g **Total.** Add lines 2a–2f		4,466,457,859			
3 Investment income (including dividends, interest, and other similar amounts)		10,139,099			10,139,099
4 Income from investment of tax-exempt bond proceeds					
5 Royalties		2,313			2,313
	(i) Real	(ii) Personal			
6a Gross rents	1,149,365				
b Less rental expenses	34,463				
c Rental income or (loss)	1,114,902				
d Net rental income or (loss)		1,114,902			1,114,902
	(i) Securities	(ii) Other			
7a Gross amount from sales of assets other than inventory		1,088,220			
b Less cost or other basis and sales expenses		1,641,626			
c Gain or (loss)		-553,406			
d Net gain or (loss)		-553,406			-553,406
Other Revenue 8a Gross income from fundraising events (not including $ 145,773 of contributions reported on line 1c) See Part IV, line 18	a 176,506				
b Less direct expenses	b 94,017				
c Net income or (loss) from fundraising events		82,489			82,489
9a Gross income from gaming activities See Part IV, line 19	a 3,183				
b Less direct expenses	b 3,765				
c Net income or (loss) from gaming activities		-582			-582
10a Gross sales of inventory, less returns and allowances	a 4,948,625				
b Less cost of goods sold	b 2,395,898				
c Net income or (loss) from sales of inventory		2,552,727			2,552,727
Miscellaneous Revenue	Business Code				
11a CAFETERIA SALES	722210	21,894,962		158,434	21,736,528
b OTHER OPERATING	900099	17,893,082		6,068	17,887,014
c EMPLOYEE SWIPE REV	453000	12,931,629		0	12,931,629
d All other revenue		106,847,096		3,265,220	103,581,876
e **Total.** Add lines 11a–11d		159,566,769			
12 **Total revenue.** See Instructions		4,658,343,974	4,399,132,680	11,731,455	228,498,035

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	52,471,348	52,471,348		
2 Grants and other assistance to domestic individuals See Part IV, line 22	1,311,448	1,311,448		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	22,210,164		22,210,164	
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	1,439,796,752	1,208,540,361	231,256,391	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	89,183,173	73,476,278	15,706,895	
9 Other employee benefits	183,505,161	125,093,125	58,412,036	
10 Payroll taxes	104,549,414	80,234,232	24,315,182	
11 Fees for services (non-employees)				
a Management	2,381,227	2,349,094	32,133	
b Legal	1,014,317		1,014,317	
c Accounting	798,901		798,901	
d Lobbying	758,303		758,303	
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	432,032,555	369,258,929	62,773,626	
12 Advertising and promotion	11,205,694	6,504,879	4,700,815	
13 Office expenses	66,603,900	47,008,067	19,595,833	
14 Information technology	6,483,566	4,522,568	1,960,998	
15 Royalties . .	213,981	195,132	18,849	
16 Occupancy	85,375,932	45,797,965	39,577,967	
17 Travel	5,930,086	4,806,130	1,123,956	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	2,553,670	1,845,504	708,166	
20 Interest	24,964,070		24,964,070	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization . .	268,786,853	259,832,006	8,954,847	
23 Insurance . . .	20,575,829	9,414,200	11,161,629	
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	950,224,973	950,224,973		
b OVERHEAD ALLOCATION	425,606,915		425,606,915	
c TEACHING SERVICES	107,463,116	107,463,116		
d REPAIRS AND MAINTENANCE	60,037,255	38,331,066	21,706,189	
e All other expenses	84,568,792	69,248,880	15,319,912	
25 **Total functional expenses.** Add lines 1 through 24e	4,450,607,395	3,457,929,301	992,678,094	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 ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check 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		313,880	1	375,667
	2	Savings and temporary cash investments		6,179,237	2	16,502,848
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		598,789,050	4	712,470,102
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		89,753,318	8	97,008,869
	9	Prepaid expenses and deferred charges		8,209,127	9	10,465,884
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 5,988,766,791			
	b	Less accumulated depreciation	10b 3,426,004,190	2,010,840,853	10c	2,562,762,601
	11	Investments—publicly traded securities		58,429,057	11	76,222,812
	12	Investments—other securities See Part IV, line 11		505,010	12	
	13	Investments—program-related See Part IV, line 11		15,426,936	13	42,564,183
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		120,397,166	15	154,333,694
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		2,908,843,634	16	3,672,706,660
Liabilities	17	Accounts payable and accrued expenses		309,733,117	17	351,136,962
	18	Grants payable			18	
	19	Deferred revenue		650,483	19	835,663
	20	Tax-exempt bond liabilities			20	161,635,000
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		14,639,394	23	14,639,394
	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		48,433,855	25	106,615,860
	26	**Total liabilities.** Add lines 17 through 25		373,456,849	26	634,862,879
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		2,530,137,190	27	3,030,175,623
	28	Temporarily restricted net assets		5,249,595	28	7,668,158
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		2,535,386,785	33	3,037,843,781
	34	Total liabilities and net assets/fund balances		2,908,843,634	34	3,672,706,660

Part XI Reconcilliation of Net Assets

Check 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	4,658,343,974
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,450,607,395
3	Revenue less expenses Subtract line 2 from line 1	3	207,736,579
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,535,386,785
5	Net unrealized gains (losses) on investments	5	
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	294,720,417
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,037,843,781

Part XII Financial Statements and Reporting

Check 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 ☐ Cash ☑ Accrual ☐ 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?	2a		No
	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 ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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 ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	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	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 75-3052953

Name: BJC HEALTH SYSTEM GROUP RETURN

Form 990, Part III, Line 4a:

HEALTH CARE SERVICES BJC HOSPITALS & SERVICE ORGANIZATIONS PROVIDE FULL, COMPREHENSIVE MEDICAL CARE FOR PATIENTS OF ALL AGES, REGARDLESS OF ABILITY TO PAY, THROUGH AN INTEGRATED NETWORK OF HOSPITALS, OUTPATIENT CENTERS, PRIMARY CARE PROVIDERS, HOME CARE SERVICES, REHABILITATION FACILITIES, LONG-TERM CARE FACILITIES, CORPORATE HEALTH SERVICES, COMMUNITY MENTAL HEALTH SERVICES & COMMUNITY OUTREACH PROGRAMS IN BUSINESSES, SCHOOLS & PLACES OF WORSHIP BJC ENSURES THAT COMMUNITIES IN MISSOURI AND SOUTHERN ILLINOIS HAVE ACCESS TO THE HIGHEST LEVEL OF SPECIALIZED SERVICES AVAILABLE, INCLUDING THE FOLLOWING MAJOR PROGRAMS SITEMAN CANCER CENTER, THE REGION'S ONLY NATIONAL CANCER INSTITUTE-DESIGNATED COMPREHENSIVE CANCER CENTER, LEVEL I ADULT & PEDIATRIC TRAUMA CENTERS, ADULT & PEDIATRIC ORGAN & BONE MARROW TRANSPLANT SERVICES, LEVEL III NEONATAL INTENSIVE CARE, & NATIONALLY RECOGNIZED PROGRAMS IN CRITICAL CARE, INFECTIOUS DISEASES, NEUROLOGY, NEUROSURGERY, HEART & HEART SURGERY, RESPIRATORY & KIDNEY DISEASES BJC ALSO IS COMMITTED TO UNDER-SERVED COMMUNITIES & PROVIDES THE ONLY OBSTETRICS SERVICE IN THE CITY OF ST LOUIS BJC'S URBAN ACADEMIC MEDICAL CENTERS SERVE AS A CRITICAL COMPONENT OF THE HEALTH SAFETY NET FOR UNINSURED & UNDER-INSURED PATIENTS THROUGHOUT THE REGION

Form 990, Part III, Line 4b:

FINANCIAL ASSISTANCE, UNREIMBURSED MEDICAID & MEANS-TESTED UNCOMPENSATED CARE BJC HEALTHCARE HOSPITALS & SERVICE ORGANIZATIONS (BJC) CARE FOR ALL PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY BJC PROVIDED $114 3 MILLION IN FINANCIAL ASSISTANCE DURING 2016 TO PATIENTS WHO WERE UNABLE TO PAY FOR ANY OR ALL OF THE CARE THEY NEEDED FINANCIAL ASSISTANCE CONSISTS OF MEDICAL SERVICES GIVEN FREE OF CHARGE TO THOSE WITHOUT INSURANCE OR WITH INADEQUATE INSURANCE WHO HAVE DEMONSTRATED THEY ARE UNABLE TO PAY FOR THEIR CARE ADDITIONALLY, BJC HOSPITALS PROVIDED $175 7 MILLION DURING 2016 IN UNREIMBURSED CARE TO MEDICAID PATIENTS, ABSORBING THE SHORTFALL BETWEEN THE COST OF NEEDED MEDICAL SERVICES & THE REIMBURSEMENT RECEIVED FROM STATE PROGRAMS FOR QUALIFYING LOW-INCOME PATIENTS THE COST OF CARE FOR CHARITY & UNREIMBURSED MEDICAID PATIENTS TOTALED $290 0 MILLION BJC ALSO ABSORBS THE COST OF CARING FOR PATIENTS WHO ARE UNABLE TO PAY THEIR CO-PAYS, DEDUCTIBLES OR OTHER HEALTH CARE COSTS FOR A WIDE RANGE OF REASONS THAT THEY MAY OR MAY NOT SHARE WITH BJC BJC PROVIDED AN ESTIMATED $70 1 MILLION DURING 2016 IN CARE TO PATIENTS WHO, BASED UPON AN EXTENSIVE ANALYSIS OF ZIP CODE & OTHER INFORMATION, WERE PRESUMED TO HAVE BEEN ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER THE BJC POLICY, HAD FINANCIAL INFORMATION BEEN PROVIDED TO THE ORGANIZATION THESE PATIENTS RECEIVED NEEDED MEDICAL SERVICES &, IN FACT, RECEIVED THE EQUIVALENT OF FINANCIAL ASSISTANCE BUT WERE NOT INITIALLY IDENTIFIED AS QUALIFYING FOR FINANCIAL ASSISTANCE

Form 990, Part III, Line 4c:

HEALTH PROFESSIONS EDUCATION & RESEARCH BJC HELPS BUILD THE FUTURE OF HEALTH CARE BY EDUCATING HEALTH PROFESSIONALS & ADVANCING MEDICAL RESEARCH INNOVATIONS THROUGH OUR ACADEMIC AFFILIATION WITH WASHINGTON UNIVERSITY SCHOOL OF MEDICINE, BJC HELPS ENSURE THE ONGOING TRAINING & DEVELOPMENT OF HEALTH CARE PROFESSIONALS, WHICH ARE CRITICAL TO THE HEALTH OF THE COMMUNITY & THE FUTURE OF HEALTH CARE DELIVERY DURING 2016, BJC CONTRIBUTED $181 7 MILLION TOWARDS PROGRAMS THAT PROVIDE TRAINING AND EDUCATION TO 16,613 INDIVIDUALS INCLUDING MEDICAL STUDENTS, NURSING STUDENTS, RESIDENTS, FELLOWS AND PERSONS IN THE COMMUNITIES SERVED BY BJC AFFILIATE HOSPITALS INTERESTED IN THE HEALTH PROFESSIONS ADDITIONALLY, BJC IS COMMITTED TO BIOMEDICAL HEALTH RESEARCH EFFORTS THAT WILL CONTRIBUTE TO THE PREVENTION, DIAGNOSIS & TREATMENT OF DISEASE & DISABILITY DURING 2016, BJC CONTRIBUTED $ 5 MILLION TO ENABLE RESEARCHERS TO COLLABORATE IN KEY THERAPEUTIC AREAS SUCH AS CANCER, GENOMICS, DIABETES,CARDIOVASCULAR & INFECTIOUS DISEASES, AND WOMEN'S HEALTH THE RESULTS OF THIS MULTI-DISCIPLINARY EFFORT ARE EXPECTED TO ADVANCE MEDICAL SCIENCE, TECHNOLOGY & PATIENT CARE PRACTICES

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
AMH-BALSTERS KEN DIRECTOR	1 00	X						0	0	0
AMH-ERKER MELISSA DIRECTOR	1 00	X						0	0	0
AMH-FETTER LEE DIRECTOR	1 00	X						0	0	0
AMH-HARTRICH BRUCE A DIRECTOR	1 00	X						0	0	0
AMH-JULIAN GAYE F DIRECTOR	1 00	X						0	0	0
AMH-LAUSCHKE SANDRA DIRECTOR	1 00	X						0	0	0
AMH-LOY KENNETH DIRECTOR	1 00	X						0	0	0
AMH-MILLIGAN RONALD DIRECTOR	1 00	X						0	0	0
AMH-RIEDEL DAVID MD DIRECTOR	1 00 39 00	X						38,818	281,368	59,460
AMH-RYRIE EDWARD DIRECTOR	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
AMH-WUELLNER JOHN MD DIRECTOR	1 00 40 00	X						0	484,877	78,920
BHHC HURST ROBERT MD DIRECTOR	1 00	X						0	0	0
BHHC JAMES DAVID TREY MD DIRECTOR	1 00	X						0	0	0
BHHC SZEWCZYK MICHAEL MD DIRECTOR	1 00	X						75,877	0	0
BJC-BECKETT JANET DIRECTOR	1 00	X						0	0	0
BJC-DONALD ARNOLD DIRECTOR	1 00	X						0	0	0
BJC-FLAVIN LISA DIRECTOR	1 00	X						0	0	0
BJC-GANIM RANDY DIRECTOR	1 00	X						0	0	0
BJC-HARBISON KEITH DIRECTOR	1 00	X						0	0	0
BJC-HOLMES MICHAEL DIRECTOR	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
BJC-KLEIN WARD DIRECTOR	1 00	X						0	0	0
BJC-PERLMUTTER DAVID DIRECTOR	1 00	X						0	0	0
BJC-SULLIVAN DIANE DIRECTOR	1 00	X						0	0	0
BJC-WEDDLE JAMES DIRECTOR	1 00	X						0	0	0
BJC-WOOD JOYCE DIRECTOR	1 00	X						0	0	0
BJC-WRIGHTON MARK MD DIRECTOR EX-OFFICIO	1 00	X						0	0	0
BJCHOME-GEE WILLIAM MD DIRECTOR	1 00	X						0	0	0
BJCHOME-LOLLO TRISHA DIRECTOR	40 00	X						486,714	0	47,625
BJCHOME-MUETH MELANIE MD DIRECTOR	40 00	X						132,924	0	44,361
BJCHOME-SCHREINER LORI DIRECTOR	40 00	X						243,750	0	82,755

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
BJCHOME-STOCKMANN MARILEE A DIRECTOR	40 00	X						189,520	0	21,376
BJCHOME-VAN TREASESANDRA DIRECTOR	1 00	X						0	0	0
BJCHOME-VLODARCHYKCOREEN DIRECTOR	40 00	X						459,012	0	77,310
BJCHOME-WEISS DAVID DIRECTOR	40 00	X						791,236	0	171,889
BJH-BADER KATHRYN DIRECTOR	1 00	X						0	0	0
BJH-BAXTER WARNER DIRECTOR	1 00	X						0	0	0
BJH-CLARK MAXINE DIRECTOR	1 00	X						0	0	0
BJH-CRANE JAMES DIRECTOR EX-OFFICIO	1 00	X						0	0	0
BJH-DUBINSKY JOHN DIRECTOR	1 00	X						0	0	0
BJH-EDISON PETER DIRECTOR	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
BJH-GRIFFIN JOANNE DIRECTOR	1 00	X						0	0	0
BJH-HENLEY GARY DDS DIRECTOR	1 00	X						0	0	0
BJH-KAHN EUGENE DIRECTOR	1 00	X						0	0	0
BJH-KNIGHT CHARLES F DIRECTOR, EMERITUS MEMBER	1 00	X						0	0	0
BJH-KOVACS SANDOR PHD MD FACC DIRECTOR	1 00	X						0	0	0
BJH-KRUSZEWSKI RON DIRECTOR	1 00	X						0	0	0
BJH-LIEKWEG RICHARD DIRECTOR	40 00	X						2,126,557	0	160,364
BJC-LOVE KATHRYN ELLIOTT DIRECTOR	1 00	X						0	0	0
BJC-PATTERSON DEBORAH J DIRECTOR	1 00	X						0	0	0
BJH-PAZ GEORGE DIRECTOR	1 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BJH-PERLMUTTER DAVID H MD DIRECTOR	1 00	X						0	0	0
BJH-SUELTHAUS KENNETH DIRECTOR	1 00	X						0	0	0
BJH-THOMPSON ANTHONY DIRECTOR	1 00	X						0	0	0
BJH-THORP HOLDEN PHD DIRECTOR	1 00	X						0	0	0
BJH-YAEGER DOUGLAS DIRECTOR	1 00	X						0	0	0
BJSPH-DEHAVEN MICHAEL DIRECTOR	1 00	X						0	0	0
BJSPH-FETTER LEE DIRECTOR	1 00	X						0	0	0
BJSPH-PENNEY MICHAEL MD DIRECTOR	1 00	X						15,000	0	0
BJSPH-WEISS DAVID DIRECTOR	1 00	X						0	0	0
BJWCH-BOSWELL CB MD DIRECTOR	1 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BJWCH-BRANHAM GREGORY MD DIRECTOR	1 00	X						0	0	0
BJWCH-CRANE JAMES MD DIRECTOR	1 00	X						0	0	0
BJWCH-LONDEALAN MD DIRECTOR EX-OFFICIO	1 00	X						0	0	0
BJWCH-WATTS CHRIS DIRECTOR	1 00	X						0	0	0
CH-BROWN DAVID DIRECTOR	1 00	X						0	0	0
CH-CLARKREV F JAMES MD DIRECTOR	1 00	X						0	0	0
CH-FETTER LEE DIRECTOR	1 00	X						0	0	0
CH-GEORGE THOMAS F PHD DIRECTOR	1 00	X						0	0	0
CH-HAMM-NIEBRUEGGE RHONDA DIRECTOR	1 00	X						0	0	0
CH-JENSEN JOSHUA II MD DIRECTOR	40 00	X						121,340	0	29,002

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CH-LIEKWEG RICH DIRECTOR	1 00	X						0	0	0
CH-MALONE DAVID C DIRECTOR	1 00	X						0	0	0
CH-MCKEE PAUL JR DIRECTOR	1 00	X						0	0	0
CH-MOEHN MICHAEL L DIRECTOR	1 00	X						0	0	0
CH-OGUNREMI OLARONKE A MD DIRECTOR	1 00	X						0	0	0
CH-OTTO DAVID DIRECTOR	1 00	X						0	0	0
CH-PACE PAULA D DIRECTOR	1 00	X						0	0	0
CH-RATLIFF HARRY DIRECTOR	1 00	X						0	0	0
CH-REARDEN TIM MD DIRECTOR	1 00	X						0	0	0
CH-SHAW DAVID MD DIRECTOR	1 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CH-SIDDIQUI ADNAN Y MD DIRECTOR	1 00	X						41,491	0	0
CH-STAFFORD ERIC DIRECTOR	1 00	X						0	0	0
CHAS-APLINGTON DAVID DIRECTOR	1 00	X						0	0	0
CHAS-VAN TREASE SANDRA DIRECTOR	40 00	X						1,321,471	0	135,587
CHC-ELLENA JOHN DIRECTOR	40 00	X						521,754	0	117,462
CHC-WEISS DAVID DIRECTOR	1 00	X						0	0	0
CHIL -MCKEE PAUL J DIRECTOR	1 00	X						0	0	0
CHN-IMBS CHRISTOPHER DIRECTOR	1 00	X						0	0	0
CHSDC-BALSTERS KENNETH DIRECTOR	1 00	X						0	0	0
CHSDC-LIEKWEG RICH DIRECTOR	1 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHSDC-MCMULLEN RONALD DIRECTOR	1 00	X						0	0	0
CHSDC-STEVENS RICK L DIRECTOR	1 00	X						0	0	0
CHSDC-ZYKAN DONALD DIRECTOR	1 00	X						0	0	0
MBHS-BAKER ALISON MD DIRECTOR	40 00	X						290,189	0	38,328
MBHS-DACE SHARON DIRECTOR	1 00	X						0	0	0
MBHS-DIXON DEBBIE DIRECTOR	1 00	X						0	0	0
MBHS-JACKSON THOMAS MD DIRECTOR	40 00	X						423,765	0	49,808
MBHS-MASTIN JAYNE DIRECTOR	1 00	X						0	0	0
MBHS-MIZELL LESA DIRECTOR	1 00	X						0	0	0
MBHS-OBERLE JOYCE DIRECTOR	1 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MBHS-VAN TREASE SANDRA DIRECTOR	1 00	X						0	0	0
MBHS-YOEST CHRIS DIRECTOR	1 00	X						0	0	0
MBHS-ZIMMERMAN MATTHEW DIRECTOR	40 00	X						244,759	0	27,506
MBMC-CAHILL JACK L DIRECTOR	1 00	X						0	0	0
MBMC-COPELAND DOUGLAS DIRECTOR	1 00	X						0	0	0
MBMC-DUNNE THOMAS P SR DIRECTOR	1 00	X						0	0	0
MBMC-FIELDS HARVEY JR DIRECTOR	1 00	X						0	0	0
MBMC-FULLERTON RANDALL DIRECTOR	1 00	X						0	0	0
MBMC-HOFFMAN MICHAEL P DIRECTOR	1 00	X						0	0	0
MBMC-KIM CHARLES G DIRECTOR	1 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MBMC-LIEKWEG RICHARD DIRECTOR	1 00	X						0	0	0
MBMC-MATHEWS KORY G DIRECTOR	1 00	X						0	0	0
MBMC-MCDONNELL VERONICA DIRECTOR	1 00	X						0	0	0
MBMC-MCKEE CHRIS DIRECTOR	1 00	X						0	0	0
MBMC-MUNDEN DARRYL R DIRECTOR	1 00	X						0	0	0
MBMC-MURPHY MICHAEL C MD DIRECTOR	1 00	X						30,000	0	0
MBMC-OBERLE JOYCE DIRECTOR	1 00	X						0	0	0
MBMC-PETERSON JAMES B DIRECTOR	1 00	X						0	0	0
MBMC-PRIVOTTW JOSEPH PHD DIRECTOR	1 00	X						0	0	0
MBMC-REEG KURTIS B DIRECTOR	1 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MBMC-RHODES CATHERINE DIRECTOR	1 00	X						0	0	0
MBMC-STOKES DAVID M DIRECTOR	1 00	X						0	0	0
MBMC-WEINSTEIN DAVID L MD DIRECTOR	40 00	X						223,673	0	58,771
MBMC-ZIMMER FERGUSON TRICIA DIRECTOR	1 00	X						0	0	0
MESI-BARNETT KEVIN MD DIRECTOR	1 00	X						0	0	0
MESI-BAUMER KEVIN MD DIRECTOR	40 00	X						518,569	0	31,059
MESI-CUNDIFF GREG DIRECTOR	1 00	X						0	0	0
MESI-DENNIS JAMES MD DIRECTOR	1 00	X						0	0	0
MESI-DISTLER DOUG DIRECTOR	1 00	X						0	0	0
MESI-HOLLOWAY THOMAS E DIRECTOR	1 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MESI-JOHNSON KENNETH V DIRECTOR	1 00	X						0	0	0
MESI-MEHRTENS LESLIE DIRECTOR	1 00	X						0	0	0
MESI-MOOSA HANS MD DIRECTOR	40 00	X						687,181	0	31,059
MESI-MUNTON DOUG DIRECTOR	1 00	X						0	0	0
MESI-ROHR RAY DIRECTOR	1 00	X						0	0	0
MESI-THAXTON VALERIE DIRECTOR	1 00	X						0	0	0
MMG-CASPERSON WILLIAM MD DIRECTOR	1 00	X						0	0	0
MMG-KANDULA PRASAD V MD DIRECTOR	40 00	X						1,009,364	0	18,702
MMG-LANIUS JOE DIRECTOR	1 00	X						0	0	0
MMG-MOOSA HANS MD DIRECTOR	1 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MRHS-BARNETT TOM DIRECTOR	1 00	X						0	0	0
MRHS-COOK KEITH DIRECTOR	1 00	X						0	0	0
MRHS-GANIM RANDY DIRECTOR	1 00	X						0	0	0
MRHS-LIEKWEG RICHARD DIRECTOR	1 00	X						0	0	0
MRHS-MUELLER CHARLES DIRECTOR	1 00	X						0	0	0
MRHS-PLUMMER BOB DIRECTOR	1 00	X						0	0	0
MRHS-ROSS DON DIRECTOR	1 00	X						0	0	0
MRHS-THOUVENOT ROLLIE DIRECTOR	1 00	X						0	0	0
PHC-BUNCH WILLIAM W DIRECTOR	1 00	X						0	0	0
PHC-COLSON JILL DIRECTOR	1 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PHC-CONKLIN RICHARD DIRECTOR	1 00	X						22,811	0	0
PHC-DUMONTIER EDWARD MD DIRECTOR	40 00	X						264,793	0	26,856
PHC-GRIX GARY MD DIRECTOR	40 00	X						201,624	0	91,890
PHC-JONES STEVEN R DIRECTOR	1 00	X						0	0	0
PHC-KENNON JOHN GILBERT DIRECTOR	1 00	X						0	0	0
PHC-KIRKLEY SCOTT D MD DIRECTOR	40 00	X						486,453	0	47,691
PHC-KURTZ STEVEN J DIRECTOR	1 00	X						0	0	0
PHC-PETERSON DEBORAH S DIRECTOR	1 00	X						0	0	0
PHC-ROARK MICHAEL KENT DIRECTOR	1 00	X						0	0	0
PHC-SKAGGS LARRY DIRECTOR	1 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PHC-SMITH JAMESY C DO DIRECTOR	40 00	X						356,413	0	49,522
PHC-VAN TREASE SANDRA DIRECTOR	1 00	X						0	0	0
PHCWR-BUNCH WILLIAM W DIRECTOR	1 00	X						0	0	0
PHCWR-COLSON JILL DIRECTOR	1 00	X						0	0	0
PHCWR-CONKLIN RICHARD DIRECTOR	1 00	X						0	0	0
PHCWR-DUMONTIER EDWARD MD DIRECTOR	1 00	X						0	0	0
PHCWR-GRIX GARY MD DIRECTOR	1 00	X						0	0	0
PHCWR-JONES STEVEN R DIRECTOR	1 00	X						0	0	0
PHCWR-KENNON JOHN GILBERT DIRECTOR	1 00	X						0	0	0
PHCWR-KIRKLEY SCOTT D MD DIRECTOR	1 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PHCWR-KURTZ STEVEN J DIRECTOR	1 00	X						0	0	0
PHCWR-PETERSON DEBORAH S DIRECTOR	1 00	X						0	0	0
PHCWR-ROARK MICHAEL KENT DIRECTOR	1 00	X						0	0	0
PHCWR-SKAGGS LARRY DIRECTOR	1 00	X						0	0	0
PHCWR-SMITH JAMESY C DO DIRECTOR	1 00	X						0	0	0
PHCWR-VAN TREASE SANDRA DIRECTOR	1 00	X						0	0	0
PMMCI-ECKERT LARY DIRECTOR	1 00	X						0	0	0
PMMCI-LUTZ JEFFRY DIRECTOR	1 00	X						0	0	0
PMMCI-MEHRTENS LESLIE DIRECTOR	1 00	X						0	0	0
PMMCI-MUELLER ROBERT C DIRECTOR	1 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PMMCI-RINGHOFER BRAD DIRECTOR	1 00	X						0	0	0
PMMCI-ROSE EDWARD MD DIRECTOR	1 00	X						0	0	0
PMMCI-STEGMAN MARK DIRECTOR	1 00	X						0	0	0
PMMCI-THOUVENOT ROLAND DIRECTOR	1 00	X						0	0	0
PMMCI-WANLESS ROBERT MD DIRECTOR	1 00	X						0	0	0
PWHC-APLINGTON DAVID DIRECTOR	1 00	X						0	0	0
PWHC-DEHAVEN MICHAEL DIRECTOR	1 00	X						0	0	0
PWHC-GLUECK DANE MD DIRECTOR	1 00	X						0	0	0
PWHC-WEISS DAVID DIRECTOR	1 00	X						0	0	0
SLCH-BAUR TODD DIRECTOR	1 00	X						0	0	0

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SLCH-DIEMER NANCY DIRECTOR	1 00	X						0	0	0
SLCH-FUSZ LOUIS JR DIRECTOR	1 00	X						0	0	0
SLCH-HAGEDORN CHRIS DIRECTOR	1 00	X						0	0	0
SLCH-HARTTRACY E DIRECTOR	1 00	X						0	0	0
SLCH-KENNEDY MICHAEL B DIRECTOR	1 00	X						0	0	0
SLCH-LINDSEY STEVE DIRECTOR	1 00	X						0	0	0
SLCH-LIPSTEIN STEVEN DIRECTOR EX OFFICIO	1 00	X						0	0	0
SLCH-MCCLURE RICH DIRECTOR	1 00	X						0	0	0
SLCH-MCDONNELLJAMES III DIRECTOR	1 00	X						0	0	0
SLCH-MCMILLAN MIKE DIRECTOR	1 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SLCH-MILLER STEVEN B MD DIRECTOR	1 00	X						0	0	0
SLCH-MUELLER CHARLES JR DIRECTOR	1 00	X						0	0	0
SLCH-MULLINS BIRCH DIRECTOR	1 00	X						0	0	0
SLCH-O'CONNELL JOHN DIRECTOR	1 00	X						0	0	0
SLCH-PERLMUTTER DAVID DIRECTOR	1 00	X						0	0	0
SLCH-RAMIREZ KARLOS DIRECTOR	1 00	X						0	0	0
SLCH-RHONE ERIC DIRECTOR	1 00	X						0	0	0
SLCH-SMITH-THURMAN PATRICIA A DIRECTOR	1 00	X						0	0	0
SLCH-WHITAKER PATRICA DIRECTOR	1 00	X						0	0	0
AMH-AYRES GARY VICE CHAIRMAN, DIRECTOR	1 00	X		X				0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
AMH-BRAASCH DAVID ALAN PRESIDENT, DIRECTOR	40 00	X		X				374,422	0	47,501
AMH-MILNOR GEORGE VICE CHAIRMAN, DIRECTOR	1 00	X		X				0	0	0
AMH-THOMPSON STEVE CHAIRMAN, DIRECTOR	1 00	X		X				0	0	0
BHHC EIKEL LIZ SECRETARY, DIRECTOR	40 00	X		X				93,174	0	39,939
BHHC ROTHERY DAN CHAIRMAN, DIRECTOR	1 00	X		X				0	0	0
BHHC SINEK JIM PRESIDENT, DIRECTOR	1 00	X		X				0	0	0
BHHC SMITH MONICA RN VICE PRESIDENT, DIRECTOR	40 00	X		X				225,267	0	39,562
BJC BH-APLINGTON DAVID SECRETARY, DIRECTOR	1 00 40 00	X		X				557,077	0	129,319
BJC BH-BERRONG BARBI VICE PRESIDENT & EXEC DIR	40 00	X		X				194,860	0	13,191
BJC BH-GLADSTONE KIM PRESIDENT AND EXEC DIR	40 00	X		X				304,727	0	90,919

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
BJC BH-ROTHERY DAN CHAIRMAN, DIRECTOR	1 00	X		X				0	0	0
BJC CHS-APLINGTON DAVID VICE PRESIDENT, DIRECTOR	1 00	X		X				0	0	0
BJC CHS-ROTHERY DAN PRESIDENT, DIRECTOR	1 00	X		X				0	0	0
BJC CHS-VENDITTI PATRICK VICE PRES,SECY, DIRECTOR	40 00	X		X				163,810	0	56,215
BJC-EASON CLIFFORD J VICE CHAIRMAN, DIRECTOR	1 00	X		X				0	0	0
BJC-LIPSTEIN STEVEN PRES, CEO, DIR-EX OFF	40 00	X		X				2,480,127	0	132,928
BJC-PLUMMER ROBERT VICE CHAIRMAN, DIRECTOR	1 00	X		X				0	0	0
BJC-SCHNUCK CRAIG VICE CHAIRMAN, DIRECTOR	1 00	X		X				0	0	0
BJC-WESTBROOK KELVIN CHARIMAN, DIRECTOR	1 00	X		X				0	0	0
BJCHOME-KARL TOM SECRETARY, TREASURER, DIRECTOR	1 00	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
BJCHOME-ROTHERY DAN PRESIDENT, DIRECTOR	40 00	X		X				1,014,932	0	118,511
BJH-CANNON ROBERT W PRESIDENT, DIRECTOR	40 00	X		X				1,317,009	0	146,527
BJH-SCHNUCK CRAIG CHAIRMAN, DIRECTOR	1 00	X		X				0	0	0
BJH-WEDDLE JAMES VICE CHAIR, DIRECTOR	1 00	X		X				0	0	0
BJSPH-TRACY LARRY PRES, DIRECTOR TERM 7/2016	40 00	X		X				316,720	0	61,621
BJSPH-WATTS CHRIS PRES, DIRECTOR BEG 11/2016	40 00	X		X				388,947	0	58,057
BJWCH-BLACK CHARLES DOUGLAS PRES, DIRECTOR TERM 1/2016	40 00	X		X				418,490	0	70,467
BJWCH-CANNON ROBERT INTERIM PRES, DIRECTOR	1 00	X		X				0	0	0
BJWCH-DEHAVEN MICHAEL SECRETARY, DIRECTOR	1 00	X		X				0	0	0
BJWCH-LOLLO TRISH PRES, DIRECTOR BEG 8/2016	1 00	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BJWCH-ROBERTS KEVIN TREASURER/DIRECTOR/EX-OFFICIO	1 00	X		X				0	0	0
CH-MCMULLEN RONALD PRES/DIR TERM 6/2016	40 00	X		X				474,305	0	142,905
CH-PLUMMER ROBERT CHAIRMAN, DIRECTOR	1 00	X		X				0	0	0
CH-STEVENS RICK L PRES/DIRECTOR BEG 6/2016	40 00	X		X				200,608	0	14,066
CH-ZYKAN DON VICE CHAIR, DIRECTOR	1 00	X		X				0	0	0
CHAS-BECKETT JAN CHAIRMAN, DIRECTOR	1 00	X		X				0	0	0
CHAS-SINEK JIM PRESIDENT, DIRECTOR	40 00	X		X				454,831	0	59,337
CHC-VAN TREASE SANDRA PRESIDENT, DIRECTOR	1 00	X		X				0	0	0
CHIL -MCMULLEN RONALD PRES/DIR TERM 6/2016	1 00	X		X				0	0	0
CHIL -PLUMMER ROBERT CHAIRMAN, DIRECTOR	1 00	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
CHIL-STEVENS RICK L PRES/DIRECTOR BEG 6/2016	1 00	X		X				0	0	0
CHN-FUSZ LOUIS JR SECRETARY, DIRECTOR	1 00	X		X				0	0	0
CHN-HARBISON KEITH TREASURER/ DIRECTOR	1 00	X		X				0	0	0
CHN-MAGRUDER JOAN PRESIDENT, DIRECTOR	1 00	X		X				0	0	0
CHN-MULLINS BIRCH CHAIRMAN/DIRECTOR	1 00	X		X				0	0	0
CHSDC-FETTER LEE PRESIDENT, DIRECTOR	40 00	X		X				1,472,622	0	161,268
CHSDC-PLUMMER ROBERT CHAIR, DIRECTOR	1 00	X		X				0	0	0
CHSDC-RATLIFF HARRY VICE CHAIR, DIRECTOR	1 00	X		X				0	0	0
MBHS-HOFFMAN MIKE CHAIRMAN, DIRECTOR	1 00	X		X				0	0	0
MBHS-RUBLE IRENE SECRETARY, DIRECTOR	1 00	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MBMC-ANTES JOHN PRESIDENT, DIRECTOR	40 00	X		X				631,587	0	83,401
MBMC-EASON CLIFF CHAIRMAN, DIRECTOR	1 00	X		X				0	0	0
PWHC-TRACY LARRY JR PRESIDENT, DIR TERM 7/2016	1 00	X		X				0	0	0
MBMC-MCCARTHY THOMAS SECRETARY, DIRECTOR	1 00	X		X				0	0	0
MBMC-ROSS DONALD VICE CHAIRMAN, DIRECTOR	1 00	X		X				0	0	0
MESI-COOK KEITH CHAIRMAN, DIRECTOR	1 00	X		X				0	0	0
MESI-MILLER DOLORES AUX PRESIDENT DIRECTOR	1 00	X		X				0	0	0
MESI-SCHROEDER KURT 1ST VICE CHAIR, DIRECTOR	1 00	X		X				0	0	0
MMG-DAVIS JAMES B SECRETARY/VP/DIRECTOR	40 00	X		X				248,431	0	60,433
MMG-TURNER MARK J PRES/CHAIRMAN/DIR	1 00	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
MRHS-HANNA MYRON CO-CHAIRMAN, DIRECTOR	1 00	X		X				0	0	0
MRHS-LIPSTEIN STEVEN CHAIRMAN, DIRECTOR	1 00	X		X				0	0	0
MRHS-MCMANUS MICHAEL SECRETARY, DIRECTOR BEG 6/2016	1 00	X		X				0	0	0
PEHC-APLINGTON DAVID SECRETARY, DIRECTOR	1 00	X		X				0	0	0
PEHC-LIEKWEG RICHARD PRESIDENT, DIRECTOR	1 00	X		X				0	0	0
PEHC-DEHAVEN MICHAEL VICE PRESIDENT, DIRECTOR	1 00	X		X				0	0	0
PHC-BAKER MARY VICE-CHAIRMAN, DIRECTOR	1 00	X		X				0	0	0
PHC-COOK KEVIN VICE-CHAIRMAN, DIRECTOR	1 00	X		X				0	0	0
PHC-KARL THOMAS PRESIDENT, DIRECTOR	40 00	X		X				355,083	0	125,695
PHC-RHODES CATHERINE CHAIRMAN, DIRECTOR	1 00	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
PHCWR-BAKER MARY VICE-CHAIRMAN, DIRECTOR	1 00	X		X				0	0	0
PHCWR-COOK KEVIN VICE-CHAIRMAN, DIRECTOR	1 00	X		X				0	0	0
PHCWR-KARL THOMAS PRESIDENT, DIRECTOR	1 00	X		X				0	0	0
PHCWR-RHODES CATHERINE CHAIRMAN, DIRECTOR	1 00	X		X				0	0	0
PMMCI-DYER ROB REV 3RD VICE CHAIR, DIRECTOR	1 00	X		X				0	0	0
PMMCI-GIVENS SCOTT 1ST VICE CHAIR, DIRECTOR	1 00	X		X				0	0	0
PMMCI-GRAEBE ROBERT W 2ND VICE CHAIR, DIRECTOR	1 00	X		X				0	0	0
PMMCI-HOERING EDWARD CHAIRMAN, DIRECTOR	1 00	X		X				0	0	0
PMMCI-MILLER DOLORES AUX PRESIDENT EX-OFFICO VOTING	1 00	X		X				0	0	0
PWHC-FETTER LEE INTERIM PRES, DIRECTOR	1 00	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
PWHC-WATTS CHRISTOPER PRESIDENT, DIR BEG 11/2016	1 00	X		X				0	0	0
SLCH-COUSINS STEVEN VICE CHAIRMAN DIRECTOR	1 00	X		X				0	0	0
SLCH-HERMANN ROBERT JR ASST TREASURER, DIRECTOR	1 00	X		X				0	0	0
SLCH-IMBS CHRISTOPHER SECRETARY, DIRECTOR	1 00	X		X				0	0	0
SLCH-JAIN SANJAY TREASURER DIRECTOR	1 00	X		X				0	0	0
SLCH-MAGRUDER JOAN PRESIDENT, DIRECTOR	40 00	X		X				1,121,258	0	124,228
SLCH-SHORT RICK S TREASURER, DIRECTOR	1 00	X		X				0	0	0
SLCH-STUPP JOHN JR VICE CHAIRMAN, DIRECTOR	1 00	X		X				0	0	0
SLCH-SUGGS DONALD ASST TREAS, DIRECTOR	1 00	X		X				0	0	0
SLCH-WESTBROOK KELVIN CHAIRMAN, DIRECTOR	1 00	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
AMH-KOESTERER SUSAN VICE PRESIDENT, FINANCE	40 00			X				0	0	0
BJC-DEHAVEN MICHAEL SR VP,GENL COUN,SECY	40 00			X				1,159,663	0	238,663
BJC-ROBERTS KEVIN SR VP, CFO, TREASURER	40 00			X				1,292,957	0	148,404
BJH-KRIEGER MARK VICE PRES, CFO, TREAS	40 00			X				633,254	0	100,894
BJC-PATTERSON GREG SECRETARY (NO VOTE)	40 00			X				375,361	0	34,022
BJSPH-SCHWAEGEL GLEN J CHIEF FINACIAL OFFICER	1 00			X				0	0	0
CH-KOESTERER SUSAN VICE PRESIDENT, FINANCE	40 00			X				306,146	0	76,461
CHAS-FOWLER ROSELLA VICE CHAIRMAN	40 00			X				311,970	0	29,760
CHC-RICH STEPHANIE PROGRAM MANAGER	1 00			X				35,790	0	0
CHC-WARD CHRIS SECRETARY/TREASURER	40 00			X				182,712	0	73,445

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHSDC-KOESTERER SUSAN VICE PRESIDENT, FINANCE	1 00			X				0	0	0
MBHS-DESART AMY VP, FINANCE	1 00			X				0	0	0
MBHS-SCHWARM TONY PRESIDENT	40 00			X				275,322	0	82,541
MBMC-DESART AMY VP, FINANCE	40 00			X				246,420	0	60,702
MESI-HOLMES RUTH SECRETARY BEG 6/2016	40 00			X				305,840	0	84,138
MESI-LANIUS JOE SECRETARY TERM 6/2016	40 00			X				0	0	0
MESI-TURNER MARK PRESIDENT	1 00			X				0	0	0
MRHS-LANIUS JOE SECRETARY TERM 6/2016	40 00			X				541,973	0	193,574
MRHS-TURNER MARK J PRESIDENT, TREASURER	40 00			X				1,499,316	0	835,897
PGLC-VAN TREASE SANDRA MANAGER	1 00			X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PHC-DESART AMY VP, FINANCE	1 00			X				0	0	0
PHCWR-APLINGTON DAVID ASSISTANT SECRETARY	1 00			X				0	0	0
PMMCI-LANIS JOE VP FINANCE TERMED 6/2016	1 00			X				0	0	0
PMMCI-THOMAS AMY VP FINANCE SECRETARY	40 00			X				254,309	0	46,052
PMMCI-TURNER MARK PRESIDENT	1 00			X				0	0	0
PWHC-SCHWAEGEL GLEN VICE PRESIDENT FINANCE	40 00			X				314,902	0	135,668
SLCH-MCKEE MICHELE VICE PRESIDENT FINANCE	40 00			X				356,482	0	63,677
BJC-SCHULER GREGORY VP/CHIEF INVESTMENT OFFICER	40 00				X			659,293	0	79,901
BJC-BRANDON RHONDA FORMER SVP/CHIEF HR OFFICER	40 00				X			326,910	0	53,324
BJC-BEATTY JOHN SVP/CHIEF HR OFFICER	40 00				X			550,152	0	117,201

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BJC-HALL LANNIS E PHYSICIAN	40 00					X		972,746	0	57,537
BJC-PAUL MICHAEL J PHYSICIAN	40 00					X		837,546	0	92,362
BJC-O'BERT ROBERT J PHYSICIAN	40 00					X		936,241	0	51,725
BJC-KRAINIK ANDREW PHYSICIAN	40 00					X		817,182	0	55,464
BJC-SEWALL DAVID J PHYSICIAN	40 00					X		893,244	0	65,314

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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.**

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
BJC HEALTH SYSTEM GROUP RETURN

Employer identification number
75-3052953

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 _____

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2015 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2016.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test—2015.** 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 ▶ ☐

17a **10%-facts-and-circumstances test—2016.** 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 ▶ ☐

b **10%-facts-and-circumstances test—2015.** 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 ▶ ☐

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 ▶ ☐

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) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2015** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV 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? *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*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
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)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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*	4b		
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)? *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*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *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)*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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? *If "Yes," provide detail in* ***Part VI.***	6		
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? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	8		
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))? *If "Yes," provide detail in* ***Part VI.***	9a		
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? *If "Yes," provide detail in* ***Part VI.***	9b		
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? *If "Yes," provide detail in* ***Part VI.***	9c		
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)? *If "Yes," answer line 10b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		

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?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		

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? *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*	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? *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*	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)? *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)*	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		
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? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		
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? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	3		

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 ☐ The organization satisfied the Activities Test Complete **line 2** below
- b ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- c ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
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? *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*	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? *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*	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? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	3b		

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

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 ☐ 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 2016 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-2016**	**(iii) Distributable Amount for 2016**
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2017.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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
SCHEDULE A, PART I, LINE 3, 12	CHRISTIAN HEALTH SERVICES DEVELOPMENT CORPORATION EIN 43-1230583 (ORGANIZATION) IS A SUBOR DINATE MEMBER OF THE BJC HEALTH SYSTEM GROUP RULING THE ORGANIZATION'S PUBLIC CHARITY STA TUS IS SECTION 509(A)(3)TYPE III FI DURING 2016 12F- NUMBER OF SUPPORTED ORGANIZATIONS A T DECEMBER 31, 2016 = 2 12G - INFORMATION REGARDING SUPPORTED ORGANIZATIONS CHRISTIAN HOS PITAL NE-NW (CHNE) EIN 43-6057893 - BOX 3 $40,478,128 CH ALLIED SERVICES, INC (CHAS) EIN 43-1279063 - BOX 3 $13,300,174 THE ABOVE SUPPORTED ORGANIZATIONS ARE U S CORPORATIONS AND ARE LISTED IN THE GOVERNING DOCUMENTS FOR CHRISTIAN HEALTH SERVICES DEVELOPMENT CORPORATI ON PART III PUBLIC SUPPORT FOR ORGANIZATIONS DESCRIBED IN SEC 509(A)(2) THE FOLLOWING SU BORDINATES OF THE BJC GROUP RULING MAINTAIN PUBLIC CHARITY STATUS AS SEC 509(A)(2) ORGANIZ ATIONS BOONE HOSP VISITING NURSES INC (DBA BOONE HOSPITAL HOME CARE) BJC HOME CARE SERVIC ES CHILDREN'S HEALTH NETWORK THE COMMUNITY HEALTH CONNECTION THE MAJORITY OF THE GROUP MEM BERS MAINTAIN PUBLIC CHARITY STATUS AS HOSPITAL ORGANIZATIONS DESCRIBED IN SEC 170(B)(1)(A)(III), THE SOFTWARE USED TO PREPARE THE BJC GROUP RETURN DOES NOT ALLOW FOR MULTIPLE PUBL IC CHARITY STATUS ACCORDINGLY, THE ABOVE ORGANIZATIONS HAVE SEPARATELY DOCUMENTED THEIR P UBLIC SUPPORT AND INVESTMENT INCOME PERCENTAGES AGGREGATED AS FOLLOWS PUBLIC SUPPORT PERC ENTAGE FOR 2016 99 75% PUBLIC SUPPORT PERCENTAGE FOR 2015 99 70% INVESTMENT INCOME PERCENT AGE FOR 2016 0 07% INVESTMENT INCOME PERCENTAGE FOR 2015 0 07% _

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART IV - SECTION A	1 YES, DURING 2016, CHRISTIAN HEALTH SERVICES DEVELOPMENT CORPORATION (CHSDC) WAS THE SUP PORTING ORGANIZATION TO THE FOLLOWING SUPPORTED ORGANIZATIONS -CHRISTIAN HOSPITAL NORTHEA ST-NORTHWEST (EIN 43-6057893) 501(C)(3), BOX 3 -CH ALLIED SERVICES, INC DBA BOONE HOSPITA L (43-1279063) 501(C)(3), BOX 3 THESE SUPPORTED ORGANIZATIONS WERE LISTED BY NAME IN THE O RGANIZING DOCUMENTS FOR CHSDC CHSDC RESPONDS "NO" TO SECTION A, LINES 2-11 _

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART IV - SECTION D LINES 1-3	CHSDC RESPONDS "YES" TO QUESTIONS 1-3 CHSDC MAINTAINS A CLOSE AND CONTINUOUS WORKING RELA TIONSHIP WITH ITS SUPPORTED ORGANIZATIONS AND APPOINTS THE MAJORITY OF OFFICERS AND DIRECT ORS SERVING ON THE BOARDS OF THESE SUPPORTED ORGANIZATIONS BECAUSE AND AS A RESULT OF THI S CLOSE WORKING RELATIONSHIP, THE SUPPORTED ORGANIZATIONS PROVIDE INPUT ON MONTHLY FINANCI AL OPERATIONS, ANNUAL BUDGET PROCESS INCLUDING ALLOCATIONS FOR CAPITAL PROJECTS, USE OF HE ALTH INFORMATION SYSTEMS AND OTHER MATTERS CONCERNING HOSPITAL OPERATIONS _

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART IV - SECTION E LINES 1-3	LINE 1B CHSDC IS THE PARENT OF EACH OF ITS SUPPORTED ORGANIZATIONS LINE 3A AS SOLE MEMB ER OF ITS SUPPORTED ORGANIZATIONS, CHSDC 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 CHSDC LINE 3B CHSDC EXERCISES A SUBSTANTIAL DEGREE OF DI RECTION OVER THE POLICIES, PROGRAMS AND ACTIVITIES OF EACH OF ITS SUPPORTED ORGANIZATIONS BJC AND CHSDC REQUIRE THAT EACH SUPPORTED ORGANIZATION ADOPT ITS POLICIES BJC AND CHSDC APPROVES THE OPERATIONAL AND FISCAL BUDGET FOR EACH OF ITS SUPPORTED ORGANIZATIONS AND PRO VIDES ADMINISTRATIVE OVERSIGHT FOR HOSPITAL PROGRAMS AND CAPITAL PROJECTS

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶**Complete if the organization is described below.** ▶**Attach to Form 990 or Form 990-EZ.**
▶**Information about Schedule C (Form 990 or 990-EZ) and its instructions is at** ***www.irs.gov/form990*****.**

OMB No 1545-0047

2016

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	Employer identification number
BJC HEALTH SYSTEM GROUP RETURN	75-3052953

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
2 Political expenditures ▶ $
3 Volunteer hours

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? ☐ Yes ☐ No
4a Was a correction made? ☐ Yes ☐ 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? ☐ Yes ☐ 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-
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		
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-		

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2013	**(b)** 2014	**(c)** 2015	**(d)** 2016	**(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) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?	Yes		
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		671,675
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		86,628
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total Add lines 1c through 1i			758,303
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	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 THAT ARE SEPARATELY STATED IN DUES PAID TO VARIOUS HOSPITAL AND OTHER MEDICAL ASSOCIATIONS

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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.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
BJC HEALTH SYSTEM GROUP RETURN

Employer identification number
75-3052953

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.

		(a) Donor advised funds	(b) Funds and other accounts
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
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	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

b 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 ▶ $ _____

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, 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

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

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		95,835,065		95,835,065
b Buildings		1,454,740,523	912,642,240	542,098,283
c Leasehold improvements		324,424,252	197,301,545	127,122,707
d Equipment		3,035,624,265	2,234,510,362	801,113,903
e Other		1,078,142,686	81,550,043	996,592,643
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				2,562,762,601

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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

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	
OTHER LONG TERM LIABILITIES	54,047,014
DUE TO THIRD PARTY PAYORS	26,522,190
OTHER CURRENT LIABILITIES	14,454,690
SELF-FUNDED INSURANCE LIABLITIES	6,090,876
ACCRUED ENVIRONMENTAL LIABILITIES	3,804,000
LONG TERM PENSION LIABILITIES	1,697,090
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	106,615,860

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: 75-3052953
Name: BJC HEALTH SYSTEM GROUP RETURN

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

Supplemental Information

Return Reference	Explanation
FORM 990, SCHEDULE D, PART (S) XI AND XII	FOR 2016, THE NET ASSETS AND ACTIVITIES OF THE REPORTING ORGANIZATION ARE INCLUDED IN THE AUDITED FINANCIAL STATEMENTS OF BJC HEALTH SYSTEM & AFFILIATES (BJC) THE AUDIT IS CONDUCT ED IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES NO SEPARATE AUDITED FINANC IAL STATEMENTS ARE PREPARED FOR THE REPORTING ORGANIZATION ACCORDINGLY, FORM 990, SCHEDUL E D, PART(S) XI, XII, AND XIII RECONCILIATION OF CHANGE IN NET ASSETS, REVENUE & EXPENSES FROM FORM 990 TO AUDITED FINANCIAL STATEMENTS ARE NOT REQUIRED TO BE COMPLETED

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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. ► See separate instructions.

► Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
BJC HEALTH SYSTEM GROUP RETURN

Employer identification number
75-3052953

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to 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 Activites 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 region	(d) Activities conducted in region (by type) (e g , 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 region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	2	1			34,053,107
b Total from continuation sheets to Part I	0	0			0
c **Totals** (add lines 3a and 3b)	2	1			34,053,107

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

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" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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)*	☐ 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)*	☐ Yes	☑ No

Additional Data

Software ID:

Software Version:

EIN: 75-3052953

Name: BJC HEALTH SYSTEM GROUP RETURN

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).

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 AND THE CARIBBEAN	1	1	PROGRAM SERVICES	OPERATIONS OF MEMORIAL CAPTIVE INS CO, A WHOLLY OWNED SUBSIDIARY OF MEMORIAL REG HEALTH SVCS INC	5,780,874
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	1	0	NET INVESTMENT IN MEMORIAL CAPTIVE INS CO, A WHOLLY OWNED SUBSIDIARY OF MEMORIAL REG HEALTH SVCS INC		28,272,233

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.***

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
BJC HEALTH SYSTEM GROUP RETURN

Employer identification number
75-3052953

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? **Yes**	**No**	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total		▶					

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

Revenue		(a) Event #1 CRUISE DINNER (event type)	(b) Event #2 BIG BEAR BRUNCH (event type)	(c) Other events 14 (total number)	(d) Total events (add col (a) through col (c))
	1 Gross receipts	49,704	43,799	228,776	322,279
	2 Less Contributions	37,229	5,705	102,839	145,773
	3 Gross income (line 1 minus line 2)	12,475	38,094	125,937	176,506
Direct Expenses	4 Cash prizes	0		2,825	2,825
	5 Noncash prizes	0		600	600
	6 Rent/facility costs	4,520	2,000	19,153	25,673
	7 Food and beverages	13,497	8,267	12,136	33,900
	8 Entertainment	500	3,184	4,968	8,652
	9 Other direct expenses	1,957	845	19,565	22,367
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				94,017
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				82,489

Part III **Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in

a The organization's facility	**13a**	%
b An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ ----------

Address ▶ ----------

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party

Name ▶ ----------

Address ▶

----

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493319100337

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
BJC HEALTH SYSTEM GROUP RETURN

Employer identification number
75-3052953

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
	☐ Applied uniformly to all hospital facilities ☑ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care	3a	Yes	
	☑ 100% ☐ 150% ☐ 200% ☐ Other _____ %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b	Yes	
	☐ 200% ☐ 250% ☑ 300% ☐ 350% ☐ 400% ☐ Other _____ %			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)		160,084	212,335,046	98,050,483	114,284,563	2 550 %
b Medicaid (from Worksheet 3, column a)		363,359	829,668,891	653,969,459	175,699,432	3 930 %
c Costs of other means-tested government programs (from Worksheet 3, column b)		0				
d **Total** Financial Assistance and Means-Tested Government Programs		523,443	1,042,003,937	752,019,942	289,983,995	6 480 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	276	687,882	22,653,864	9,438,685	13,215,179	0 300 %
f Health professions education (from Worksheet 5)	56	16,613	254,348,429	72,644,466	181,703,963	4 060 %
g Subsidized health services (from Worksheet 6)	77	1,763,817	1,041,722,823	909,082,017	132,640,806	2 970 %
h Research (from Worksheet 7)	5	0	21,541,758	21,092,482	449,276	0 010 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	56	41,552	53,225,537	1,233,824	51,991,713	1 160 %
j **Total.** Other Benefits	470	2,509,864	1,393,492,411	1,013,491,474	380,000,937	8 500 %
k **Total.** Add lines 7d and 7j	470	3,033,307	2,435,496,348	1,765,511,416	669,984,932	14 980 %

Part II Community Building Activities

Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing	1	0	25,000	150	24,850	0 %
2 Economic development	4	0	1,945,591	876	1,944,715	0 040 %
3 Community support	22	63,755	2,153,531	115	2,153,416	0 050 %
4 Environmental improvements	2	0	30,550	115	30,435	0 010 %
5 Leadership development and training for community members	1	0	4,250	0	4,250	0 %
6 Coalition building	2	259	77,268	0	77,268	0 %
7 Community health improvement advocacy	0	0	0	0		0 %
8 Workforce development	2	691	2,681	0	2,681	0 %
9 Other	0	0	0	0		0 %
10 Total	34	64,705	4,238,871	1,256	4,237,615	0 100 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	119,387,024		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	70,155,811		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	822,147,548		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	778,249,282		
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	43,898,266		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?		9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI		9b	Yes	

Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 1 BJCHEALTHSOUTH REHABILITATION CENTER LLC	OPERATION OF REHABILITATION HOSPITAL	50 000 %	0 %	0 %
2 2 GAMMA KNIFE CENTER AT BARNES-JEWISH HOSPITAL LLC	OPERATION OF RADIATION GAMMA BEAM	50 000 %	0 %	0 %
3 3 THE HEART CARE INSTITUTE LLC	PROVIDE OUTPATIENT CARDIAC CARE SVCS	50 000 %	0 %	0 %
4 4 SURGERY CENTER OF FARMINGTON LLC	PROVIDE O/P SURGERY SVCS THRU MAY 2016 DUE TO SALE OF PTSP INTEREST IN JUNE	50 000 %	0 %	50 000 %
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year? **16**

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group BARNES-JEWISH HOSPITAL NORTHSOUTH

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

		Yes	No
Community Health Needs Assessment			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	**1**		No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	**2**		No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	**3**	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply)			
a ☑ A definition of the community served by the hospital facility			
b ☑ Demographics of the community			
c ☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☑ How data was obtained			
e ☑ The significant health needs of the community			
f ☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☑ The process for consulting with persons representing the community's interests			
i ☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j ☐ Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA 20 16			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**5**	Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**		No
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	**6b**		No
7 Did the hospital facility make its CHNA report widely available to the public?	**7**	Yes	
If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a ☑ Hospital facility's website (list url) WWW BARNESJEWISH ORG/CHNA			
b ☐ Other website (list url)			
c ☑ Made a paper copy available for public inspection without charge at the hospital facility			
d ☐ Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	**8**	Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 16			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	Yes	
a If "Yes" (list url) WWW BARNESJEWISH ORG/CHNA			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**12a**		No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

BARNES-JEWISH HOSPITAL NORTHSOUTH

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 100 000000000000 % and FPG family income limit for eligibility for discounted care of 300 000000000000 %			
b	☑ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☑ Insurance status			
f	☐ Underinsurance discount			
g	☑ Residency			
h	☑ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) BARNESJEWISH ORG/PATIENTS-VISITORS/BILLING-AND-FINANCIAL-ASSISTANCE			
b	☑ The FAP application form was widely available on a website (list url) BARNESJEWISH ORG/PATIENTS-VISITORS/BILLING-AND-FINANCIAL-ASSISTANCE			
c	☑ A plain language summary of the FAP was widely available on a website (list url) BARNESJEWISH ORG/PATIENTS-VISITORS/BILLING-AND-FINANCIAL-ASSISTANCE			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

BARNES-JEWISH HOSPITAL NORTHSOUTH

Name of hospital facility or letter of facility reporting group

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☑ Processed incomplete and complete FAP applications			
d ☑ Made presumptive eligibility determinations			
e ☐ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

BARNES-JEWISH HOSPITAL NORTHSOUTH

Name of hospital facility or letter of facility reporting group

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☑	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☐	The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? **23**		No
	If "Yes," explain in Section C		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		No
	If "Yes," explain in Section C		

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group MISSOURI BAPTIST MEDICAL CENTER

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 2

		Yes	No
Community Health Needs Assessment			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	**1**		No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	**2**		No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	**3**	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply)			
a ☑ A definition of the community served by the hospital facility			
b ☑ Demographics of the community			
c ☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☑ How data was obtained			
e ☑ The significant health needs of the community			
f ☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☑ The process for consulting with persons representing the community's interests			
i ☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j ☐ Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA 20 16			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**5**	Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**	Yes	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	**6b**		No
7 Did the hospital facility make its CHNA report widely available to the public?	**7**	Yes	
If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a ☑ Hospital facility's website (list url) MISSOURIBAPTIST ORG/ABOUTUS/COMMUNITYHEALTHNEEDSASSESSMENT			
b ☐ Other website (list url)			
c ☑ Made a paper copy available for public inspection without charge at the hospital facility			
d ☐ Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	**8**	Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 16			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	Yes	
If "Yes" (list url) MISSOURIBAPTIST ORG/ABOUTUS/COMMUNITYHEALTHNEEDSASSESSMENT			
a			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**12a**		No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

MISSOURI BAPTIST MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	**13**	Yes	
If "Yes," indicate the eligibility criteria explained in the FAP			
a ☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 100 000000000000 % and FPG family income limit for eligibility for discounted care of 300 000000000000 %			
b ☑ Income level other than FPG (describe in Section C)			
c ☐ Asset level			
d ☐ Medical indigency			
e ☑ Insurance status			
f ☐ Underinsurance discount			
g ☑ Residency			
h ☑ Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	**14**	Yes	
15 Explained the method for applying for financial assistance?	**15**	Yes	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a ☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b ☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c ☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d ☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e ☐ Other (describe in Section C)			
16 Was widely publicized within the community served by the hospital facility?	**16**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☑ The FAP was widely available on a website (list url) BJC ORG/FOR-PATIENTS-VISITORS/FINANCIAL-ASSISTANCE			
b ☑ The FAP application form was widely available on a website (list url) BJC ORG/FOR-PATIENTS-VISITORS/FINANCIAL-ASSISTANCE			
c ☑ A plain language summary of the FAP was widely available on a website (list url) BJC ORG/FOR-PATIENTS-VISITORS/FINANCIAL-ASSISTANCE			
d ☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e ☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f ☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g ☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h ☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i ☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

MISSOURI BAPTIST MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☑ Processed incomplete and complete FAP applications			
d ☑ Made presumptive eligibility determinations			
e ☐ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

MISSOURI BAPTIST MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☑	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☐	The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? **23**		No
	If "Yes," explain in Section C		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		No
	If "Yes," explain in Section C		

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group CHRISTIAN HOSPITAL NE-NW

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 3

		Yes	No
Community Health Needs Assessment			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply)			
a ☑ A definition of the community served by the hospital facility			
b ☑ Demographics of the community			
c ☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☑ How data was obtained			
e ☑ The significant health needs of the community			
f ☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☑ The process for consulting with persons representing the community's interests			
i ☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j ☐ Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA 20 16			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b		No
7 Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a ☑ Hospital facility's website (list url) CHRISTIANHOSPITAL ORG/COMMUNITY/COMMUNITY-HEALTH-NEEDS-ASSESSMENT			
b ☐ Other website (list url)			
c ☑ Made a paper copy available for public inspection without charge at the hospital facility			
d ☐ Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 16			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a If "Yes" (list url) CHRISTIANHOSPITAL ORG/COMMUNITY/COMMUNITY-HEALTH-NEEDS-ASSESSMENT			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

CHRISTIAN HOSPITAL NE-NW

Name of hospital facility or letter of facility reporting group

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	**13**	Yes	
If "Yes," indicate the eligibility criteria explained in the FAP			
a ☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 100 000000000000 % and FPG family income limit for eligibility for discounted care of 300 000000000000 %			
b ☑ Income level other than FPG (describe in Section C)			
c ☐ Asset level			
d ☐ Medical indigency			
e ☑ Insurance status			
f ☐ Underinsurance discount			
g ☑ Residency			
h ☑ Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	**14**	Yes	
15 Explained the method for applying for financial assistance?	**15**	Yes	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a ☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b ☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c ☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d ☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e ☐ Other (describe in Section C)			
16 Was widely publicized within the community served by the hospital facility?	**16**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☑ The FAP was widely available on a website (list url) BJC ORG/FOR-PATIENTS-VISITORS/FINANCIAL-ASSISTANCE			
b ☑ The FAP application form was widely available on a website (list url) BJC ORG/FOR-PATIENTS-VISITORS/FINANCIAL-ASSISTANCE			
c ☑ A plain language summary of the FAP was widely available on a website (list url) BJC ORG/FOR-PATIENTS-VISITORS/FINANCIAL-ASSISTANCE			
d ☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e ☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f ☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g ☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h ☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i ☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

CHRISTIAN HOSPITAL NE-NW

Name of hospital facility or letter of facility reporting group

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	**17**	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☑ Processed incomplete and complete FAP applications			
d ☑ Made presumptive eligibility determinations			
e ☐ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

CHRISTIAN HOSPITAL NE-NW

Name of hospital facility or letter of facility reporting group

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☑	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☐	The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? **23**		No
	If "Yes," explain in Section C		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		No
	If "Yes," explain in Section C		

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group PROTESTANT MEMORIAL MEDICAL CENTER INC

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 4

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	Yes	
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 15			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) WWW MEMHOSP COM/COMMUNITY-HEALTH-NEEDS-ASSESSMENT			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 15			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) WWW MEMHOSP COM/ACTION-PLANS			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

PROTESTANT MEMORIAL MEDICAL CENTER INC

Name of hospital facility or letter of facility reporting group

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	**13**	Yes	
If "Yes," indicate the eligibility criteria explained in the FAP			
a ☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 249 000000000000 % and FPG family income limit for eligibility for discounted care of 350 000000000000 %			
b ☐ Income level other than FPG (describe in Section C)			
c ☐ Asset level			
d ☐ Medical indigency			
e ☑ Insurance status			
f ☐ Underinsurance discount			
g ☐ Residency			
h ☑ Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	**14**	Yes	
15 Explained the method for applying for financial assistance?	**15**	Yes	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a ☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b ☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c ☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d ☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e ☐ Other (describe in Section C)			
16 Was widely publicized within the community served by the hospital facility?	**16**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☑ The FAP was widely available on a website (list url) MEMHOSP COM/BILLING-FINANCIAL			
b ☑ The FAP application form was widely available on a website (list url) MEMHOSP COM/BILLING-FINANCIAL			
c ☑ A plain language summary of the FAP was widely available on a website (list url) MEMHOSP COM/BILLING-FINANCIAL			
d ☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e ☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f ☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g ☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h ☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i ☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

PROTESTANT MEMORIAL MEDICAL CENTER INC

Name of hospital facility or letter of facility reporting group

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☑ Processed incomplete and complete FAP applications			
d ☑ Made presumptive eligibility determinations			
e ☐ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

PROTESTANT MEMORIAL MEDICAL CENTER INC

Name of hospital facility or letter of facility reporting group

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☑	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☐	The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? **23**		No
	If "Yes," explain in Section C		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		No
	If "Yes," explain in Section C		

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group ST LOUIS CHILDREN'S HOSPITAL

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 5

		Yes	No
Community Health Needs Assessment			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	**1**		No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	**2**		No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	**3**	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply)			
a ☑ A definition of the community served by the hospital facility			
b ☑ Demographics of the community			
c ☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☑ How data was obtained			
e ☑ The significant health needs of the community			
f ☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☑ The process for consulting with persons representing the community's interests			
i ☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j ☐ Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA 20 16			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**5**	Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**	Yes	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	**6b**		No
7 Did the hospital facility make its CHNA report widely available to the public?	**7**	Yes	
If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a ☑ Hospital facility's website (list url) STLOUISCHILDRENS ORG/COMMUNITY-HEALTH-NEEDS-ASSESSMENT			
b ☐ Other website (list url)			
c ☑ Made a paper copy available for public inspection without charge at the hospital facility			
d ☐ Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	**8**	Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 16			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	Yes	
If "Yes" (list url) STLOUISCHILDRENS ORG/COMMUNITY-HEALTH-NEEDS-ASSESSMENT **a**			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**12a**		No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

ST LOUIS CHILDREN'S HOSPITAL

Name of hospital facility or letter of facility reporting group

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	**13**	Yes	
If "Yes," indicate the eligibility criteria explained in the FAP			
a ☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 100 000000000000 % and FPG family income limit for eligibility for discounted care of 300 000000000000 %			
b ☑ Income level other than FPG (describe in Section C)			
c ☐ Asset level			
d ☐ Medical indigency			
e ☑ Insurance status			
f ☐ Underinsurance discount			
g ☑ Residency			
h ☑ Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	**14**	Yes	
15 Explained the method for applying for financial assistance?	**15**	Yes	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a ☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b ☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c ☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d ☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e ☐ Other (describe in Section C)			
16 Was widely publicized within the community served by the hospital facility?	**16**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☑ The FAP was widely available on a website (list url) BJC ORG/FOR-PATIENTS-VISITORS/FINANCIAL-ASSISTANCE			
b ☑ The FAP application form was widely available on a website (list url) BJC ORG/FOR-PATIENTS-VISITORS/FINANCIAL-ASSISTANCE			
c ☑ A plain language summary of the FAP was widely available on a website (list url) BJC ORG/FOR-PATIENTS-VISITORS/FINANCIAL-ASSISTANCE			
d ☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e ☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f ☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g ☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h ☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i ☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

ST LOUIS CHILDREN'S HOSPITAL

Name of hospital facility or letter of facility reporting group

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☑ Processed incomplete and complete FAP applications			
d ☑ Made presumptive eligibility determinations			
e ☐ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

ST LOUIS CHILDREN'S HOSPITAL

Name of hospital facility or letter of facility reporting group

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☑	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☐	The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? **23**		No
	If "Yes," explain in Section C		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		No
	If "Yes," explain in Section C		

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group BOONE HOSPITAL CENTER

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 6

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 16			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) BOONE ORG/ABOUT-US/COMMUNITY-HEALTH-NEEDS-ASSESSMENT			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 16			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) BOONE ORG/ABOUT-US/COMMUNITY-HEALTH-NEEDS-ASSESSMENT			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

BOONE HOSPITAL CENTER

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 100 000000000000 % and FPG family income limit for eligibility for discounted care of 300 000000000000 %			
b	☑ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☑ Insurance status			
f	☐ Underinsurance discount			
g	☑ Residency			
h	☑ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) BJC ORG/FOR-PATIENTS-VISITORS/FINANCIAL-ASSISTANCE			
b	☑ The FAP application form was widely available on a website (list url) BJC ORG/FOR-PATIENTS-VISITORS/FINANCIAL-ASSISTANCE			
c	☑ A plain language summary of the FAP was widely available on a website (list url) BJC ORG/FOR-PATIENTS-VISITORS/FINANCIAL-ASSISTANCE			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

BOONE HOSPITAL CENTER

Name of hospital facility or letter of facility reporting group

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☑ Processed incomplete and complete FAP applications			
d ☑ Made presumptive eligibility determinations			
e ☐ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

BOONE HOSPITAL CENTER

Name of hospital facility or letter of facility reporting group

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☑	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☐	The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? **23**		No
	If "Yes," explain in Section C		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		No
	If "Yes," explain in Section C		

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group ALTON MEMORIAL HOSPITAL

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 7

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 16			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) ALTONMEMORIALHOSPITAL ORG/COMMUNITY-HEALTH-NEEDS-ASSESSMENT			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 16			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) ALTONMEMORIALHOSPITAL ORG/COMMUNITY-HEALTH-NEEDS-ASSESSMENT			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

ALTON MEMORIAL HOSPITAL

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 100 000000000000 % and FPG family income limit for eligibility for discounted care of 300 000000000000 %			
b	☑ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☑ Insurance status			
f	☐ Underinsurance discount			
g	☑ Residency			
h	☑ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) BJC ORG/FOR-PATIENTS-VISITORS/FINANCIAL-ASSISTANCE			
b	☑ The FAP application form was widely available on a website (list url) BJC ORG/FOR-PATIENTS-VISITORS/FINANCIAL-ASSISTANCE			
c	☑ A plain language summary of the FAP was widely available on a website (list url) BJC ORG/FOR-PATIENTS-VISITORS/FINANCIAL-ASSISTANCE			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

ALTON MEMORIAL HOSPITAL

Name of hospital facility or letter of facility reporting group

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	**17**	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☑ Processed incomplete and complete FAP applications			
d ☑ Made presumptive eligibility determinations			
e ☐ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

ALTON MEMORIAL HOSPITAL

Name of hospital facility or letter of facility reporting group

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☑	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☐	The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? **23**		No
	If "Yes," explain in Section C		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		No
	If "Yes," explain in Section C		

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group BARNES-JEWISH WEST COUNTY HOSPITAL

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 8

		Yes	No
Community Health Needs Assessment			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply)			
a ☑ A definition of the community served by the hospital facility			
b ☑ Demographics of the community			
c ☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☑ How data was obtained			
e ☑ The significant health needs of the community			
f ☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☑ The process for consulting with persons representing the community's interests			
i ☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j ☐ Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA 20 16			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b		No
7 Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a ☑ Hospital facility's website (list url) BARNESJEWISHWESTCOUNTY ORG/ABOUT-US/COMMUNITY-HEALTH-NEEDS-ASSESSMENT			
b ☐ Other website (list url)			
c ☐ Made a paper copy available for public inspection without charge at the hospital facility			
d ☐ Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 16			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a If "Yes" (list url) BARNESJEWISHWESTCOUNTY ORG/ABOUT-US/COMMUNITY-HEALTH-NEEDS-ASSESSMENT			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

BARNES-JEWISH WEST COUNTY HOSPITAL

Name of hospital facility or letter of facility reporting group

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	**13**	Yes	
If "Yes," indicate the eligibility criteria explained in the FAP			
a ☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 100 000000000000 % and FPG family income limit for eligibility for discounted care of 300 000000000000 %			
b ☑ Income level other than FPG (describe in Section C)			
c ☐ Asset level			
d ☐ Medical indigency			
e ☑ Insurance status			
f ☐ Underinsurance discount			
g ☑ Residency			
h ☑ Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	**14**	Yes	
15 Explained the method for applying for financial assistance?	**15**	Yes	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a ☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b ☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c ☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d ☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e ☐ Other (describe in Section C)			
16 Was widely publicized within the community served by the hospital facility?	**16**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☑ The FAP was widely available on a website (list url) BJC ORG/FOR-PATIENTS-VISITORS/FINANCIAL-ASSISTANCE			
b ☑ The FAP application form was widely available on a website (list url) BJC ORG/FOR-PATIENTS-VISITORS/FINANCIAL-ASSISTANCE			
c ☑ A plain language summary of the FAP was widely available on a website (list url) BJC ORG/FOR-PATIENTS-VISITORS/FINANCIAL-ASSISTANCE			
d ☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e ☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f ☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g ☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h ☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i ☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

BARNES-JEWISH WEST COUNTY HOSPITAL

Name of hospital facility or letter of facility reporting group

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☑ Processed incomplete and complete FAP applications			
d ☑ Made presumptive eligibility determinations			
e ☐ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

BARNES-JEWISH WEST COUNTY HOSPITAL

Name of hospital facility or letter of facility reporting group

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☑	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☐	The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? **23**		No
	If "Yes," explain in Section C		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		No
	If "Yes," explain in Section C		

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group BARNES-JEWISH ST PETERS HOSPITAL INC

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 9

		Yes	No
Community Health Needs Assessment			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	**1**		No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	**2**		No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	**3**	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply)			
a ☑ A definition of the community served by the hospital facility			
b ☑ Demographics of the community			
c ☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☑ How data was obtained			
e ☑ The significant health needs of the community			
f ☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☑ The process for consulting with persons representing the community's interests			
i ☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j ☐ Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA 20 16			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**5**	Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**	Yes	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	**6b**		No
7 Did the hospital facility make its CHNA report widely available to the public?	**7**	Yes	
If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a ☑ Hospital facility's website (list url) WWW BJSPH ORG/ABOUT-US/COMMUNITY-HEALTH-NEEDS-ASSESSMENT			
b ☐ Other website (list url)			
c ☑ Made a paper copy available for public inspection without charge at the hospital facility			
d ☐ Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	**8**	Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 16			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	Yes	
a If "Yes" (list url) BARNESJEWISHWESTCOUNTY ORG/ABOUT-US/COMMUNITY-HEALTH-NEEDS-ASSESSMENT			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**12a**		No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

BARNES-JEWISH ST PETERS HOSPITAL INC

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 100 000000000000 % and FPG family income limit for eligibility for discounted care of 300 000000000000 %			
b	☑ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☑ Insurance status			
f	☐ Underinsurance discount			
g	☑ Residency			
h	☑ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) BJC ORG/FOR-PATIENTS-VISITORS/FINANCIAL-ASSISTANCE			
b	☑ The FAP application form was widely available on a website (list url) BJC ORG/FOR-PATIENTS-VISITORS/FINANCIAL-ASSISTANCE			
c	☑ A plain language summary of the FAP was widely available on a website (list url) BJC ORG/FOR-PATIENTS-VISITORS/FINANCIAL-ASSISTANCE			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

BARNES-JEWISH ST PETERS HOSPITAL INC

Name of hospital facility or letter of facility reporting group

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☑ Processed incomplete and complete FAP applications			
d ☑ Made presumptive eligibility determinations			
e ☐ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

BARNES-JEWISH ST PETERS HOSPITAL INC

Name of hospital facility or letter of facility reporting group

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☑	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☐	The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? **23**		No
	If "Yes," explain in Section C		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		No
	If "Yes," explain in Section C		

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group PARKLAND HEALTH CENTER-FARMINGTON

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 10

		Yes	No
Community Health Needs Assessment			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply)			
a ☑ A definition of the community served by the hospital facility			
b ☑ Demographics of the community			
c ☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☑ How data was obtained			
e ☑ The significant health needs of the community			
f ☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☑ The process for consulting with persons representing the community's interests			
i ☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j ☐ Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA 20 16			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b		No
7 Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a ☑ Hospital facility's website (list url) PARKLANDHEALTHCENTER ORG/ABOUT-US/COMMUNITY-HEALTH-NEEDS-ASSESSMENT			
b ☐ Other website (list url)			
c ☑ Made a paper copy available for public inspection without charge at the hospital facility			
d ☐ Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 16			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a If "Yes" (list url) PARKLANDHEALTHCENTER ORG/ABOUT-US/COMMUNITY-HEALTH-NEEDS-ASSESSMENT			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

PARKLAND HEALTH CENTER-FARMINGTON

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 100 000000000000 % and FPG family income limit for eligibility for discounted care of 300 000000000000 %			
b	☑ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☑ Insurance status			
f	☐ Underinsurance discount			
g	☑ Residency			
h	☑ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) BJC ORG/FOR-PATIENTS-VISITORS/FINANCIAL-ASSISTANCE			
b	☑ The FAP application form was widely available on a website (list url) BJC ORG/FOR-PATIENTS-VISITORS/FINANCIAL-ASSISTANCE			
c	☑ A plain language summary of the FAP was widely available on a website (list url) BJC ORG/FOR-PATIENTS-VISITORS/FINANCIAL-ASSISTANCE			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

PARKLAND HEALTH CENTER-FARMINGTON

Name of hospital facility or letter of facility reporting group

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☑ Processed incomplete and complete FAP applications			
d ☑ Made presumptive eligibility determinations			
e ☐ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

PARKLAND HEALTH CENTER-FARMINGTON

Name of hospital facility or letter of facility reporting group

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☑	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☐	The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? **23**		No
	If "Yes," explain in Section C		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		No
	If "Yes," explain in Section C		

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group BJCHEALTHSOUTH REHABIL CENTER LLC

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 11

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 16			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) REHABINSTITUTESTL COM/EN/OUR-HOSPITAL/IN-THE-COMMUNITY			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 16			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) REHABINSTITUTESTL COM/EN/OUR-HOSPITAL/IN-THE-COMMUNITY			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

BJCHEALTHSOUTH REHABIL CENTER LLC

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 400 000000000000 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☐ Medical indigency			
e	☑ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☑ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) REHABINSTITUTESTL COM/EN/PATIENTS-AND-FAMILY/FINANCIAL-ASSISTANCE			
b	☑ The FAP application form was widely available on a website (list url) REHABINSTITUTESTL COM/EN/PATIENTS-AND-FAMILY/FINANCIAL-ASSISTANCE			
c	☑ A plain language summary of the FAP was widely available on a website (list url) REHABINSTITUTESTL COM/EN/PATIENTS-AND-FAMILY/FINANCIAL-ASSISTANCE			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

BJCHEALTHSOUTH REHABIL CENTER LLC

Name of hospital facility or letter of facility reporting group

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☑ Processed incomplete and complete FAP applications			
d ☐ Made presumptive eligibility determinations			
e ☐ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21		No
If "No," indicate why			
a ☑ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

BJCHEALTHSOUTH REHABIL CENTER LLC

Name of hospital facility or letter of facility reporting group

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☑	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☐	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☐	The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? **23**		No
	If "Yes," explain in Section C		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		No
	If "Yes," explain in Section C		

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group PROGRESS WEST HEALTHCARE CENTER

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 12

		Yes	No
Community Health Needs Assessment			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	**1**		No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	**2**		No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	**3**	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply)			
a ☑ A definition of the community served by the hospital facility			
b ☑ Demographics of the community			
c ☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☑ How data was obtained			
e ☑ The significant health needs of the community			
f ☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☑ The process for consulting with persons representing the community's interests			
i ☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j ☐ Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA 20 16			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**5**	Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**		No
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	**6b**		No
7 Did the hospital facility make its CHNA report widely available to the public?	**7**	Yes	
If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a ☑ Hospital facility's website (list url) PROGRESSWEST ORG/ABOUT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT			
b ☐ Other website (list url)			
c ☑ Made a paper copy available for public inspection without charge at the hospital facility			
d ☐ Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	**8**	Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 16			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	Yes	
If "Yes" (list url) PROGRESSWEST ORG/ABOUT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT **a**			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**12a**		No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

PROGRESS WEST HEALTHCARE CENTER

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 100 000000000000 % and FPG family income limit for eligibility for discounted care of 300 000000000000 %			
b	☑ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☑ Insurance status			
f	☐ Underinsurance discount			
g	☑ Residency			
h	☑ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) BJC ORG/FOR-PATIENTS-VISITORS/FINANCIAL-ASSISTANCE			
b	☑ The FAP application form was widely available on a website (list url) BJC ORG/FOR-PATIENTS-VISITORS/FINANCIAL-ASSISTANCE			
c	☑ A plain language summary of the FAP was widely available on a website (list url) BJC ORG/FOR-PATIENTS-VISITORS/FINANCIAL-ASSISTANCE			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

PROGRESS WEST HEALTHCARE CENTER

Name of hospital facility or letter of facility reporting group

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☑ Processed incomplete and complete FAP applications			
d ☑ Made presumptive eligibility determinations			
e ☐ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

PROGRESS WEST HEALTHCARE CENTER

Name of hospital facility or letter of facility reporting group

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☑	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☐	The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? **23**		No
	If "Yes," explain in Section C		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		No
	If "Yes," explain in Section C		

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group METRO-EAST SERVICES INC

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 13

		Yes	No
Community Health Needs Assessment			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	**1**	Yes	
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	**2**	Yes	
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	**3**		No
If "Yes," indicate what the CHNA report describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The significant health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j ☐ Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA 20 ___			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**5**		
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**		
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	**6b**		
7 Did the hospital facility make its CHNA report widely available to the public?	**7**		
If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a ☐ Hospital facility's website (list url)			
b ☐ Other website (list url)			
c ☐ Made a paper copy available for public inspection without charge at the hospital facility			
d ☐ Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	**8**		
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 ___			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**		
If "Yes" (list url) **a**			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**12a**		No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $___			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

METRO-EAST SERVICES INC

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 249 000000000000 % and FPG family income limit for eligibility for discounted care of 350 000000000000 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☐ Medical indigency			
e	☑ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☑ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) MEMHOSPEAST COM//MEDIA/UPLOADS/FINANCIAL_ASSISTANCE_CHARITY_CAR			
b	☑ The FAP application form was widely available on a website (list url) MEMHOSPEAST COM//MEDIA/UPLOADS/FINANCIAL_ASSISTANCE_CHARITY_CAR			
c	☑ A plain language summary of the FAP was widely available on a website (list url) MEMHOSPEAST COM//MEDIA/UPLOADS/FINANCIAL_ASSISTANCE_CHARITY_CAR			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

METRO-EAST SERVICES INC

Name of hospital facility or letter of facility reporting group

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	**17**	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☑ Processed incomplete and complete FAP applications			
d ☑ Made presumptive eligibility determinations			
e ☐ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

METRO-EAST SERVICES INC

Name of hospital facility or letter of facility reporting group

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☑	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☐	The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? **23**		No
	If "Yes," explain in Section C		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		No
	If "Yes," explain in Section C		

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group MISSOURI BAPTIST HOSPITAL OF SULLIVAN

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 14

		Yes	No
Community Health Needs Assessment			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply)			
a ☑ A definition of the community served by the hospital facility			
b ☑ Demographics of the community			
c ☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☑ How data was obtained			
e ☑ The significant health needs of the community			
f ☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☑ The process for consulting with persons representing the community's interests			
i ☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j ☐ Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA 20 16			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		No
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b		No
7 Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a ☑ Hospital facility's website (list url) MISSOURIBAPTISTSULLIVAN ORG/ABOUT-US/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/CHNA			
b ☐ Other website (list url)			
c ☑ Made a paper copy available for public inspection without charge at the hospital facility			
d ☐ Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 16			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a If "Yes" (list url) MISSOURIBAPTISTSULLIVAN ORG/ABOUT-US/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/CHNA			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

MISSOURI BAPTIST HOSPITAL OF SULLIVAN

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	**13**	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a ☑	Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 100 000000000000 % and FPG family income limit for eligibility for discounted care of 300 000000000000 %			
b ☑	Income level other than FPG (describe in Section C)			
c ☐	Asset level			
d ☐	Medical indigency			
e ☑	Insurance status			
f ☐	Underinsurance discount			
g ☑	Residency			
h ☑	Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	**14**	Yes	
15	Explained the method for applying for financial assistance?	**15**	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a ☑	Described the information the hospital facility may require an individual to provide as part of his or her application			
b ☑	Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c ☑	Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d ☑	Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e ☐	Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	**16**	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☑	The FAP was widely available on a website (list url) BJC ORG/FOR-PATIENTS-VISITORS/FINANCIAL-ASSISTANCE			
b ☑	The FAP application form was widely available on a website (list url) BJC ORG/FOR-PATIENTS-VISITORS/FINANCIAL-ASSISTANCE			
c ☑	A plain language summary of the FAP was widely available on a website (list url) BJC ORG/FOR-PATIENTS-VISITORS/FINANCIAL-ASSISTANCE			
d ☑	The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e ☑	The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f ☑	A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g ☑	Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h ☑	Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i ☑	The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j ☐	Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

MISSOURI BAPTIST HOSPITAL OF SULLIVAN

Name of hospital facility or letter of facility reporting group

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	**17**	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☑ Processed incomplete and complete FAP applications			
d ☑ Made presumptive eligibility determinations			
e ☐ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

MISSOURI BAPTIST HOSPITAL OF SULLIVAN

Name of hospital facility or letter of facility reporting group

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☑	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☐	The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? **23**		No
	If "Yes," explain in Section C		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		No
	If "Yes," explain in Section C		

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group PARKLAND HEALTH CENTER-BONNE TERRE

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 15

		Yes	No
Community Health Needs Assessment			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	**1**		No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	**2**		No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	**3**	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply)			
a ☑ A definition of the community served by the hospital facility			
b ☑ Demographics of the community			
c ☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☑ How data was obtained			
e ☑ The significant health needs of the community			
f ☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☑ The process for consulting with persons representing the community's interests			
i ☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j ☐ Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA 20 16			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**5**	Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**	Yes	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	**6b**		No
7 Did the hospital facility make its CHNA report widely available to the public?	**7**	Yes	
If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a ☑ Hospital facility's website (list url) PARKLANDHEALTHCENTER ORG/ABOUT-US/COMMUNITY-HEALTH-NEEDS-ASSESSMENT			
b ☐ Other website (list url)			
c ☑ Made a paper copy available for public inspection without charge at the hospital facility			
d ☐ Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	**8**	Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 16			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	Yes	
a If "Yes" (list url) PARKLANDHEALTHCENTER ORG/ABOUT-US/COMMUNITY-HEALTH-NEEDS-ASSESSMENT			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**12a**		No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

PARKLAND HEALTH CENTER-BONNE TERRE

Name of hospital facility or letter of facility reporting group

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	**13**	Yes	
If "Yes," indicate the eligibility criteria explained in the FAP			
a ☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 100 000000000000 % and FPG family income limit for eligibility for discounted care of 300 000000000000 %			
b ☑ Income level other than FPG (describe in Section C)			
c ☐ Asset level			
d ☐ Medical indigency			
e ☑ Insurance status			
f ☐ Underinsurance discount			
g ☑ Residency			
h ☑ Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	**14**	Yes	
15 Explained the method for applying for financial assistance?	**15**	Yes	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a ☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b ☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c ☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d ☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e ☐ Other (describe in Section C)			
16 Was widely publicized within the community served by the hospital facility?	**16**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☑ The FAP was widely available on a website (list url) BJC ORG/FOR-PATIENTS-VISITORS/FINANCIAL-ASSISTANCE			
b ☑ The FAP application form was widely available on a website (list url) BJC ORG/FOR-PATIENTS-VISITORS/FINANCIAL-ASSISTANCE			
c ☑ A plain language summary of the FAP was widely available on a website (list url) BJC ORG/FOR-PATIENTS-VISITORS/FINANCIAL-ASSISTANCE			
d ☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e ☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f ☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g ☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h ☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i ☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

PARKLAND HEALTH CENTER-BONNE TERRE

Name of hospital facility or letter of facility reporting group

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☑ Processed incomplete and complete FAP applications			
d ☑ Made presumptive eligibility determinations			
e ☐ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

PARKLAND HEALTH CENTER-BONNE TERRE

Name of hospital facility or letter of facility reporting group

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☑	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☐	The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? **23**		No
	If "Yes," explain in Section C		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		No
	If "Yes," explain in Section C		

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group PARKLAND HEALTH CENTER-WEBER ROAD AS OF

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 16

		Yes	No
Community Health Needs Assessment			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	**1**		No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	**2**	Yes	
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	**3**		No
If "Yes," indicate what the CHNA report describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The significant health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j ☐ Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA 20 ___			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**5**		
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**		
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	**6b**		
7 Did the hospital facility make its CHNA report widely available to the public?	**7**		
If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a ☐ Hospital facility's website (list url)			
b ☐ Other website (list url)			
c ☐ Made a paper copy available for public inspection without charge at the hospital facility			
d ☐ Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	**8**		
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 ___			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**		
If "Yes" (list url) **a**			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**12a**		No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $___			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

PARKLAND HEALTH CENTER-WEBER ROAD AS OF

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 100 000000000000 % and FPG family income limit for eligibility for discounted care of 300 000000000000 %			
b	☑ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☑ Insurance status			
f	☐ Underinsurance discount			
g	☑ Residency			
h	☑ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) BJC ORG/FOR-PATIENTS-VISITORS/FINANCIAL-ASSISTANCE			
b	☑ The FAP application form was widely available on a website (list url) BJC ORG/FOR-PATIENTS-VISITORS/FINANCIAL-ASSISTANCE			
c	☑ A plain language summary of the FAP was widely available on a website (list url) BJC ORG/FOR-PATIENTS-VISITORS/FINANCIAL-ASSISTANCE			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

PARKLAND HEALTH CENTER-WEBER ROAD AS OF

Name of hospital facility or letter of facility reporting group

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	**17**	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☑ Processed incomplete and complete FAP applications			
d ☑ Made presumptive eligibility determinations			
e ☐ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

Name of hospital facility or letter of facility reporting group PARKLAND HEALTH CENTER-WEBER ROAD AS OF

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☑	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☐	The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? **23**		No
	If "Yes," explain in Section C		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		No
	If "Yes," explain in Section C		

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Add'l Data	

Part V **Facility Information** *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? **168**

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 3C	BJC HOSPITALS PROVIDE EMERGENCY AND MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL PATIENTS SEEKING SUCH CARE, REGARDLESS OF ABILITY TO PAY OR TO QUALIFY FOR FINANCIAL ASSISTANCE, IN ACCORDANCE WITH THE REQUIREMENTS OF THE EMERGENCY MEDICAL TREATMENT AND ACTIVE LABOR ACT (EMTALA) THESE SERVICES ARE PROVIDED TO PATIENTS WHO LIVE IN MISSOURI AND ILLINOIS REGARDLESS OF RACE, COLOR, CREED OR GENDER AND WITHOUT REGARD TO THE PATIENT'S ABILITY TO PAY PATIENTS WHO MEET CERTAIN FINANCIAL CRITERIA BASED UPON INCOME AND FAMILY SIZE MAY QUALIFY FOR BJC FINANCIAL ASSISTANCE, INCLUDING REDUCED HOSPITAL CHARGES AND LONG-TERM, INTEREST FREE PAYMENT PLANS PURSUANT TO ITS FINANCIAL ASSISTANCE POLICY, BJC WILL PROVIDE FINANCIAL ASSISTANCE OF 100% OF THE PATIENT'S RESPONSIBILITY WHEN FAMILY INCOME IS AT OR BELOW 100% OF THE YEARLY FEDERAL POVERTY LEVEL (FPL) A DISCOUNTED FEE SCHEDULE IS AVAILABLE FROM 101% TO 300% OF THE FPL FOR PATIENTS WITH FAMILY INCOME LESS THAN $100,000 ILLINOIS RESIDENTS RECEIVING SERVICES AT ALTON MEMORIAL HOSPITAL MAY BE ELIGIBLE FOR ADDITIONAL DISCOUNTS UNDER THE ILLINOIS HOSPITAL UNINSURED PATIENT DISCOUNT ACT PATIENTS WHO HAVE BEEN ENROLLED IN MEDICAID IN THE LAST SIX MONTHS MAY AUTOMATICALLY QUALIFY FOR FINANCIAL ASSISTANCE FOR MEDICAL SERVICES THAT ARE NOT COVERED BY MEDICAID THE CATASTROPHIC PROVISION OF THE BJC FINANCIAL ASSISTANCE POLICY PROVIDES THAT A PATIENT'S ANNUAL OUT-OF-POCKET LIABILITY SHALL NOT EXCEED 25% OF THE PATIENT'S ANNUAL FAMILY INCOME (30% OF ANNUAL FAMILY INCOME FOR UNINSURED ILLINOIS RESIDENTS RECEIVING SERVICES AT PROTESTANT MEMORIAL MEDICAL CENTER, ALTON MEMORIAL HOSPITAL AND METRO EAST SERVICES) A SIMILAR FINANCIAL ASSISTANCE POLICY APPLIES TO MEDICALLY NECESSARY HEALTHCARE SERVICES RENDERED BY BJC EMPLOYED PHYSICIANS AND QUALIFYING HOME CARE SERVICES
PART I, LINE 6A	BJC PREPARES AN ANNUAL WRITTEN REPORT THAT DESCRIBES PROGRAMS AND SERVICES THAT PROMOTE THE HEALTH OF THE COMMUNITIES SERVED BY BJC HOSPITAL AND HOSPITAL SERVICE ORGANIZATIONS THE COMMUNITY BENEFIT REPORT (REPORT) FOR BJC PROVIDES VALUABLE INFORMATION ON PROGRAMS AND SERVICES PROVIDED BY THE MEMBER HOSPITALS INCLUDED IN THE BJC HEALTH SYSTEM GROUP RETURN FORM 990 BJC MAKES THE REPORT AVAILABLE TO THE GENERAL PUBLIC VIA ITS WEBSITE AT WWW BJC ORG AND VIA A LINK ON ALL BJC HOSPITAL WEBSITES THE REPORT IS ALSO DISTRIBUTED VIA MAILINGS TO COMMUNITY MEMBERS IN MISSOURI AND ILLINOIS, CIVIC LEADERS AND VARIOUS OTHER INTEREST GROUPS UPDATES ARE POSTED ON THE BJC WEBSITE AS INFORMATION BECOMES AVAILABLE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7	THE COST OF FINANCIAL ASSISTANCE INCLUDES FREE OR DISCOUNTED HEALTH SERVICES PROVIDED TO PERSONS WHO MEET THE CRITERIA DESCRIBED IN THE FINANCIAL ASSISTANCE POLICY (SEE SCHEDULE H, PART I, LINE 3 ABOVE) FINANCIAL ASSISTANCE IS DEFINED AS THE COSTS IN EXCESS OF PAYMENTS (UNCOMPENSATED COSTS) ON ACCOUNTS WRITTEN OFF AS FINANCIAL ASSISTANCE IN THE CURRENT YEAR ONCE A PATIENT IS DETERMINED TO QUALIFY FOR FINANCIAL ASSISTANCE, THE ENTIRE COST (OR A PORTION OF THE QUALIFYING AMOUNT) OF THE ACCOUNT IS CLASSIFIED AS FINANCIAL ASSISTANCE BJC UTILIZED A COST TO CHARGE RATIO DERIVED FROM WORKSHEET 2 TO DETERMINE THE COSTS OF THE FINANCIAL ASSISTANCE ACCOUNTS ANY PAYMENTS RECEIVED ARE THEN NETTED AGAINST THE COST OF THE ACCOUNT AS DIRECT OFFSETTING REVENUE TO DETERMINE THE UNCOMPENSATED COSTS CALCULATONS FOR OTHER COMMUNITY BENEFITS REPORTED ON SCHEDULE H, PART I, LINES 7E-7I VARY BY LINE ITEM AND ARE GENERALLY CONSISTENT WITH THE WORKSHEETS PROVIDED IN IRS INSTRUCTIONS DATA IS GATHERED BY BJC COMMUNITY BENEFITS LIASONS AND ENTERED INTO CBISA SOFTWARE LINE ITEM DOCUMENTATION OF OTHER COMMUNITY BENEFITS IS SUBJECT TO BJC INTERNAL AUDIT PROCEDURES AND BACK UP FILES ARE RETAINED AT EACH HOSPITAL SITE ONCE REVIEWED AND APPROVED BY THE COMMUNITY BENEFITS MANAGER, THE AMOUNTS ARE ADDED TO IRS FORM 990, SCHEDULE H IN ADDITION TO TOTAL FUNCTIONAL EXPENSES REPORTED ON FORM 990, PART IX, LINE 25, COLUMN (A), THE ALLOCABLE SHARE OF EXPENSES (LESS THE ALLOCABLE SHARE OF BAD DEBTS) FROM A 50% OWNED JOINT VENTURE HOSPITAL AND OTHER JOINT VENTURES HAVE BEEN ADDED TO THE DENOMINATOR WHEN CALCULATING THE PERCENT OF TOTAL EXPENSE CONSIDERED THE NET COMMUNITY BENEFIT EXPENSE AND REPORTED IN PART I, LINE 7, COLUMN (F) TOTAL EXPENSES USED WHEN CALCULATING LINE 7, COL (F) PERCENTAGES = $4,472,050,030 WHICH EXCLUDES THE ALLOCABLE SHARE OF JOINT VENTURE EXPENSES OF $519,563 FOR 2016
PART I, LINE 7G	SUBSIDIZED HEALTH SERVICES ARE CLINICAL SERVICES PROVIDED TO BOTH INPATIENTS AND OUTPATIENTS DESPITE A FINANCIAL LOSS TO BJC EACH LOSS HAS BEEN CALCULATED AFTER REMOVING LOSSES ASSOCIATED WITH BAD DEBTS, FINANCIAL ASSISTANCE, MEDICAID AND OTHER COSTS ALTHOUGH THESE SERVICES GENERATE OVERALL LOSSES TO BJC, THEY CONTINUE TO MEET THE NEEDS OF THE COMMUNITIES WE SERVE THE SUBSIDIZED HEALTH SERVICES AMOUNTS INCLUDE ADDITIONAL SERVICES THAT GENERATED LOSSES PROVIDED BY BJC THROUGH PHYSICIAN PRACTICES FOR 2016, SUBSIDIZED HEALTH SERVICES PROVIDED THROUGH THESE PHYSICIAN PRACTICES GENERATED LOSSES OF $53,184,887

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	BELIEVING THAT HEALTH PROMOTION BEGINS WITH EDUCATION AND ACCESS TO SERVICES, BJC PROVIDES A NUMBER OF HEALTH OUTREACH PROGRAMS FOR CHILDREN AND ADULTS IN UNDERSERVED COMMUNITIES BJC'S SCHOOL OUTREACH AND YOUTH DEVELOPMENT PROGRAM IS ONE OF THE MOST EXTENSIVE IN THE EASTERN MISSOURI AND SOUTHERN ILLINOIS REGIONS WORKING IN PARTNERSHIP WITH SCHOOL FACULTY AND ADMINISTRATORS, BJC DEVELOPS AND DELIVERS HEALTH EDUCATION CURRICULA, JOB SHADOWING OPPORTUNITIES, AND HEALTH FAIRS THE PROGRAMS ALSO FOCUS ON HEALTH ISSUES AND BEHAVIORS INCLUDING DRUG, ALCOHOL AND TOBACCO USE, NUTRITION AND FITNESS, SEXUALLY TRANSMITTED DISEASE, INCLUDING HIV/AIDS, SAFETY, AND VIOLENCE PREVENTION FOR ADULTS 50+ YEARS OF AGE, BJC CO-SPONSORS OASIS, AN EDUCATION AND VOLUNTEER SERVICE ORGANIZATION PROMOTING HEALTHY LIFESTYLES AND BEHAVIORS FOR SENIOR CITIZENS IN LOW-INCOME COMMUNITIES, BJC PARTNERS WITH FAITH-BASED ORGANIZATIONS TO PROVIDE FREE MEDICAL SCREENINGS, EDUCATION AND OTHER NEEDED HEALTH SERVICES ADDITIONALLY, FOR THE PAST 8 YEARS, BJC HAS CHANNELED RESOURCES AND OUTREACH HEALTH SERVICES TO RESIDENTS IN THE SEVEN ZIP CODES IN THE REGION THAT HAVE THE POOREST HEALTH STATISTICS AND OUTCOMES
PART III, LINE 3	IF A PATIENT OR RESPONSIBLE PARTY IS CONCERNED ABOUT THEIR ABILITY TO PAY, IS PROVIDED INFORMATION REGARDING THE FINANCIAL ASSISTANCE POLICY OR OTHERWISE REQUESTS FINANCIAL ASSISTANCE, THE HOSPITAL STAFF PROVIDES INFORMATION AND GUIDANCE TO ASSIST THE PATIENT IN APPLYING FOR FINANCIAL ASSISTANCE IN CERTAIN SITUATIONS, THE PATIENT FAILS TO COMPLETE THE APPLICATION FOR FINANCIAL ASSISTANCE AND THE ACCOUNT PROGRESSES THROUGH THE REVENUE CYCLE TO BAD DEBTS BJC USES EXTERNAL FINANCIAL DATA SOURCES TO IDENTIFY THOSE INDIVIDUALS WHO MAY QUALIFY FOR FINANCIAL ASSISTANCE, YET HAVE BEEN UNWILLING TO COMPLETE THE APPLICATION PROCESS IN THESE CASES, THE AMOUNTS ARE MOVED TO CHARITY CARE AND NOT REFLECTED IN BAD DEBT EXPENSE NOTED ABOVE PATIENTS MAY APPLY FOR FINANCIAL ASSISTANCE AT ANY POINT OF THE REGISTRATION, BILLING OR COLLECTION PROCESSES

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 4	BJC HEALTHCARE (BJC) BAD DEBT EXPENSE IS INCLUDED IN THE NET PATIENT SERVICE REVENUE AND PATIENT ACCOUNTS RECEIVABLE FOOTNOTE TO ITS CONSOLIDATED FINANCIAL STATEMENTS WHICH IS FOUND ON PAGE 11 OF THE BJC AUDITED FINANCIAL STATEMENTS ATTACHED HERETO SEE ALSO FOOTNOTE 3 RELATED TO UNCOMPENSATED CARE ON PAGES 20, 21 AND 22 OF THE AUDITED FINANCIAL STATEMENTS
PART III, LINE 8	PATIENT LEVEL DETAIL DATA IS USED TO CALCULATE THE UNCOMPENSATED COST OF BAD DEBT AND FINANCIAL ASSISTANCE ONCE AN ACCOUNT IS WRITTEN OFF TO BAD DEBT AND/OR FINANCIAL ASSISTANCE, THE ENTIRE COST OF THE ACCOUNT IS CLASSIFIED AS BAD DEBT AND ANY PAYMENTS RECEIVED ARE NETTED AGAINST THE COST OF THE ACCOUNT TO DETERMINE THE UNCOMPENSATED COSTS UNCOMPENSATED COSTS PATIENT DETAIL CALCULATION (GROSS CHARGES X COST TO CHARGE RATIO) LESS PAYMENTS RECEIVEDONLY THOSE PATIENT ACCOUNTS WITH UNCOMPENSATED COSTS (THOSE IN EXCESS OF PAYMENTS) ARE INCLUDED IN THE TOTAL COST OF BAD DEBT AND FINANCIAL ASSISTANCE ON SCHEDULE H PATIENT ACCOUNTS WITH PAYMENTS IN EXCESS OF COSTS ARE NOT INCLUDED IN THE TOTAL COST OF BAD DEBT AND FINANCIAL ASSISTANCE THE COST OF BAD DEBT AND FINANCIAL ASSISTANCE ON MEDICARE PATIENT ACCOUNTS IS INCLUDED IN THE TOTAL COST OF BAD DEBT AND FINANCIAL ASSISTANCE MEDICARE SURPLUS (SHORTFALL) IS REPORTED SEPARATELY ON SCHEDULE H, HOWEVER, THE MEDICARE SURPLUS (SHORTFALL) IS REDUCED BY THE COST OF BAD DEBT AND FINANCIAL ASSISTANCE FOR MEDICARE PATIENTS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 9B	BJC UNDERSTANDS THAT HEALTH CARE EXPENSES ARE OFTEN UNEXPECTED AND PAYING FOR SUCH SERVICES CAN BE OVERWHELMING WE ARE COMMITTED TO IDENTIFYING PATIENTS WHO QUALIFY FOR ASSISTANCE AT THE EARLIEST OPPORTUNITY, TO HELPING THEM APPLY FOR PROGRAMS AND OTHER ASSISTANCE AND TO WORKING OUT A FAIR WAY FOR PATIENTS TO PAY THEIR BILLS BJC HAS ADOPTED A FINANCIAL ASSISTANCE POLICY THAT IS APPLIED UNIFORMLY TO MOST AFFILIATED HOSPITAL OPERATIONS INTERNAL DUE DILIGENCE PROCEDURES INCLUDE DETERMINING WHETHER THE RESPONSIBLE PARTY IS FINANCIALLY ABLE TO PAY FOR ALL OR A PORTION OF UNPAID BALANCES IN THE PATIENT ACCOUNT, OFFERING REPAYMENT UNDER NO INTEREST TERMS AND CONSIDERATION FOR FINANCIAL ASSISTANCE WHEN THE PATIENT DEMONSTRATES INABILITY TO PAY AMOUNTS DUE ELIGIBILITY FOR FINANCIAL ASSISTANCE IS BASED ON INCOME AND FAMILY SIZE UTILIZING THE DEPARTMENT OF HEALTH AND HUMAN SERVICES ANNUAL POVERTY GUIDELINES PUBLISHED IN THE FEDERAL REGISTER BJC UTILIZES A PROCESS WHICH COMBINES DATA, TECHNOLOGY AND ANALYTICAL FUNCTIONALITY TO IDENTIFY PATIENTS THAT QUALIFY FOR FINANCIAL ASSISTANCE AT ANY POINT IN THE BILLING PROCESS THIS RESULTS IN EARLIER IDENTIFICATION OF PATIENTS MERITING FINANCIAL ASSISTANCE AND RECLASSIFICATION FROM BAD DEBTS BJC HAS ADOPTED A WRITTEN DEBT COLLECTION POLICY THAT IS APPLIED UNIFORMLY TO ALL AFFILIATE HOSPITAL OPERATIONS INTERNAL COLLECTION EFFORTS INCLUDE HOSPITAL MAILING OF ROUTINE BILLING STATEMENTS WHICH INCLUDE INFORMATION ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE COLLECTION PROCEDURES INCLUDE IDENTIFYING INDIVIDUALS WHO MAY QUALIFY FOR FINANCIAL ASSISTANCE, OFFERING SUCH INDIVIDUALS THE OPPORTUNITY TO COMPLETE APPLICATIONS FOR FINANCIAL ASSISTANCE AND HELPING THE INDIVIDUALS COMPLETE THE APPLICATION FORMS ONCE AN INDIVIDUAL OR RESPONSIBLE PARTY IS DEEMED FINANCIALLY UNABLE TO PAY SOME OR ALL OF THE OPEN BALANCE ON A PATIENT ACCOUNT, THE REMAINING BALANCE IS WRITTEN OFF AS UNCOLLECTIBLE
PART VI, LINE 2	BJC USES RELIABLE, THIRD PARTY REPORTS, INCLUDING DATA FROM GOVERNMENT SOURCES TO ASSESS THE HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES THESE REPORTS PROVIDE INFORMATION ABOUT KEY HEALTH, SOCIOECONOMIC AND DEMOGRAPHIC INDICATORS THAT POINT TO AREAS OF NEED AND INCLUDE BUT ARE NOT LIMITED TO REPORTS FROM - LOCAL AND STATE DEPARTMENTS OF HEALTH- ST LOUIS REGIONAL HEALTH COMMISSION- MISSOURI FOUNDATION FOR HEALTH- LOCAL GOVERNMENT PLANNING DEPARTMENTS- THE COMMONWEALTH FUND- U S CENSUS BUREAU- ECONOMIC IMPACT STUDIES- EAST WEST GATEWAY COUNCIL OF GOVERNMENTS (A RECOGNIZED METROPOLITAN PLANNING ORGANIZATION - MPO) BJC USES INFORMATION FROM THESE SECONDARY SOURCES TO DEVELOP PROGRAMS AND PROVIDE SERVICES THROUGHOUT THE REGION IN ADDITION, BJC CONSIDERS THE HEALTH CARE NEEDS OF THE OVERALL COMMUNITY WHEN EVALUATING INTERNAL FINANCIAL AND OPERATIONAL DECISIONS FOR EXAMPLE, BJC CONTINUES TO OPERATE FULL SERVICE HOSPITAL(S) AT A FINANCIAL LOSS IN CERTAIN GEOGRAPHIES BECAUSE THE IMPACT OF CLOSING THE HOSPITALS WOULD BE DETRIMENTAL TO THE COMMUNITY BJC ALSO CONTINUES TO PROVIDE CERTAIN CLINICAL SERVICES, INCLUDING TRAUMA AND OBSTETRICS, IN GEOGRAPHIES AT A FINANCIAL LOSS FOR THE SAME REASON

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Form and Line Reference	Explanation
PART VI, LINE 3	BJC EMPLOYS A VARIETY OF METHODS TO REACH PATIENTS WITH INFORMATION ABOUT FINANCIAL ASSISTANCE INCLUDING -BJC AND ALL HOSPITAL WEB SITES POST INFORMATION ABOUT FINANCIAL ASSISTANCE AND PROVIDE INFORMATION ON HOW TO CONTACT A FINANCIAL ASSISTANCE REPRESENTATIVE-BJC HOSPITALS DISPLAY PLAIN LANGUAGE SUMMARY OF FINANCIAL ASSISTANCE ON POSTERS IN ALL EMERGENCY, ADMITTING, OUTPATIENT AND CLINIC AREAS THAT INCLUDE A PHONE NUMBER TO CALL FOR FINANCIAL ASSISTANCE COUNSELING-BJC HOSPITAL DEPARTMENTS THAT HAVE INITIAL CONTACT WITH INCOMING INPATIENTS AND OUTPATIENTS ARE SUPPLIED WITH BROCHURES ABOUT FINANCIAL ASSISTANCE FOR DISTRIBUTION TO PATIENTS AND FAMILY MEMBERS-ALL BJC HOSPITALS EMPLOY TRAINED FINANCIAL ASSISTANCE COUNSELORS WHO WORK INDIVIDUALLY WITH PATIENTS TO ASSESS FINANCIAL NEED AND RECOMMEND APPROPRIATE ASSISTANCE SUCH AS APPLICATION FOR FEDERAL AND/OR STATE PROGRAMS, QUALIFICATION FOR FINANCIAL ASSISTANCE, DETERMINATION OF AUTOMATIC DISCOUNTS AND/OR FURTHER REDUCTIONS IN CHARGES, AND SETTING UP LONG-TERM FINANCIAL ARRANGEMENTS
PART VI, LINE 4	BJC HAS THREE PRIMARY SERVICE AREAS FIRST AND LARGEST IS THE ST LOUIS METROPOLITAN STATISTICAL AREA, CONSISTING OF THE FOLLOWING COUNTIES ST LOUIS CITY, ST LOUIS, ST CHARLES, FRANKLIN, JEFFERSON, WARREN, AND LINCOLN IN MISSOURI, AND MADISON, ST CLAIR, MONROE, JERSEY AND CLINTON IN ILLINOIS, POPULATION OF BJC'S PRIMARY SERVICE AREA = 3 07M BJC'S SECONDARY SERVICE AREA INCLUDES BOONE COUNTY IN MID-MISSOURI AND ST FRANCOIS COUNTY IN SOUTHEAST MISSOURI BECAUSE OF BJC'S TEACHING HOSPITALS AND THEIR STATUS AS ACADEMIC MEDICAL CENTERS, ITS SECONDARY SERVICE AREAS INCLUDE THE REMAINING COUNTIES IN MISSOURI, AND COUNTIES IN ILLINOIS SOUTH OF PEORIA POPULATION OF BJC'S SECONDARY SERVICE AREA = 16 9M BJC HOSPITALS LOCATED WITHIN ALL SERVICE AREAS INCLUDE ALTON MEMORIAL HOSPITAL, BARNES-JEWISH HOSPITAL, ST LOUIS CHILDREN'S HOSPITAL, PROTESTANT MEMORIAL MEDICAL CENTER (MEMORIAL HOSPITAL BELLEVILLE), BJC/HEALTHSOUTH REHABILITATION CENTER, CHRISTIAN HOSPITAL NE/NW (CHRISTIAN HOSPITAL), MISSOURI BAPTIST MEDICAL CENTER, PROGRESS WEST HEALTHCARE CENTER, BARNES JEWISH ST PETERS HOSPITAL, INC , MISSOURI BAPTIST HOSPITAL OF SULLIVAN, BARNES-JEWISH WEST COUNTY HOSPITAL, BOONE HOSPITAL CENTER, METRO EAST SERVICES (MEMORIAL HOSPITAL EAST) AND PARKLAND HEALTH CENTER (2 FARMINGTON LOCATIONS AND BONNE TERRE) AGED (65 YEARS AND OVER) POPULATION IN BOTH PRIMARY AND SECONDARY SERVICE AREAS CONTINUE TO GROW AT A STEADY RATE

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Form and Line Reference	Explanation
PART VI, LINE 5	SERVICES BJC PROVIDES A FULL RANGE OF PRIMARY AND TERTIARY PATIENT CARE SERVICES AND PROVIDES EXTENSIVE SERVICES TO THE COMMUNITY THROUGH ITS FAMILY PRACTICE, INTERNAL MEDICINE, SURGICAL AND EMERGENCY CARE SERVICES ADDITIONALLY, BJC PROVIDES COMPREHENSIVE MEDICAL CARE IN ORTHOPEDICS, NEUROLOGY, DIAGNOSTIC IMAGING, CARDIOLOGY, GASTROENTEROLOGY, ONCOLOGY, OBSTETRICS AND GYNECOLOGY, PEDIATRICS, IMMUNOLOGY, PSYCHIATRY, DERMATOLOGY, GERIATRICS, PATHOLOGY AND PHYSICAL REHABILITATION BJC ALSO PROVIDES PREVENTIVE MEDICAL CARE MEDICAL STAFF BJC HOSPITALS MAINTAIN OPEN MEDICAL STAFFS AND MAKE APPOINTMENTS IN ACCORDANCE WITH MEDICAL STAFF BYLAWS APPROVED BY THEIR RESPECTIVE BOARDS THE MEMBERS OF THE BARNES-JEWISH HOSPITAL MEDICAL STAFF ARE EITHER FULL-TIME OR PART-TIME FACULTY MEMBERS OF THE WASHINGTON UNIVERSITY SCHOOL OF MEDICINE (WUSM) IN ADDITION, SUBSTANTIALLY ALL OF THE MEMBERS OF THE ST LOUIS CHILDREN'S HOSPITAL MEDICAL STAFF ARE ALSO MEMBERS OF WUSM FACULTY AT THE END OF 2016, APPROXIMATELY 7,000 PHYSICIANS WERE ACTIVE MEMBERS OF THE MEDICAL STAFFS OF ALL BJC HOSPITALS OF THE TOTAL PHYSICIANS, 2,200 ARE FACULTY MEMBERS OF THE WUSM GOVERNING BODY BJC IS GOVERNED BY A BOARD OF DIRECTORS (BOARD) WITH 17 VOTING MEMBERS COMPRISED PRIMARILY OF COMMUNITY LEADERS MEMBERS ARE APPOINTED BY BOARDS OF ITS SUPPORTED ORGANIZATIONS INCLUDING BARNES-JEWISH HOSPITAL, CHRISTIAN HEALTH SERVICES DEVELOPMENT CORPORATION, MISSOURI BAPTIST MEDICAL CENTER AND ST LOUIS CHILDREN'S HOSPITAL OTHER MEMBERS OF THE BOARD INCLUDE THE PRESIDENT AND CHIEF EXECUTIVE OFFICER OF BJC, THE CHANCELLOR AND EXECUTIVE VICE CHANCELLOR OF WASHINGTON UNIVERSITY, AND THE CHAIRPERSON OF THE BOARD OF TRUSTEES OF BOONE COUNTY HOSPITAL THE BOARD HAS ADOPTED A CODE OF CONDUCT AND CONFLICT OF INTEREST POLICY THAT GOVERN TRANSACTIONS BETWEEN MEMBERS OF THE BOARD AND BJC TO ENSURE THAT PUBLIC, RATHER THAN PRIVATE INTERESTS ARE SERVED BY BJC THE BOARD HAS DELEGATED AUTHORITY FOR THE MANAGEMENT AND DAILY OPERATIONS OF BJC TO ITS PRESIDENT AND CHIEF EXECUTIVE OFFICER AND THE EXECUTIVE MANAGEMENT STAFF THE BOARD HAS ESTABLISHED VARIOUS COMMITTEES INCLUDING THE FOLLOWING AUDIT, COMMUNITY BENEFIT, EXECUTIVE, FINANCE, GOVERNANCE, AND PATIENT CARE AFFILIATION AGREEMENTS BJC THROUGH ITS AFFILIATE, BARNES-JEWISH HOSPITAL (BJH) HAS MAINTAINED A LONG STANDING CLOSE RELATIONSHIP WITH WUSM BJH AND WUSM ARE PARTIES TO AN AFFILIATION AGREEMENT TO PROVIDE PROFESSIONAL MEDICAL STAFF AND ALLOCATION OF RESPONSIBILITY FOR HOSPITAL AND HEALTH CARE DELIVERY FACILITIES FOR BJH AND WUSM ST LOUIS CHILDREN'S HOSPITAL (CHILDREN'S) IS ALSO AFFILIATED WITH AND IS THE PEDIATRIC TEACHING HOSPITAL FOR WUSM THE CHILDREN'S/UNIVERSITY AGREEMENT SETS FORTH THE RESPONSIBILITIES OF WUSM TO PROVIDE MEDICAL PROFESSIONALS TO SUPPORT THE HOSPITAL'S PROGRAMS AND TO PROVIDE ACADEMIC SUPPORT WUSM PROVIDES LEADERSHIP AND DIRECTION FOR THE RESIDENCY PROGRAMS AT BOTH BJH AND CHILDREN'S ALLOCATION OF SURPLUS FUNDS UNRESTRICTED ASSETS AND SURPLUS FUNDS HELD BY BJC ARE USED IN FURTHERANCE OF THE MISSION TO IMPROVE THE HEALTH AND WELL-BEING OF THE PEOPLE AND COMMUNITIES IT SERVES THROUGH LEADERSHIP, EDUCATION, INNOVATION AND EXCELLENCE IN MEDICINE EXAMPLES INCLUDE -BJH IN CONJUNCTION WITH WUSM RECENTLY COMPLETED THE BJC INSTITUTE OF HEALTH AT WASHINGTON UNIVERSITY (INSTITUTE) THE INSTITUTE ALLOWS TEAMS OF RESEARCHERS TO COLLABORATE IN KEY THERAPEUTIC AREAS SUCH AS CANCER GENOMICS, DIABETIC CARDIOVASCULAR DISEASE, WOMEN'S INFECTIOUS DISEASES, MEMBRANE EXCITABILITY DISORDERS AND NEURODEGENERATIVE CONDITIONS THE RESULTS OF THIS MULTI-DISCIPLINARY EFFORT ARE EXPECTED TO ADVANCE MEDICAL SCIENCE, TECHNOLOGY, AND PATIENT CARE PRACTICES -BJH SUPPORTS THE OPERATIONS OF THE GOLDFARB SCHOOL OF NURSING (SCHOOL) WHICH FOCUSES ON THE EDUCATION OF BACCALAUREATE AND MASTERS PREPARED NURSES THE SCHOOL ADDRESSES THE NEED FOR MORE NURSING PROFESSIONALS TO SERVE BJC PRIMARY AND SECONDARY SERVICE AREAS -BJC SUPPORTS BIOSCIENCE AND TECHNOLOGY RESEARCH, DEVELOPMENT AND COMMERCIALIZATION THROUGH ITS SUPPORT OF CORTEX, A TAX EXEMPT 501(C)(3) ORGANIZATION FORMED TO FACILITATE AN ECOSYSTEM FOR BIOMEDICAL RESEARCH AND INNOVATION
PART VI, LINE 6	BJC HEALTH SYSTEM IS ONE OF THE LARGEST NONPROFIT HEALTH CARE ORGANIZATIONS IN THE UNITED STATES, DELIVERING SERVICES TO RESIDENTS PRIMARILY IN THE GREATER ST LOUIS, SOUTHERN ILLINOIS AND MID-MISSOURI REGIONS WITH NET REVENUE OF $4 8 BILLION, BJC SERVES URBAN, SUBURBAN AND RURAL COMMUNITIES THROUGH 16 HOSPITAL FACILITIES AND MULTIPLE COMMUNITY HEALTH LOCATIONS SERVICES INCLUDE INPATIENT AND OUTPATIENT CARE, PRIMARY CARE, COMMUNITY HEALTH AND WELLNESS, WORKPLACE HEALTH, HOME HEALTH, COMMUNITY MENTAL HEALTH, REHABILITATION, LONG-TERM CARE, AND HOSPICE AS ONE OF THE LARGEST NONPROFIT HEALTH CARE DELIVERY ORGANIZATIONS IN THE COUNTRY, WE ARE COMMITTED TO IMPROVING THE HEALTH AND WELL-BEING OF THE PEOPLE AND COMMUNITIES WE SERVE THROUGH LEADERSHIP, EDUCATION, INNOVATION AND EXCELLENCE IN MEDICINE BJC STRIVES TO BE THE NATIONAL MODEL AMONG HEALTH CARE DELIVERY ORGANIZATIONS AS MEASURED BY -OUTSTANDING PATIENT ADVOCACY AND LOYALTY -UNSURPASSED CLINICAL QUALITY AND PATIENT SAFETY -SIGNIFICANT CONTRIBUTIONS TO MEDICAL EDUCATION AND RESEARCH -EXCEPTIONAL EMPLOYEE WORKFORCE DEVELOPMENT -EXCELLENT FINANCIAL AND OPERATIONAL MANAGEMENT

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Form and Line Reference	Explanation
PART VI, LINE 7, REPORTS FILED WITH STATES	MO,IL

Additional Data

Software ID:
Software Version:
EIN: 75-3052953
Name: BJC HEALTH SYSTEM GROUP RETURN

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **16** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	BARNES-JEWISH HOSPITAL NORTHSOUTH ONE BARNES-JEWISH HOSP PLZ SAINT LOUIS, MO 63110 WWW BARNESJEWISH ORG MO 421	X	X		X			X			
2	MISSOURI BAPTIST MEDICAL CENTER 3015 NORTH BALLAS ROAD TOWN COUNTRY, MO 63131 MISSOURIBAPTIST ORG MO 234	X	X					X			
3	CHRISTIAN HOSPITAL NE-NW 11133 DUNN ROAD SAINT LOUIS, MO 63136 CHRISTIANHOSPITAL ORG MO 425	X	X					X			
4	PROTESTANT MEMORIAL MEDICAL CENTER INC 4500 MEMORIAL DRIVE BELLEVILLE, IL 62226 WWW MEMHOSP COM IL 0001461	X	X					X			
5	ST LOUIS CHILDREN'S HOSPITAL ONE CHILDRENS PLACE SAINT LOUIS, MO 63110 STLOUISCHILDRENS ORG MO 324	X	X	X	X			X			
6	BOONE HOSPITAL CENTER 1600 EAST BROADWAY COLUMBIA, MO 65201 WWW BOONE ORG MO 361	X	X					X		OPER VIA LEASE W/ BOONE COUNTY HOSP TRUSTEES	
7	ALTON MEMORIAL HOSPITAL ONE MEMORIAL DRIVE ALTON, IL 62002 ALTONMEMORIAL ORG IL 00026	X	X					X			
8	BARNES-JEWISH WEST COUNTY HOSPITAL 12634 OLIVE BOULEVARD CREVE COEUR, MO 63141 BARNESJEWISHWEST ORG MO 368	X	X					X			
9	BARNES-JEWISH ST PETERS HOSPITAL INC 10 HOSPITAL DRIVE SAINT PETERS, MO 63376 WWW BJSPH ORG MO 357	X	X					X			
10	PARKLAND HEALTH CENTER-FARMINGTON 1101 WEST LIBERTY STREET FARMINGTON, MO 63640 PARKLANDHEALTH ORG MO 379	X	X					X			

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **16** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
11	BJCHEALTHSOUTH REHABIL CENTER LLC 4455 DUNCAN AVENUE SAINT LOUIS, MO 63110 REHABINSTITUTESTL COM MO 467	X								50% OWNERSHIP	
12	PROGRESS WEST HEALTHCARE CENTER 2 PROGRESS POINT PKWY OFALLON, MO 63366 WWW PROGRESSWEST ORG MO 502	X	X					X			
13	METRO-EAST SERVICES INC 1404 CROSS STREET SHILOH, IL 62269 WWW MEMHOSPEAST COM IL 0006049	X	X					X			
14	MISSOURI BAPTIST HOSPITAL OF SULLIVAN 751 SAPPINGTON BRIDGE ROAD SULLIVAN, MO 63080 MISSOURIBAPTISTSULL ORG MO 355	X	X			X		X			
15	PARKLAND HEALTH CENTER-BONNE TERRE 7245 RAIDER ROAD BONNE TERRE, MO 63628 PARKLANDHEALTH ORG MO 474	X	X			X		X			
16	PARKLAND HEALTH CTR-WEBER RD 1212 WEBER ROAD FARMINGTON, MO 63640 PARKLANDHEALTH ORG MO 509	X	X					X		FACILITY WAS CLOSED JAN 2016	

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
BARNES-JEWISH HOSPITAL NORTH/SOUTH	PART V, SECTION B, LINE 5 IN KEEPING WITH THE REQUIREMENTS OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT (PPACA), BARNES-JEWISH HOSPITAL (HOSPITAL) CONDUCTED EXTERNAL FOCUS GROUPS IN ORDER TO TAKE INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY EACH OF BJC HOSPITAL SERVES HOSPITAL IDENTIFIED ITS COMMUNITY AS THE CITY OF ST LOUIS WHICH COMPRISES 5% OF MISSOURI'S POPULATION POPULATION OF THE CITY WAS APPROXIMATELY 52% FEMALE/48% MALE, 46% WHITE, 47% AFRICAN AMERICAN, 4% HISPANIC OR LATINO AND 3% ASIAN MEDIAN HOUSEHOLD INCOME FOR CITY WAS 27% LOWER THAN THE STATE OVERALL HOSPITAL FURTHER IDENTIFIED THE HOMELESS POPULATION IN THE CITY TO REQUIRE ADDITIONAL CONSIDERATION (ESPECIALLY UPON DISCHARGE FROM THE HOSPITAL) AND NOTED NEEDS OF INCREASING IMPORTANCE TO BE SAFETY FROM VIOLENCE, ACCESS TO COVERAGE DUE TO NO MEDICAID EXPANSION IN MISSOURI AND BEHAVIORAL HEALTH ISSUES REGARDING OPIOID ABUSE INDIVIDUALS WHO PARTICIPATED IN THE CHNA PROCESS WERE CHOSEN FROM MULTIPLE SECTORS AND REPRESENTED THE BROAD INTERESTS OF HOSPITAL COMMUNITY THE FOCUS GROUP PARTICIPANTS SERVED IN ROLES IN WHICH THEY WORKED CLOSELY WITH OUR POPULATION THE PARTICIPANTS HAD SPECIAL KNOWLEDGE IN THE AREA OF PUBLIC HEALTH, INCLUDING REPRESENTATIVES FROM THE COUNTY OR CITY HEALTH DEPARTMENTS AND MET AT VARIOUS TIMES TO DISCUSS THE RESULTS OF PRIOR CHNA AND REVIEWED THE CURRENT IMPLEMENTATION PLAN (IP) FOCUS GROUP PARTICIPANTS GAVE COMMENTARY ON THE PRIOR CHNA AND PROVIDED SUGGESTIONS FOR ADDRESSING THE NEEDS OF RESIDENTS IN THE CITY OF ST LOUIS THE DATA GATHERING PROCESS WAS CONDUCTED IN TWO PHASES WHICH INCLUDED A DISCUSSION OF 2013 CHNA RESULTS, GAPS IN PRIOR IMPLEMENTATION STRATEGIES AND WAYS TO IMPROVE ACCESS TO COVERAGE USING TECHNOLOGY THE FOCUS GROUP INCLUDED PARTICIPANTS REPRESENTING COMMUNITY HEALTH IN PARTNERSHIP SERVICES (CHIPS)URBAN LEAGUE OF GREATER ST LOUISMISSOURI FOUNDATION FOR HEALTHPARAQUADINTERNATIONAL INSTITUTEALDERWOMAN, WARD 19REGIONAL HEALTH COMMISSIONAFFINIA HEALTHCARE, FORMERLY GRACE HILL HEALTH CENTERSST LOUIS AREA FOOD BANKGATEWAY REGION YMCAST LOUIS COUNTY HEALTH DEPARTMENTCASA DE SALUDCITY OF ST LOUIS HEALTH COMMISSIONERST LOUIS INTEGRATED HEALTH NETWORKPATIENT ADVOCATES
MISSOURI BAPTIST MEDICAL CENTER	PART V, SECTION B, LINE 5 IN KEEPING WITH THE REQUIREMENTS OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT (PPACA), MISSOURI BAPTIST MEDICAL CENTER (HOSPITAL) CONDUCTED EXTERNAL FOCUS GROUPS IN ORDER TO TAKE INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY THIS BJC HOSPITAL INDIVIDUALS ACROSS MULTIPLE SECTORS REPRESENTED THE BROAD INTERESTS OF THE HOSPITAL COMMUNITY WHICH INCLUDES AREAS OF SOUTH AND WEST ST LOUIS COUNTY THE POPULATION OF THIS COMMUNITY IS 67% WHITE, 24% AFRICAN AMERICAN, 4% ASIAN, AND 3% HISPANIC OR LATINO THE GENDER OF THIS COMMUNITY IS APPROXIMATELY 52% MALE AND 48% FEMALE THE FOCUS GROUP PARTICIPANTS SERVED IN ROLES IN WHICH THEY WORKED CLOSELY WITH OTHER COMMUNITY STAKEHOLDERS THE PARTICIPANTS HAD SPECIAL KNOWLEDGE IN THE AREA OF PUBLIC HEALTH, INCLUDING THOSE WITH A SPECIAL INTEREST IN THE HEALTH NEEDS OF RESIDENTS LOCATED IN WEST COUNTY AND SOUTH COUNTY THE CHNA PROCESS WAS CONDUCTED IN TWO PHASES DURING THE INITIAL PHASE, PARTICIPANTS DISCUSSED CHANGES THAT HAD OCCURRED SINCE 2013 AND GAPS IN MEETING COMMUNITY NEEDS THE SECOND PHASE INCLUDED REVIEW OF FINDINGS FROM THE INITIAL PHASE ON PRIOR CHNA AND IMPLEMENTATION PLAN AND PROVIDED SUGGESTIONS FOR ADDRESSING THE HEALTH NEEDS OF THE HOSPITAL COMMUNITY FOCUS GROUP PARTICIPANTS INCLUDED PARTICIPANTS REPRESENTING AMERICAN HEART ASSOCIATIONST LOUIS SUBURBAN SCHOOL NURSESMISSOURI HOUSE OF REPRESENTATIVESCATHOLIC FAMILY SERVICESNATIONAL COUNCIL ON ALCOHOLISM & DRUG ABUSEMANCHESTER UNITED METHODIST CHURCHSOUTH COUNTY HEALTH CENTERALIVELEMAY FIRE PROTECTION DISTRICTOFFICE OF THE COUNTY EXECUTIVEST LOUIS CRISIS NURSERYBEHAVIORAL HEALTH NETWORKMID-EAST AREA ON AGINGST LOUIS COUNTY DEPARTMENT OF HEALTHHOPE LODGEREGIONAL HEALTH COMMISSIONUNITED WAYPEOPLE'S HEALTH CENTERSFEED MY PEOPLECRISIS NURSERYAMERICAN CANCER SOCIETYJEWISH COMMUNITY CENTER

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
CHRISTIAN HOSPITAL NE-NW	PART V, SECTION B, LINE 5 IN KEEPING WITH THE REQUIREMENTS OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT (PPACA), CHRISTIAN HOSPITAL (HOSPITAL) CONDUCTED EXTERNAL FOCUS GROUPS IN ORDER TO TAKE INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY THIS BJC HOSPITAL INDIVIDUALS ACROSS MULTIPLE SECTORS REPRESENTED THE BROAD INTERESTS OF THE HOSPITAL COMMUNITY WHICH INCLUDES AREAS OF NORTH ST LOUIS COUNTY THE POPULATION OF THIS COMMUNITY IS 64% AFRICAN AMERICAN, 31% WHITE, AND 2% HISPANIC OR LATINO THE GENDER OF THIS COMMUNITY IS APPROXIMATELY 54% FEMALE AND 46% MALE HOSPITAL CONDUCTED ITS 2016 ASSESSMENT IN TWO PHASES THE FIRST PHASE CONSISTED OF A FOCUS GROUP DISCUSSION WHICH REVIEWED THE 2013 CHNA AND FINDINGS THEN DISCUSSED CHANGES THAT HAD OCCURRED SINCE 2013 THIS GROUP THEN REVIEWED GAPS IN MEETING NEEDS AND IDENTIFIED OTHER COMMUNITY ORGANIZATIONS TO COLLABORATE WITH IN ADDRESSING NEEDS DURING PHASE TWO, THIS GROUP IDENTIFIED INTERNAL WORK GROUP AT HOSPITAL WHICH FURTHER IDENTIFIED HEALTH DISPARITIES AND TRENDS EVIDENT IN NORTH ST LOUIS COUNTY THE FOCUS GROUP PARTICIPANTS SERVED IN ROLES IN WHICH THEY WORKED CLOSELY WITH OTHER COMMUNITY STAKEHOLDERS THE PARTICIPANTS HAD SPECIAL KNOWLEDGE IN THE AREA OF PUBLIC HEALTH, INCLUDING THOSE WITH A SPECIAL INTEREST IN THE HEALTH NEEDS OF RESIDENTS LOCATED IN NORTH ST LOUIS COUNTY FOCUS GROUP PARTICIPANTS INCLUDED PARTICIPANTS REPRESENTING FAMILY RESOURCE CENTERST LOUIS UNIVERSITY EDUCATION AND PUBLIC SERVICESST LOUIS COUNTY POLICE DEPARTMENTWARD 1 - FLORISSANTGREATER NORTH COUNTY CHAMBER OF COMMERCEHOLY NAME OF JESUS CATHOLIC CHURCHEDWARD JONES YMCAHAZELWOOD SCHOOL DISTRICTREDDY HEALTH AND PERFORMANCEMID-EAST AREA ON AGINGST LOUIS COUNTY DEPARTMENT OF HEALTHNORTH COUNTY CHURCHES UNITINGUNIVERSITY OF MISSOURI - ST LOUISUNITED WAYPEOPLE'S HEALTH CENTERSCRISIS NURSERY
PROTESTANT MEMORIAL MEDICAL CENTER INC	PART V, SECTION B, LINE 5 SINCE 1991, THE COLLABORATIVE PARTNERSHIP KNOWN AS THE ST CLAIR COUNTY HEALTHCARE COMMISSION (COMMISSION) HAS CONDUCTED NUMEROUS COMMUNITY HEALTH ASSESSMENTS, PLANNING PROJECTS AND ANNUAL FORUMS PROTESTANT MEMORIAL MEDICAL CENTER, INC (HOSPITAL) HAS BEEN AND CONTINUES TO BE AN ACTIVE MEMBER OF THE COMMISSION IN WORKING TO EXPAND SERVICES TO MEET THE IDENTIFIED NEEDS OF THE COMMUNITY THE HOSPITAL COMMUNITY IS A MIXED PERCENTAGE OF WHITES, AFRICAN AMERICAN, NATIVE AMERICAN, HISPANIC OR LATINO AND ASIAN THE GENDER OF THIS COMMUNITY IS APPROXIMATELY 52% FEMALE AND 48% MALE THE PERCENTAGE OF PERSONS LIVING IN POVERTY IN ST CLAIR COUNTY HAS STEADILY INCREASED IN RECENT YEARS VARIOUS FOCUS TEAMS CONDUCTED A COMPREHENSIVE ASSESSMENT OF THE ENTIRE POPULATION THROUGH THE USE OF COMMUNITY SURVEYS, A REVIEW OF POPULATION TRENDS, HEALTH OUTCOMES AND BEHAVIORS OVER THE LAST FIVE YEARS FOCUS GROUP PARTICIPANTS INCLUDED PARTICIPANTS REPRESENTING AMERICAN HEART ASSOCIATION AMERICAN LUNG ASSOCIATION AGE SMART ASTHMA COALITION FOR THE GREATER ST LOUIS METRO EAST AREA EAST SIDE HEALTH DISTRICT MARCH OF DIMES MCKENDREE UNIVERSITY PIONEERING HEALTHIER COMMUNITIES PROGRAMS AND SERVICES PERSONS REGIONAL OFFICE OF EDUCATION SCOTT AIR FORCE BASE HEALTH AND WELLNESS CENTER ST CLAIR COUNTY HEALTH DEPARTMENT ST CLAIR COUNTY MEDICAL SOCIETY ST CLAIR COUNTY MENTAL HEALTH BOARD ST CLAIR COUNTY OFFICE ON AGING ST CLAIR COUNTY YOUTH COALITION ST ELIZABETH'S HOSPITAL SOUTHWESTERN ILLINOIS COALITION AGAINST TOBACCO SOUTHERN IL HEALTHCARE FOUNDATION SOUTHERN ILLINOIS UNIVERSITY, SCHOOL OF NURSING SOUTHWEST ILLINOIS HIV/AIDS COALITION TOUCHETTE REGIONAL HOSPITAL WILLARD C SCRIVNER, MD PUBLIC HEALTH FOUNDATION YMCA OF SOUTHWEST ILLINOIS

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
ST LOUIS CHILDREN'S HOSPITAL	PART V, SECTION B, LINE 5 IN KEEPING WITH THE REQUIREMENTS OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT (PPACA), ST LOUIS CHILDREN'S HOSPITAL (HOSPITAL) AND SSM HEALTH CARDINAL GLENNON CHILDREN'S MEDICAL CENTER CONDUCTED A FOCUS GROUP TO OBTAIN INPUT FROM PEDIATRIC AND PUBLIC HEALTH EXPERTS ON THE HEALTH CONCERNS OF ST LOUIS CITY CHILDREN AGES 0-18 HOSPITAL COMMUNITY INCLUDES ST LOUIS CI41 THE POPULATION OF THIS COMMUNITY IS 47% AFRICAN AMERICAN, 31% WHITE, AND 4% HISPANIC OR LATINO THE GENDER OF THIS COMMUNITY IS APPROXIMATELY 52% FEMALE AND 48% MALE WITH ALMOST 10% OF THE POPULATION WHERE LANGUAGE OTHER THAN ENGLISH IS SPOKEN AT HOME AND ALMOST 7% ARE FOREIGN BORN PERSONS TRANSIENT FAMILIES WERE IDENTIFIED AS A SPECIAL CONCERN FOR TRACKING THOSE PERSONS WHO HAVE BEEN ENROLLED IN PILOT PROGRAMS HOSPITAL CONDUCTED ITS 2016 ASSESSMENT IN TWO PHASES THE FIRST PHASE CONSISTED OF A FOCUS GROUP DISCUSSION WHICH REVIEWED THE 2013 CHNA AND FINDINGS THEN DISCUSSED CHANGES THAT HAD OCCURRED SINCE 2013 THIS GROUP THEN REVIEWED GAPS IN MEETING NEEDS AND IDENTIFIED OTHER COMMUNITY ORGANIZATIONS TO COLLABORATE WITH IN ADDRESSING NEEDS A PATIENT HEALTH CONCERNS SURVEY WAS ADMINISTERED TO MORE THAN 1,000 PARENTS LIVING WITHIN THE ST LOUIS METROPOLITAN AREA WHICH IDENTIFIED PRIMARY DATA ON HEALTH NEEDS DURING PHASE TWO, THIS GROUP IDENTIFIED INTERNAL WORK GROUP AT HOSPITAL WHICH FURTHER IDENTIFIED HEALTH DISPARITIES AND TRENDS EVIDENT IN ST LOUIS METROPOLITAN AREA INDIVIDUALS ACROSS MULTIPLE SECTORS REPRESENTED THE BROAD INTERESTS OF THE HOSPITAL COMMUNITY THE FOCUS GROUP PARTICIPANTS SERVED IN ROLES IN WHICH THEY WORKED CLOSELY WITH OTHER COMMUNITY STAKEHOLDERS AND INCLUDED PARTICIPANTS REPRESENTING WOMAN'S PLACE (STS JOACHIM & ANN)CITY OF O'FALLONFORT ZUMWALT SCHOOL DISTRICTUNITED WAY OF GREATER ST LOUISST CHARLES CITY-COUNTY LIBRARY DISTRICTCRIDER HEALTH CENTERYOUTH IN NEEDMID-EAST AREA ON AGINGVOLUNTEERS IN MEDICINECOMMUNITY COUNCILRENARULD SPIRIT CENTERUNITED SERVICESFIRST STEPS BACK HOMEST LOUIS CHARLES COUNTY AMBULANCE DISTRICTALDERWOMAN, CITY OF O'FALLONSTS JOACHIM & ANN CARE SERVICEVOLUNTEERS IN MEDICINECAVALRY CHURCHCENTRAL COUNTY FIRE & RESCUECRISIS NURSERYST CHARLES CHAMBER OF COMMERCEST CHARLES COUNTY DRUG TASK FORCEST CHARLES COUNTY DEPARTMENT OF HEALTH
BOONE HOSPITAL CENTER	PART V, SECTION B, LINE 5 IN KEEPING WITH THE REQUIREMENTS OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT (PPACA), BOONE HOSPITAL CENTER (HOSPITAL) FORMED AN INTERNAL WORKGROUP OF CLINICAL AND NON-CLINICAL STAFF WITH KNOWLEDGE OF THE COMMUNITY AND PATIENTS TO REVIEW THE FOCUS GROUP RESULTS AND THE SECONDARY DATA IN ORDER TO PROVIDE INPUT INTO THE PRIORITY NEEDS OF THE COUNTY INDIVIDUALS ACROSS MULTIPLE SECTORS REPRESENTED THE BROAD INTERESTS OF THE HOSPITAL COMMUNITY WHICH WAS IDENTIFIED AS BOONE COUNTY THE POPULATION OF THIS COMMUNITY IS 80% WHITE, 10% AFRICAN AMERICAN, 5% ASIAN, AND 3% HISPANIC OR LATINO THE GENDER OF THIS COMMUNITY IS APPROXIMATELY 52% FEMALE AND 48% MALE AND FOREIGN BORN PERSONS COMPRISE 6% OF THIS COMMUNITY THE CHNA PROCESS WAS CONDUCTED IN TWO PHASES DURING THE INITIAL PHASE, PARTICIPANTS DISCUSSED CHANGES THAT HAD OCCURRED SINCE 2013 AND GAPS IN MEETING COMMUNITY NEEDS THE SECOND PHASE INCLUDED REVIEW OF FINDINGS FROM THE INITIAL PHASE ON PRIOR CHNA AND IMPLEMENTATION PLAN AND PROVIDED SUGGESTIONS FOR ADDRESSING THE HEALTH NEEDS OF THE HOSPITAL COMMUNITY THE FOCUS GROUP PARTICIPANTS SERVED IN ROLES IN WHICH THEY WORKED CLOSELY WITH OTHER COMMUNITY STAKEHOLDERS THE PARTICIPANTS HAD SPECIAL KNOWLEDGE IN THE AREA OF PUBLIC HEALTH, INCLUDING THOSE WITH A SPECIAL INTEREST IN THE HEALTH NEEDS OF RESIDENTS LOCATED IN BOONE COUNTY FOCUS GROUP PARTICIPANTS INCLUDED PARTICIPANTS REPRESENTING COLUMBIA-BOONE COUNTY DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES (DHHS)FAMILY HEALTH CENTERCOLUMBIA HOUSING AUTHORITYFORMER BHC TRUSTEECENTRAL MO COMMUNITY ACTION

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
ALTON MEMORIAL HOSPITAL	PART V, SECTION B, LINE 5 IN KEEPING WITH THE REQUIREMENTS OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT (PPACA), ALTON MEMORIAL HOSPITAL (HOSPITAL) CONDUCTED A FOCUS GROUP TO SOLICIT FEEDBACK FROM COMMUNITY STAKEHOLDERS, PUBLIC HEALTH EXPERTS AND THOSE WITH A SPECIAL INTEREST IN THE HEALTH NEEDS OF RESIDENTS LOCATED IN MADISON COUNTY THE POPULATION OF THIS COMMUNITY IS 85% WHITE, 10% AFRICAN AMERICAN, AND 3% HISPANIC OR LATINO THE GENDER OF THIS COMMUNITY IS APPROXIMATELY 51% FEMALE AND 49% MALE AND FOREIGN BORN PERSONS MAKE UP LESS THAN 3% OF THE POPULATION THE FOCUS GROUP PARTICIPANTS SERVED IN ROLES IN WHICH THEY WORKED CLOSELY WITH OTHER COMMUNITY STAKEHOLDERS THE PARTICIPANTS HAD SPECIAL KNOWLEDGE IN THE AREA OF PUBLIC HEALTH, INCLUDING THOSE WITH A SPECIAL INTEREST IN THE HEALTH NEEDS OF RESIDENTS LOCATED IN MADISON COUNTY THE CHNA PROCESS WAS CONDUCTED IN TWO PHASES DURING THE INITIAL PHASE, PARTICIPANTS DISCUSSED CHANGES THAT HAD OCCURRED SINCE 2013 AND GAPS IN MEETING COMMUNITY NEEDS THE SECOND PHASE INCLUDED REVIEW OF FINDINGS FROM THE INITIAL PHASE ON PRIOR CHNA AND IMPLEMENTATION PLAN AND PROVIDED SUGGESTIONS FOR ADDRESSING THE HEALTH NEEDS OF THE HOSPITAL COMMUNITY THE PURPOSE OF THE FOCUS GROUPS WAS TO GAIN INPUT FROM INDIVIDUALS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY SERVED BY THE HOSPITALS, AS WELL AS THOSE FROM MADISON COUNTY HEALTH DEPARTMENT WITH SPECIAL KNOWLEDGE AND EXPERTISE IN THE AREA OF PUBLIC HEALTH AN INTERNAL COMMUNITY BENEFIT COMMITTEE WAS FORMED AT AMH MADE UP OF COMMUNITY OUTREACH HEALTH PERSONNEL, NURSES, CHAPLAIN, PHYSICIANS AND OTHER SPECIALTY CLINICIANS THE GROUP REVIEWED THE EXTERNAL FOCUS GROUP RESULTS AND THE SECONDARY DATA BASED ON THE FOCUS GROUP RESULTS THE PARTICIPANTS HAD SPECIAL KNOWLEDGE IN THE AREA OF PUBLIC HEALTH, INCLUDING THOSE WITH A SPECIAL INTEREST IN THE HEALTH NEEDS OF RESIDENTS LOCATED IN MADISON COUNTY FOCUS GROUP PARTICIPANTS INCLUDED PARTICIPANTS REPRESENTING SALVATION ARMYALTON DEPARTMENT OF HOUSINGNOWUPPER ALTON BAPTIST CHURCHSOUTHERN ILLINOIS HEALTHCARE FOUNDATIONSIERRA CLUBROXANA CHURCH OF THE NAZARENEALTON FIRE DEPARTMENTRIVERBEND FAMILY MINISTRIESOASIS WOMEN'S CENTERST AMBROSE CHURCH AND SCHOOLEAST ALTON UNITED METHODIST CHURCHALTON FIRE DEPARTMENTNAUTILAUSALTON GIRLS AND BOYS CLUBSIERRA CLUBMADISON COUNTY HEALTH DEPARTMENTGIFT OF VOICE COMALTON MISSION CHURCH/RIVERBEND MINISTERIAL ALLIANCELEWIS AND CLARK FAMILY HEALTH CLINICILLINOIS DEPARTMENT OF MENTAL HEALTH
BARNES-JEWISH WEST COUNTY HOSPITAL	PART V, SECTION B, LINE 5 IN KEEPING WITH THE REQUIREMENTS OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT (PPACA), BARNES-JEWISH WEST COUNTY HOSPITAL (HOSPITAL) CONDUCTED EXTERNAL FOCUS GROUPS IN ORDER TO TAKE INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY THIS BJC HOSPITAL WHICH IS DEFINED AS WEST ST LOUIS COUNTY AREA THE POPULATION OF THIS COMMUNITY IS 67% WHITE, 24% AFRICAN AMERICAN, 4%% ASIAN 3ND 3% HISPANIC OR LATINO THE GENDER OF THIS COMMUNITY IS APPROXIMATELY 51% FEMALE AND 47% MALE AND FOREIGN BORN PERSONS MAKE UP LESS THAN 7% OF THE POPULATION THE FOCUS GROUP PARTICIPANTS SERVED IN ROLES IN WHICH THEY WORKED CLOSELY WITH OTHER COMMUNITY STAKEHOLDERS THE PARTICIPANTS HAD SPECIAL KNOWLEDGE IN THE AREA OF PUBLIC HEALTH, INCLUDING THOSE WITH A SPECIAL INTEREST IN THE HEALTH NEEDS OF RESIDENTS LOCATED IN WEST ST LOUIS COUNTY THE CHNA PROCESS WAS CONDUCTED IN TWO PHASES DURING THE INITIAL PHASE, PARTICIPANTS DISCUSSED CHANGES THAT HAD OCCURRED SINCE 2013 AND GAPS IN MEETING COMMUNITY NEEDS THE SECOND PHASE INCLUDED REVIEW OF FINDINGS FROM THE INITIAL PHASE ON PRIOR CHNA AND IMPLEMENTATION PLAN AND PROVIDED SUGGESTIONS FOR ADDRESSING THE HEALTH NEEDS OF THE HOSPITAL COMMUNITY INDIVIDUALS ACROSS MULTIPLE SECTORS REPRESENTED THE BROAD INTERESTS OF THE HOSPITAL COMMUNITY THE FOCUS GROUP PARTICIPANTS SERVED IN ROLES IN WHICH THEY WORKED CLOSELY WITH OTHER COMMUNITY STAKEHOLDERS FOCUS GROUP PARTICIPANTS INCLUDED PARTICIPANTS REPRESENTING AMERICAN HEART ASSOCIATIONST LOUIS SUBURBAN SCHOOL NURSESMISSOURI HOUSE OF REPRESENTATIVESCATHOLIC FAMILY SERVICESNATIONAL COUNCIL ON ALCOHOLISM & DRUG ABUSEMANCHESTER UNITED METHODIST CHURCHSOUTH COUNTY HEALTH CENTERALIVELEMAY FIRE PROTECTION DISTRICTOFFICE OF THE COUNTY EXECUTIVEST LOUIS CRISIS NURSERYBEHAVIORAL HEALTH NETWORKMID-EAST AREA ON AGINGST LOUIS COUNTY DOHHOPE LODGEREGIONAL HEALTH COMMISSIONUNITED WAYPEOPLE'S HEALTH CENTERSFEED MY PEOPLECRISIS NURSERYAMERICAN CANCER SOCIETYJEWISH COMMUNITY CENTER

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
BARNES-JEWISH ST PETERS HOSPITAL, INC	PART V, SECTION B, LINE 5 IN KEEPING WITH THE REQUIREMENTS OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT (PPACA), BARNES-JEWISH ST PETERS HOSPITAL (HOSPITAL) CONDUCTED EXTERNAL FOCUS GROUPS IN ORDER TO TAKE INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY THIS BJC HOSPITAL THE POPULATION OF THIS COMMUNITY IS 88% WHITE, 5% AFRICAN AMERICAN, 3% HISPANIC OR LATINO AND 2% ASIAN THE GENDER OF THIS COMMUNITY IS APPROXIMATELY 51% FEMALE AND 49% MALE AND FOREIGN BORN PERSONS MAKE UP LESS THAN 4% OF THE POPULATION THE FOCUS GROUP PARTICIPANTS SERVED IN ROLES IN WHICH THEY WORKED CLOSELY WITH OTHER COMMUNITY STAKEHOLDERS THE PARTICIPANTS HAD SPECIAL KNOWLEDGE IN THE AREA OF PUBLIC HEALTH, INCLUDING THOSE WITH A SPECIAL INTEREST IN THE HEALTH NEEDS OF RESIDENTS LOCATED IN ST CHARLES COUNTY THE CHNA PROCESS WAS CONDUCTED IN TWO PHASES DURING THE INITIAL PHASE, PARTICIPANTS DISCUSSED CHANGES THAT HAD OCCURRED SINCE 2013 AND GAPS IN MEETING COMMUNITY NEEDS THE SECOND PHASE INCLUDED REVIEW OF FINDINGS FROM THE INITIAL PHASE ON PRIOR CHNA AND IMPLEMENTATION PLAN AND PROVIDED SUGGESTIONS FOR ADDRESSING THE HEALTH NEEDS OF THE HOSPITAL COMMUNITY THE FOCUS GROUP PARTICIPANTS SERVED IN ROLES IN WHICH THEY WORKED CLOSELY WITH OTHER COMMUNITY STAKEHOLDERS THE PARTICIPANTS HAD SPECIAL KNOWLEDGE IN THE AREA OF PUBLIC HEALTH, INCLUDING THOSE WITH A SPECIAL INTEREST IN THE HEALTH NEEDS OF RESIDENTS LOCATED IN ST CHARLES COUNTY FOCUS GROUP PARTICIPANTS INCLUDED PARTICIPANTS REPRESENTING WOMAN'S PLACE (STS JOACHIM & ANN) CITY OF O'FALLONECONOMIC DEVELOPMENT CENTERFORT ZUMWALT SCHOOL DISTRICT UNITED WAY OF GREATER ST LOUIS ST CHARLES CITY-COUNTY LIBRARY DISTRICTCRIDER HEALTH CENTER YOUTH IN NEEDMID-EAST AREA ON AGINGVOLUNTEERS IN MEDICINECOMMUNITY COUNCIL RENAULD SPIRIT CENTER UNITED SERVICESFIRST STEPS BACK HOMEST LOUIS CHARLES COUNTY AMBULANCE DISTRICTST CHARLES COUNTY GOVERNMENT ALDERWOMAN, CITY OF O'FALLONSTS JOACHIM & ANN CARE SERVICE VOLUNTEERS IN MEDICINELINDENWOOD UNIVERSITYCAVALRY CHURCHCITY OF WENTZVILLECENTRAL COUNTY FIRE & RESCUECRISIS NURSERYST CHARLES CHAMBER OF COMMERCEWENTZVILLE SCHOOL DISTRICTST CHARLES COUNTY DRUG TASK FORCEST CHARLES COUNTY DEPARTMENT OF HEALTH
PARKLAND HEALTH CENTER-FARMINGTON	PART V, SECTION B, LINE 5 IN KEEPING WITH THE REQUIREMENTS OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT (PPACA), PARKLAND HEALTH CENTER - BONNE TERRE (HOSPITAL) CONDUCTED EXTERNAL FOCUS GROUPS IN ORDER TO TAKE INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY THIS BJC HOSPITAL WHICH WAS IDENTIFIED AS ST FRANCOIS COUNTY THE POPULATION OF THIS COMMUNITY IS 92% WHITE, 5% AFRICAN AMERICAN, AND 2% HISPANIC OR LATINO THE GENDER OF THIS COMMUNITY IS APPROXIMATELY 53% MALE AND 47% FEMALE AND FOREIGN BORN PERSONS MAKE UP LESS THAN 2% OF THE POPULATION THE FOCUS GROUP PARTICIPANTS SERVED IN ROLES IN WHICH THEY WORKED CLOSELY WITH OTHER COMMUNITY STAKEHOLDERS THE PARTICIPANTS HAD SPECIAL KNOWLEDGE IN THE AREA OF PUBLIC HEALTH, INCLUDING THOSE WITH A SPECIAL INTEREST IN THE HEALTH NEEDS OF RESIDENTS LOCATED IN ST FRANCOIS COUNTY THE CHNA PROCESS WAS CONDUCTED IN TWO PHASES DURING THE INITIAL PHASE, PARTICIPANTS DISCUSSED CHANGES THAT HAD OCCURRED SINCE 2013 AND GAPS IN MEETING COMMUNITY NEEDS THE SECOND PHASE INCLUDED REVIEW OF FINDINGS FROM THE INITIAL PHASE ON PRIOR CHNA AND IMPLEMENTATION PLAN AND PROVIDED SUGGESTIONS FOR ADDRESSING THE HEALTH NEEDS OF THE HOSPITAL COMMUNITY INDIVIDUALS ACROSS MULTIPLE SECTORS REPRESENTED THE BROAD INTERESTS OF THE HOSPITAL COMMUNITY THE FOCUS GROUP PARTICIPANTS SERVED IN ROLES IN WHICH THEY WORKED CLOSELY WITH OTHER COMMUNITY STAKEHOLDERS THE PARTICIPANTS HAD SPECIAL KNOWLEDGE IN THE AREA OF PUBLIC HEALTH, INCLUDING THOSE WITH A SPECIAL INTEREST IN THE HEALTH NEEDS OF RESIDENTS LOCATED IN ST FRANCOIS COUNTY FOCUS GROUP PARTICIPANTS INCLUDED PARTICIPANTS REPRESENTING EAST MISSOURI ACTION AGENCYMINERAL AREA COLLEGESOUTHEAST MISSOURI BEHAVIORAL HEALTHMINERAL AREA COLLEGEST FRANCOIS COUNTY HEALTH DEPARTMENTFARMINGTON CHAMBER OF COMMERCEST FRANCOIS COUNTY COMMUNITY PARTNERSHIPST FRANCOIS COUNTY AMBULANCE DISTRICTFARMINGTON OAKS SENIOR CENTER

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
BJC/HEALTHSOUTH REHABIL CENTER LLC	PART V, SECTION B, LINE 5 IN KEEPING WITH THE REQUIREMENTS OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT (PPACA), THE BJC/HEALTHSOUTH REHABILITATION CENTER, LLC (HOSPITAL) CONDUCTED EXTERNAL FOCUS GROUPS IN ORDER TO TAKE INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY THIS BJC HOSPITAL INDIVIDUALS ACROSS MULTIPLE SECTORS REPRESENTED THE BROAD INTERESTS OF THE HOSPITAL COMMUNITY THE FOCUS GROUP PARTICIPANTS SERVED IN ROLES IN WHICH THEY WORKED CLOSELY WITH OTHER COMMUNITY STAKEHOLDERS THE PARTICIPANTS HAD SPECIAL KNOWLEDGE IN THE AREA OF PUBLIC HEALTH, INCLUDING THOSE WITH A SPECIAL INTEREST IN THE HEALTH NEEDS OF RESIDENTS LOCATED IN ST LOUIS CITY'S CENTRAL WEST END FOCUS GROUP PARTICIPANTS INCLUDED PARTICIPANTS REPRESENTING AMERICAN PARKINSON DISEASE ASSOCIATIONABC BRIGADE NATIONAL MULTIPLE SCLEROSIS SOCIETY, GATEWAY CHAPTER BJC HOME CARE SERVICES MO DEPT OF ELEMENTARY & SECONDARY EDUCATION, DEPT OF VOCATIONAL REHABILITATION GATEWAY APOTHECARY WUSM OCCUPATIONAL PERFORMANCE LAB PARAQUAD MO DEPT OF HEALTH & SENIOR SERVICES, ADULT BRAIN INJURY PROGRAM BRAIN INJURY ASSOCIATION OF MISSOURI BJC HOSPICE
PROGRESS WEST HEALTHCARE CENTER	PART V, SECTION B, LINE 5 IN KEEPING WITH THE REQUIREMENTS OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT (PPACA), PROGRESS WEST HEALTHCARE CENTER (HOSPITAL) CONDUCTED EXTERNAL FOCUS GROUPS IN ORDER TO TAKE INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY THIS BJC HOSPITAL INDIVIDUALS ACROSS MULTIPLE SECTORS REPRESENTED THE BROAD INTERESTS OF THE HOSPITAL COMMUNITY DEFINED AS ST CHARLES COUNTY THE POPULATION OF THIS COMMUNITY IS 88% WHITE, 5% AFRICAN AMERICAN, 3% HISPANIC OR LATINO AND 2% ASIAN THE GENDER OF THIS COMMUNITY IS APPROXIMATELY 51% FEMALE AND 49% MALE AND FOREIGN BORN PERSONS MAKE UP LESS THAN 4% OF THE POPULATION THE FOCUS GROUP PARTICIPANTS SERVED IN ROLES IN WHICH THEY WORKED CLOSELY WITH OTHER COMMUNITY STAKEHOLDERS THE PARTICIPANTS HAD SPECIAL KNOWLEDGE IN THE AREA OF PUBLIC HEALTH, INCLUDING THOSE WITH A SPECIAL INTEREST IN THE HEALTH NEEDS OF RESIDENTS LOCATED IN ST CHARLES COUNTY THE CHNA PROCESS WAS CONDUCTED IN TWO PHASES DURING THE INITIAL PHASE, PARTICIPANTS DISCUSSED CHANGES THAT HAD OCCURRED SINCE 2013 AND GAPS IN MEETING COMMUNITY NEEDS THE SECOND PHASE INCLUDED REVIEW OF FINDINGS FROM THE INITIAL PHASE ON PRIOR CHNA AND IMPLEMENTATION PLAN AND PROVIDED SUGGESTIONS FOR ADDRESSING THE HEALTH NEEDS OF THE HOSPITAL COMMUNITY THE FOCUS GROUP PARTICIPANTS SERVED IN ROLES IN WHICH THEY WORKED CLOSELY WITH OTHER COMMUNITY STAKEHOLDERS THE PARTICIPANTS HAD SPECIAL KNOWLEDGE IN THE AREA OF PUBLIC HEALTH, INCLUDING THOSE WITH A SPECIAL INTEREST IN THE HEALTH NEEDS OF RESIDENTS LOCATED IN ST CHARLES COUNTY FOCUS GROUP PARTICIPANTS INCLUDED PARTICIPANTS REPRESENTING WOMAN'S PLACE (STS JOACHIM & ANN) CITY OF O'FALLONECONOMIC DEVELOPMENT CENTERFORT ZUMWALT SCHOOL DISTRICT UNITED WAY OF GREATER ST LOUIS ST CHARLES CITY-COUNTY LIBRARY DISTRICTCRIDER HEALTH CENTER YOUTH IN NEEDMID-EAST AREA ON AGINGVOLUNTEERS IN MEDICINECOMMUNITY COUNCIL RENAULD SPIRIT CENTER UNITED SERVICESFIRST STEPS BACK HOMEST LOUIS CHARLES COUNTY AMBULANCE DISTRICTST CHARLES COUNTY GOVERNMENT ALDERWOMAN, CITY OF O'FALLONSTS JOACHIM & ANN CARE SERVICE VOLUNTEERS IN MEDICINELINDENWOOD UNIVERSITYCAVALRY CHURCHCITY OF WENTZVILLECENTRAL COUNTY FIRE & RESCUECRISIS NURSERYST CHARLES CHAMBER OF COMMERCEWENTZVILLE SCHOOL DISTRICTST CHARLES COUNTY DRUG TASK FORCEST CHARLES COUNTY DEPARTMENT OF HEALTH

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
MISSOURI BAPTIST HOSPITAL OF SULLIVAN	PART V, SECTION B, LINE 5 IN KEEPING WITH THE REQUIREMENTS OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT (PPACA), MISSOURI BAPTIST HOSPITAL OF SULLIVAN (HOSPITAL) CONDUCTED EXTERNAL FOCUS GROUPS IN ORDER TO TAKE INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY THIS BJC HOSPITAL DEFINED AS CRAWFORD COUNTY THE POPULATION OF THIS COMMUNITY IS 96% WHITE, 2% HISPANIC OR LATINO AND 1% AFRICAN AMERICAN THE GENDER OF THIS COMMUNITY IS APPROXIMATELY 50% FEMALE AND 50% MALE AND FOREIGN BORN PERSONS MAKE UP LESS THAN 1% OF THE POPULATION THE FOCUS GROUP PARTICIPANTS SERVED IN ROLES IN WHICH THEY WORKED CLOSELY WITH OTHER COMMUNITY STAKEHOLDERS THE PARTICIPANTS HAD SPECIAL KNOWLEDGE IN THE AREA OF PUBLIC HEALTH, INCLUDING THOSE WITH A SPECIAL INTEREST IN THE HEALTH NEEDS OF RESIDENTS LOCATED IN CRAWFORD COUNTY THE CHNA PROCESS WAS CONDUCTED IN TWO PHASES DURING THE INITIAL PHASE, PARTICIPANTS DISCUSSED CHANGES THAT HAD OCCURRED SINCE 2013 AND GAPS IN MEETING COMMUNITY NEEDS THE SECOND PHASE INCLUDED REVIEW OF FINDINGS FROM THE INITIAL PHASE ON PRIOR CHNA AND IMPLEMENTATION PLAN AND PROVIDED SUGGESTIONS FOR ADDRESSING THE HEALTH NEEDS OF THE HOSPITAL COMMUNITY INDIVIDUALS ACROSS MULTIPLE SECTORS REPRESENTED THE BROAD INTERESTS OF THE HOSPITAL COMMUNITY THE FOCUS GROUP PARTICIPANTS SERVED IN ROLES IN WHICH THEY WORKED CLOSELY WITH OTHER COMMUNITY STAKEHOLDERS THE PARTICIPANTS HAD SPECIAL KNOWLEDGE IN THE AREA OF PUBLIC HEALTH, INCLUDING THOSE WITH A SPECIAL INTEREST IN THE HEALTH NEEDS OF RESIDENTS LOCATED IN CRAWFORD COUNTY FOCUS GROUP PARTICIPANTS INCLUDED PARTICIPANTS REPRESENTING CUBA SCHOOL DISTRICTN CRAWFORD COUNTY/AMBULANCE DISTRICTMERAMEC COMMUNITY MISSIONCUBA SCHOOL DISTRICTCITY OF SULLIVANSULLIVAN POLICE DEPARTMENTSULLIVAN SCHOOL DISTRICTPATTONVILLE FIRE DEPARTMENTFRANKLIN COUNTY UNITED WAYCRAWFORD COUNTY SHERRIFF'S DEPARTMENTPARENTS AS TEACHERSSULLIVAN AREA CHAMBERS OF COMMERCESTEELVILLE R-3 SCHOOL DISTRICTSTEELVILLE AMBULANCE DISTRICTPARENTS AS TEACHERSCRAWFORD COUNTY HEALTH DEPARTMENTPARENTS AS TEACHERSBOURBON SCHOOL DISTRICTCUBA SCHOOL DISTRICTCRAWFORD COUNTYSULLIVAN SCHOOL DISTRICT
PARKLAND HEALTH CENTER-BONNE TERRE	PART V, SECTION B, LINE 5 IN KEEPING WITH THE REQUIREMENTS OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT (PPACA), PARKLAND HEALTH CENTER - BONNE TERRE (HOSPITAL) CONDUCTED EXTERNAL FOCUS GROUPS IN ORDER TO TAKE INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY THIS BJC HOSPITAL WHICH WAS IDENTIFIED AS ST FRANCOIS COUNTY THE POPULATION OF THIS COMMUNITY IS 92% WHITE, 5% AFRICAN AMERICAN, AND 2% HISPANIC OR LATINO THE GENDER OF THIS COMMUNITY IS APPROXIMATELY 53% MALE AND 47% FEMALE AND FOREIGN BORN PERSONS MAKE UP LESS THAN 2% OF THE POPULATION THE FOCUS GROUP PARTICIPANTS SERVED IN ROLES IN WHICH THEY WORKED CLOSELY WITH OTHER COMMUNITY STAKEHOLDERS THE PARTICIPANTS HAD SPECIAL KNOWLEDGE IN THE AREA OF PUBLIC HEALTH, INCLUDING THOSE WITH A SPECIAL INTEREST IN THE HEALTH NEEDS OF RESIDENTS LOCATED IN ST FRANCOIS COUNTY THE CHNA PROCESS WAS CONDUCTED IN TWO PHASES DURING THE INITIAL PHASE, PARTICIPANTS DISCUSSED CHANGES THAT HAD OCCURRED SINCE 2013 AND GAPS IN MEETING COMMUNITY NEEDS THE SECOND PHASE INCLUDED REVIEW OF FINDINGS FROM THE INITIAL PHASE ON PRIOR CHNA AND IMPLEMENTATION PLAN AND PROVIDED SUGGESTIONS FOR ADDRESSING THE HEALTH NEEDS OF THE HOSPITAL COMMUNITY INDIVIDUALS ACROSS MULTIPLE SECTORS REPRESENTED THE BROAD INTERESTS OF THE HOSPITAL COMMUNITY THE FOCUS GROUP PARTICIPANTS SERVED IN ROLES IN WHICH THEY WORKED CLOSELY WITH OTHER COMMUNITY STAKEHOLDERS THE PARTICIPANTS HAD SPECIAL KNOWLEDGE IN THE AREA OF PUBLIC HEALTH, INCLUDING THOSE WITH A SPECIAL INTEREST IN THE HEALTH NEEDS OF RESIDENTS LOCATED IN ST FRANCOIS COUNTY FOCUS GROUP PARTICIPANTS INCLUDED PARTICIPANTS REPRESENTING EAST MISSOURI ACTION AGENCYMINERAL AREA COLLEGESOUTHEAST MISSOURI BEHAVIORAL HEALTHMINERAL AREA COLLEGEST FRANCOIS COUNTY HEALTH DEPARTMENTFARMINGTON CHAMBER OF COMMERCEST FRANCOIS COUNTY COMMUNITY PARTNERSHIPST FRANCOIS COUNTY AMBULANCE DISTRICTFARMINGTON OAKS SENIOR CENTER

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
MISSOURI BAPTIST MEDICAL CENTER	PART V, SECTION B, LINE 6A BARNES-JEWISH WEST COUNTY HOSPITAL, ST ANTHONY'S MEDICAL CENTER, ST LUKE'S HOSPITAL AND MERCY ST LOUIS
CHRISTIAN HOSPITAL NE-NW	PART V, SECTION B, LINE 6A SSM DEPAUL HOSPITAL

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
PROTESTANT MEMORIAL MEDICAL CENTER INC	PART V, SECTION B, LINE 6A ST ELIZABETH'S HOSPITAL
ST LOUIS CHILDREN'S HOSPITAL	PART V, SECTION B, LINE 6A SSM HEALTH CARDINAL GLENNON CHILDREN'S MEDICAL CENTER

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
BARNES-JEWISH WEST COUNTY HOSPITAL	PART V, SECTION B, LINE 6A MISSOURI BAPTIST MEDICAL CENTER
BARNES-JEWISH ST PETERS HOSPITAL, INC	PART V, SECTION B, LINE 6A PROGRESS WEST HEALTHCARE CENTER, SSM ST JOSEPH HEALTH CENTER, SSM ST JOSEPH WEST

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
PARKLAND HEALTH CENTER-FARMINGTON	PART V, SECTION B, LINE 6A PARKLAND HEALTH CENTER - BONNE TERRE
PARKLAND HEALTH CENTER-BONNE TERRE	PART V, SECTION B, LINE 6A PARKLAND HEATLH CENTER - FARMINGTON

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
PROTESTANT MEMORIAL MEDICAL CENTER INC	PART V, SECTION B, LINE 2 EFFECTIVE JANUARY 1, 2016 BJC HEALTH SYSTEM (BJC) ADDED PROTESTANT MEMORIAL MEDICAL CENTER, INC (HOSPITAL) TO THE BJC GROUP EXEMPTION (NUMBER 3844) AS A SUBORDINATE MEMBER OF THE GROUP
METRO-EAST SERVICES, INC	PART V, SECTION B, LINE 2 EFFECTIVE JANUARY 1, 2016 BJC HEALTH SYSTEM (BJC) ADDED METRO-EAST SERVICES, INC (HOSPITAL) TO THE BJC GROUP EXEMPTION (NUMBER 3844) AS A SUBORDINATE MEMBER OF THE GROUP

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
PARKLAND HEALTH CENTER-WEBER ROAD AS OF JAN 2016	PART V, SECTION B, LINE 2 PARKLAND HEALTH CENTER - WEBER ROAD (HOSPITAL) WAS PURCHASED AND BEGAN OPERATIONS IN MAY, 2015 HOSPITAL SUBSEQUENTLY CEASED OPERATIONS ON JANUARY 16, 2016 AND NO LONGER OPERATES AS A MISSOURI LICENSED HOSPITAL
BARNES-JEWISH HOSPITAL NORTH/SOUTH	PART V, SECTION B, LINE 11 FOLLOWING THE 2013 COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS, THE BARNES-JEWISH HOSPITAL (HOSPITAL) WORK GROUP DECIDED TO LIMIT THE AREAS OF FOCUS IN AN EFFORT TO MAXIMIZE IMPACT ON THE NEEDS OF THE COMMUNITY THUS, THE FOLLOWING COMMUNITY HEALTH NEEDS IDENTIFIED BY HOSPITAL FOCUS GROUP MEMBERS WILL BE ADDRESSED SEE LINK TO THE CHNA AND IMPLEMENTATION PLAN ON HOSPITAL'S WEBSITE WHICH MORE ACCURATELY DESCRIBES HOW THESE NEEDS ARE BEING ADDRESSED IN THE CURRENT TAX YEAR ACCESS TO SERVICESHEALTHY LIFESTYLESMENTAL & BEHAVIORAL HEALTH/SUBSTANCE ABUSEPUBLIC SAFETY/VIOLENCEWHILE THE FOLLOWING NEEDS ARE IMPORTANT TO THE HOSPITAL AND ITS COMMUNITY, THEY ARE NOT INCLUDED IN THE IMPLEMENTATION PLAN SO THAT HOSPITAL MAY DEDICATE NECESSARY RESOURCES TO THE ABOVE PRIMARY FOCUS AREAS THESE NEEDS ARE ALREADY BEING ADDRESSED BY HOSPITAL AND OTHER COMMUNITY ORGANIZATIONS HOSPITAL PERSONNEL WILL CONTINUE TO PARTNER WITH COMMUNITY GROUPS LISTED IN THE IMPLEMENTATION PLAN FOR MEETING THE FOLLOWING COMMUNITY NEEDS ACCESS TO COVERAGEACCESS TO TRANSPORTATIONCANCER RESEARCH AND SUPPORTDIABETES RESEARCH AND SUPPORTHEALTH LITERACYHEART DISEASE AND STROKE RESEARCH AND SUPPORTIMMUNIZATIONS & INFECTIOUS DISEASE PROGRAMSMATERNAL & CHILD HEALTHMENTAL HEALTH & DISORDERSNUTRITIONOBESITY RESEARCH AND PROGRAMSORAL HEALTH RESEARCH AND PROGRAMSPUBLIC SAFETY FATAL INJURIESREPRODUCTIVE & SEXUAL HEALTH PROGRAMSRESPIRATORY DISEASES RESEARCH AND PROGRAMSSMOKING & TOBACCO EDUCATION

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
MISSOURI BAPTIST MEDICAL CENTER	PART V, SECTION B, LINE 11 FOLLOWING THE 2013 COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS, THE HOSPITAL WORK GROUP DECIDED TO LIMIT THE AREAS OF FOCUS IN AN EFFORT TO MAXIMIZE IMPACT ON THE NEEDS OF THE COMMUNITY THUS, THE FOLLOWING COMMUNITY HEALTH NEEDS IDENTIFIED BY HOSPITAL FOCUS GROUP MEMBERS WILL BE ADDRESSED SEE LINK TO THE CHNA AND IMPLEMENTATION PLAN ON HOSPITAL'S WEBSITE WHICH MORE ACCURATELY DESCRIBES HOW THESE NEEDS ARE BEING ADDRESSED IN THE CURRENT TAX YEAR DIABETES (TYPE 2)HEART AND VASCULAR DISEASEWHILE THE FOLLOWING NEEDS ARE IMPORTANT TO THE HOSPITAL AND ITS COMMUNITY, THEY ARE NOT INCLUDED IN THE IMPLEMENTATION PLAN SO THAT HOSPITAL MAY DEDICATE NECESSARY RESOURCES TO THE ABOVE PRIMARY FOCUS AREAS THESE NEEDS ARE ALREADY BEING ADDRESSED BY HOSPITAL AND OTHER COMMUNITY ORGANIZATIONS HOSPITAL PERSONNEL WILL CONTINUE TO PARTNER WITH COMMUNITY GROUPS LISTED IN THE IMPLEMENTATION PLAN FOR MEETING THE FOLLOWING COMMUNITY NEEDS ACCESS TO COVERAGEACCESS TO SERVICESBEHAVIORAL/MENTAL HEALTH BEHAVIORAL/ALCOHOL/SUBSTANCE ABUSECANCER (BREAST)CANCER (LUNG)CANCER (COLON)CANCER (SKIN)MATERNAL AND INFANT HEALTH CULTURAL LITERACYHEALTH LITERACYTOBACCO USEVIOLENCESENIOR SERVICES/SUPPORT
CHRISTIAN HOSPITAL NE-NW	PART V, SECTION B, LINE 11 FOLLOWING THE 2013 COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS, THE HOSPITAL WORK GROUP DECIDED TO LIMIT THE AREAS OF FOCUS IN AN EFFORT TO MAXIMIZE IMPACT ON THE NEEDS OF THE COMMUNITY THUS, THE FOLLOWING COMMUNITY HEALTH NEEDS IDENTIFIED BY HOSPITAL FOCUS GROUP MEMBERS WILL BE ADDRESSED SEE LINK TO THE CHNA AND IMPLEMENTATION PLAN ON HOSPITAL'S WEBSITE WHICH MORE ACCURATELY DESCRIBE HOW THESE HEALTH NEEDS ARE BEING ADDRESSED IN THE CURRENT TAX YEAR HEART AND VASCULAR DISEASEACCESS TO CARE AND CARE COORDINATIONDIABETES WHILE THE FOLLOWING NEEDS ARE IMPORTANT TO THE HOSPITAL AND ITS COMMUNITY, THEY ARE NOT INCLUDED IN THE IMPLEMENTATION PLAN SO THAT HOSPITAL MAY DEDICATE NECESSARY RESOURCES TO THE ABOVE PRIMARY FOCUS AREAS THESE NEEDS ARE ALREADY BEING ADDRESSED BY HOSPITAL AND OTHER COMMUNITY ORGANIZATIONS HOSPITAL PERSONNEL WILL CONTINUE TO PARTNER WITH COMMUNITY GROUPS LISTED IN THE IMPLEMENTATION PLAN FOR MEETING THE FOLLOWING COMMUNITY NEEDS MENTAL HEALTH INFECTIOUS DISEASEREPRODUCTIVE HEALTH CANCERCHILD WELFARESOCIO-ECONOMIC FACTORSSENIOR HEALTH CAREDENTAL HEALTHASTHMA

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
PROTESTANT MEMORIAL MEDICAL CENTER INC	PART V, SECTION B, LINE 11 THE HOSPITAL WORKS IN CONJUNCTION WITH THE ST CLAIR COUNTY HEALTHCARE COMMISSION TO ADDRESS THE NEEDS IDENTIFIED IN THE COMMUNITY TEAMS MEET REGULARLY TO MONITOR OBJECTIVES AND SUB-OBJECTIVES FOR OUTCOME AND IMPACT THE FOLLOWING COMMUNITY HEALTH NEEDS IDENTIFIED BY HOSPITAL FOCUS GROUP MEMBERS WILL BE ADDRESSED SEE LINK TO THE CHNA AND IMPLEMENTATION PLAN ON HOSPITAL'S WEBSITE WHICH MORE ACCURATELY DESCRIBES HOW THE HOSPITAL WILL ADDRESS THESE COMMUNITY HEALTH NEEDS IN THE CURRENT TAX YEAR LUNG CANCER AND COPDDIABETESCARDIOVASCULAR DISEASEALL IDENTIFIED NEEDS OF THE HOSPITAL ARE CURRENTLY BEING ADDRESSED
ST LOUIS CHILDREN'S HOSPITAL	PART V, SECTION B, LINE 11 FOLLOWING THE 2013 COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS, THE HOSPITAL WORK GROUP DECIDED TO LIMIT THE AREAS OF FOCUS IN AN EFFORT TO MAXIMIZE IMPACT ON THE NEEDS OF THE COMMUNITY THUS, THE FOLLOWING COMMUNITY HEALTH NEEDS IDENTIFIED BY HOSPITAL FOCUS GROUP MEMBERS WILL BE ADDRESSED SEE LINK TO THE CHNA AND IMPLEMENTATION PLAN ON HOSPITAL'S WEBSITE WHICH MORE ACCURATELY DESCRIBE HOW THESE HEALTH NEEDS ARE BEING ADDRESSED IN THE CURRENT TAX YEAR OBESITYDENTAL HEALTHALLERGIES (FOOD)HEALTHY LIFESTYLESRESPIRATORY DISEASE - ASTHMAMATERNAL, CHILD HEALTHMENTAL/BEHAVIORAL HEALTH & MATERNAL, CHILD HEALTHMENTAL/BEHAVIORAL HEALTHACCESS BLOOD DISEASESPUBLIC SAFETYACCESS SERVICES & INFECTIOUS DISEASESSEXUALLY TRANSMITTED DISEASES HEALTH EDUCATION WHILE THE FOLLOWING NEEDS ARE IMPORTANT TO THE HOSPITAL AND ITS COMMUNITY, THEY ARE NOT INCLUDED IN THE IMPLEMENTATION PLAN SO THAT HOSPITAL MAY DEDICATE NECESSARY RESOURCES TO THE ABOVE PRIMARY FOCUS AREAS THESE NEEDS ARE ALREADY BEING ADDRESSED BY HOSPITAL AND OTHER COMMUNITY ORGANIZATIONS HOSPITAL PERSONNEL WILL CONTINUE TO PARTNER WITH COMMUNITY GROUPS LISTED IN THE IMPLEMENTATION PLAN FOR MEETING THE FOLLOWING COMMUNITY NEEDS CANCERDIABETES

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
BOONE HOSPITAL CENTER	PART V, SECTION B, LINE 11 FOLLOWING THE 2013 COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS, THE HOSPITAL WORK GROUP DECIDED TO LIMIT THE AREAS OF FOCUS IN AN EFFORT TO MAXIMIZE IMPACT ON THE NEEDS OF THE COMMUNITY THUS, THE FOLLOWING COMMUNITY HEALTH NEEDS IDENTIFIED BY HOSPITAL FOCUS GROUP MEMBERS WILL BE ADDRESSED SEE LINK TO THE CHNA AND IMPLEMENTATION PLAN ON HOSPITAL'S WEBSITE WHICH MORE ACCURATELY DESCRIBE HOW THESE HEALTH NEEDS ARE BEING ADDRESSED IN THE CURRENT TAX YEAR OBESITYWHILE THE FOLLOWING NEEDS ARE IMPORTANT TO THE HOSPITAL AND ITS COMMUNITY, THEY ARE NOT INCLUDED IN THE IMPLEMENTATION PLAN SO THAT HOSPITAL MAY DEDICATE NECESSARY RESOURCES TO THE ABOVE PRIMARY FOCUS AREA THESE NEEDS ARE ALREADY BEING ADDRESSED BY HOSPITAL AND OTHER COMMUNITY ORGANIZATIONS HOSPITAL PERSONNEL WILL CONTINUE TO PARTNER WITH COMMUNITY GROUPS LISTED IN THE IMPLEMENTATION PLAN FOR MEETING THE FOLLOWING COMMUNITY NEEDS CANCER (LUNG, SKIN, PROSTATE/COLORECTAL, BREAST)HEALTH LITERACYHEALTHY LIFESTYLESCOORDINATION OF CAREACCESS TO COVERAGEDIABETESHEART & VASCULARCULTURAL LITERACYASTHMA/COPDREPRODUCTIVE AND SEXUAL HEALTHINJURY AND VIOLENCEMENTAL HEALTH/SUBSTANCE ABUSEDENTAL HEALTH CARE
ALTON MEMORIAL HOSPITAL	PART V, SECTION B, LINE 11 FOLLOWING THE 2013 COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS, THE HOSPITAL WORK GROUP DECIDED TO LIMIT THE AREAS OF FOCUS IN AN EFFORT TO MAXIMIZE IMPACT ON THE NEEDS OF THE COMMUNITY THUS, THE FOLLOWING COMMUNITY HEALTH NEEDS IDENTIFIED BY HOSPITAL FOCUS GROUP MEMBERS WILL BE ADDRESSED SEE LINK TO THE CHNA AND IMPLEMENTATION PLAN ON HOSPITAL'S WEBSITE WHICH MORE ACCURATELY DESCRIBE HOW THESE HEALTH NEEDS ARE BEING ADDRESSED IN THE CURRENT TAX YEAR OBESITYDIABETESWHILE THE FOLLOWING NEEDS ARE IMPORTANT TO THE HOSPITAL AND ITS COMMUNITY, THEY ARE NOT INCLUDED IN THE IMPLEMENTATION PLAN SO THAT HOSPITAL MAY DEDICATE NECESSARY RESOURCES TO THE ABOVE PRIMARY FOCUS AREAS THESE NEEDS ARE ALREADY BEING ADDRESSED BY HOSPITAL AND OTHER COMMUNITY ORGANIZATIONS HOSPITAL PERSONNEL WILL CONTINUE TO PARTNER WITH COMMUNITY GROUPS LISTED IN THE IMPLEMENTATION PLAN FOR MEETING THE FOLLOWING COMMUNITY NEEDS MENTAL/BEHAVIORAL HEALTH ACCESS TO CARESEXUALLY TRANSMITTED DISEASESDENTAL CAREHOUSING/HOMELESSNESSAIR QUALITYHEART AND VASCULAR HEALTHCANCER (BREAST, LUNG, SKIN, PROSTATE)HEALTH EDUCATION

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
BARNES-JEWISH WEST COUNTY HOSPITAL	PART V, SECTION B, LINE 11 FOLLOWING THE 2013 COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS, THE HOSPITAL WORK GROUP DECIDED TO LIMIT THE AREAS OF FOCUS IN AN EFFORT TO MAXIMIZE IMPACT ON THE NEEDS OF THE COMMUNITY THUS, THE FOLLOWING COMMUNITY HEALTH NEEDS IDENTIFIED BY HOSPITAL FOCUS GROUP MEMBERS WILL BE ADDRESSED SEE LINK TO THE CHNA AND IMPLEMENTATION PLAN ON HOSPITAL'S WEBSITE WHICH MORE ACCURATELY DESCRIBE HOW THESE HEALTH NEEDS ARE BEING ADDRESSED IN THE CURRENT TAX YEAR CANCER (HEAD AND NECK) BEHAVIORAL/MENTAL HEALTH ALCOHOL AND SUBSTANCE ABUSEWHILE THE FOLLOWING NEEDS ARE IMPORTANT TO THE HOSPITAL AND ITS COMMUNITY, THEY ARE NOT INCLUDED IN THE IMPLEMENTATION PLAN SO THAT HOSPITAL MAY DEDICATE NECESSARY RESOURCES TO THE ABOVE PRIMARY FOCUS AREAS THESE NEEDS ARE ALREADY BEING ADDRESSED BY HOSPITAL AND OTHER COMMUNITY ORGANIZATIONS HOSPITAL PERSONNEL WILL CONTINUE TO PARTNER WITH COMMUNITY GROUPS LISTED IN THE IMPLEMENTATION PLAN FOR MEETING THE FOLLOWING COMMUNITY NEEDS ACCESS HEALTH INSURANCE COVERAGEACCESS SERVICES BEHAVIORAL/MENTAL HEALTHSEXUALLY TRANSMITTED DISEASESDENTAL CAREHOUSING/HOMELESSNESSAIR QUALITYHEART AND VASCULAR HEALTHCANCER (BREAST, LUNG, SKIN, PROSTATE)HEALTH EDUCATION
BARNES-JEWISH ST PETERS HOSPITAL, INC	PART V, SECTION B, LINE 11 FOLLOWING THE 2013 COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS, THE HOSPITAL WORK GROUP DECIDED TO LIMIT THE AREAS OF FOCUS IN AN EFFORT TO MAXIMIZE IMPACT ON THE NEEDS OF THE COMMUNITY THUS, THE FOLLOWING COMMUNITY HEALTH NEEDS IDENTIFIED BY HOSPITAL FOCUS GROUP MEMBERS WILL BE ADDRESSED SEE LINK TO THE CHNA AND IMPLEMENTATION PLAN ON HOSPITAL'S WEBSITE WHICH MORE ACCURATELY DESCRIBE HOW THESE HEALTH NEEDS ARE BEING ADDRESSED IN THE CURRENT TAX YEAR LUNG CANCERBREAST CANCEROBESITYWHILE THE FOLLOWING NEEDS ARE IMPORTANT TO THE HOSPITAL AND ITS COMMUNITY, THEY ARE NOT INCLUDED IN THE IMPLEMENTATION PLAN SO THAT HOSPITAL MAY DEDICATE NECESSARY RESOURCES TO THE ABOVE PRIMARY FOCUS AREAS THESE NEEDS ARE ALREADY BEING ADDRESSED BY HOSPITAL AND OTHER COMMUNITY ORGANIZATIONS HOSPITAL PERSONNEL WILL CONTINUE TO PARTNER WITH COMMUNITY GROUPS LISTED IN THE IMPLEMENTATION PLAN FOR MEETING THE FOLLOWING COMMUNITY NEEDS BEHAVIORAL/MENTAL HEALTH & SUBSTANCE ABUSEDENTAL HEALTHPEDIATRIC HEALTHACCESS COVERAGEACCESS TRANSPORTATIONASTHMAHEALTH LITERACYCANCER COLORECTAL

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
PARKLAND HEALTH CENTER-FARMINGTON	PART V, SECTION B, LINE 11 FOLLOWING THE 2013 COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS, THE HOSPITAL WORK GROUP DECIDED TO LIMIT THE AREAS OF FOCUS IN AN EFFORT TO MAXIMIZE IMPACT ON THE NEEDS OF THE COMMUNITY THUS, THE FOLLOWING COMMUNITY HEALTH NEEDS IDENTIFIED BY HOSPITAL FOCUS GROUP MEMBERS WILL BE ADDRESSED SEE LINK TO THE CHNA AND IMPLEMENTATION PLAN ON HOSPITAL'S WEBSITE WHICH MORE ACCURATELY DESCRIBE HOW THESE HEALTH NEEDS ARE BEING ADDRESSED IN THE CURRENT TAX YEAR DIABETESOBESITYWHILE THE FOLLOWING NEEDS ARE IMPORTANT TO THE HOSPITAL AND ITS COMMUNITY, THEY ARE NOT INCLUDED IN THE IMPLEMENTATION PLAN SO THAT HOSPITAL MAY DEDICATE NECESSARY RESOURCES TO THE ABOVE PRIMARY FOCUS AREAS THESE NEEDS ARE ALREADY BEING ADDRESSED BY HOSPITAL AND OTHER COMMUNITY ORGANIZATIONS HOSPITAL PERSONNEL WILL CONTINUE TO PARTNER WITH COMMUNITY GROUPS LISTED IN THE IMPLEMENTATION PLAN FOR MEETING THE FOLLOWING COMMUNITY NEEDS BEHAVIORAL/MENTAL HEALTH REPRODUCTIVE HEALTHSUBSTANCE ABUSECANCER (BREAST, COLORECTAL, LUNG)SMOKINGHEART HEALTH & VASCULAR DISEASESACCESS SERVICESSENIOR HEALTHHEALTH LITERACYACCESS TRANSPORTATION
BJC/HEALTHSOUTH REHABIL CENTER LLC	PART V, SECTION B, LINE 11 FOLLOWING THE 2013 COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS, THE HOSPITAL WORK GROUP DECIDED TO LIMIT THE AREAS OF FOCUS IN AN EFFORT TO MAXIMIZE IMPACT ON THE NEEDS OF THE COMMUNITY THUS, THE FOLLOWING COMMUNITY HEALTH NEEDS IDENTIFIED BY HOSPITAL FOCUS GROUP MEMBERS WILL BE ADDRESSED SEE LINK TO THE CHNA AND IMPLEMENTATION PLAN ON HOSPITAL'S WEBSITE BRAIN INJURY PREVENTION AND CAREGIVER EDUCATIONSTROKE EDUCATION/PREVENTIONWHILE THE FOLLOWING NEEDS ARE IMPORTANT TO THE HOSPITAL AND ITS COMMUNITY, THEY ARE NOT INCLUDED IN THE IMPLEMENTATION PLAN SO THAT HOSPITAL MAY DEDICATE NECESSARY RESOURCES TO THE ABOVE PRIMARY FOCUS AREAS THESE NEEDS ARE ALREADY BEING ADDRESSED BY HOSPITAL AND OTHER COMMUNITY ORGANIZATIONS HOSPITAL PERSONNEL WILL CONTINUE TO PARTNER WITH COMMUNITY GROUPS LISTED IN THE IMPLEMENTATION PLAN FOR MEETING THE FOLLOWING COMMUNITY NEEDS ACCESS TO RESOURCES/INADEQUATE INSURANCETRANSPORTATIONEXERCISE/PHYSICAL ACTIVITY

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
PROGRESS WEST HEALTHCARE CENTER	PART V, SECTION B, LINE 11 FOLLOWING THE 2013 COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS, THE HOSPITAL WORK GROUP DECIDED TO LIMIT THE AREAS OF FOCUS IN AN EFFORT TO MAXIMIZE IMPACT ON THE NEEDS OF THE COMMUNITY THUS, THE FOLLOWING COMMUNITY HEALTH NEEDS IDENTIFIED BY HOSPITAL FOCUS GROUP MEMBERS WILL BE ADDRESSED SEE LINK TO THE CHNA AND IMPLEMENTATION PLAN ON HOSPITAL'S WEBSITE WHICH MORE ACCURATELY DESCRIBE HOW THESE HEALTH NEEDS ARE BEING ADDRESSED IN THE CURRENT TAX YEAR OBESITYADULTS WITH TYPE 2 DIABETESWHILE THE FOLLOWING NEEDS ARE IMPORTANT TO THE HOSPITAL AND ITS COMMUNITY, THEY ARE NOT INCLUDED IN THE IMPLEMENTATION PLAN SO THAT HOSPITAL MAY DEDICATE NECESSARY RESOURCES TO THE ABOVE PRIMARY FOCUS AREAS THESE NEEDS ARE ALREADY BEING ADDRESSED BY HOSPITAL AND OTHER COMMUNITY ORGANIZATIONS HOSPITAL PERSONNEL WILL CONTINUE TO PARTNER WITH COMMUNITY GROUPS LISTED IN THE IMPLEMENTATION PLAN FOR MEETING THE FOLLOWING COMMUNITY NEEDS BEHAVIORAL/MENTAL HEALTH ALCOHOL AND SUBSTANCE ABUSEDENTAL HEALTH PEDIATRIC HEALTH ACCESS COVERAGEACCESS TRANSPORTATIONASTHMAHEALTH LITERACYCANCER COLORECTAL
MISSOURI BAPTIST HOSPITAL OF SULLIVAN	PART V, SECTION B, LINE 11 FOLLOWING THE 2013 COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS, THE HOSPITAL WORK GROUP DECIDED TO LIMIT THE AREAS OF FOCUS IN AN EFFORT TO MAXIMIZE IMPACT ON THE NEEDS OF THE COMMUNITY THUS, THE FOLLOWING COMMUNITY HEALTH NEEDS IDENTIFIED BY HOSPITAL FOCUS GROUP MEMBERS WILL BE ADDRESSED SEE LINK TO THE CHNA AND IMPLEMENTATION PLAN ON HOSPITAL'S WEBSITE WHICH MORE ACCURATELY DESCRIBE HOW THESE HEALTH NEEDS ARE BEING ADDRESSED IN THE CURRENT TAX YEAR MENTAL/BEHAVIORAL HEALTH SUBSTANCE ABUSEMENTAL/BEHAVIORAL HEALTHHEART & VASCULAR HEART HEALTHWHILE THE FOLLOWING NEEDS ARE IMPORTANT TO THE HOSPITAL AND ITS COMMUNITY, THEY ARE NOT INCLUDED IN THE IMPLEMENTATION PLAN SO THAT HOSPITAL MAY DEDICATE NECESSARY RESOURCES TO THE ABOVE PRIMARY FOCUS AREAS THESE NEEDS ARE ALREADY BEING ADDRESSED BY HOSPITAL AND OTHER COMMUNITY ORGANIZATIONS HOSPITAL PERSONNEL WILL CONTINUE TO PARTNER WITH COMMUNITY GROUPS LISTED IN THE IMPLEMENTATION PLAN FOR MEETING THE FOLLOWING COMMUNITY NEEDS MENTAL/BEHAVIORAL HEALTH PEDIATRICINFANT/MATERNAL HEALTHDENTAL CAREPEDIATRIC CAREHEALTH LITERACYINFECTIOUS DISEASEHEALTH EDUCATIONPHYSICAL ACTIVITY/OUTREACHACCESS COVERAGEACCESS SERVICESACCESS TRANSPORTATIONCANCER BREASTCANCER PROSTATE

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
PARKLAND HEALTH CENTER-BONNE TERRE	PART V, SECTION B, LINE 11 FOLLOWING THE 2013 COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS, THE HOSPITAL WORK GROUP DECIDED TO LIMIT THE AREAS OF FOCUS IN AN EFFORT TO MAXIMIZE IMPACT ON THE NEEDS OF THE COMMUNITY THUS, THE FOLLOWING COMMUNITY HEALTH NEEDS IDENTIFIED BY HOSPITAL FOCUS GROUP MEMBERS WILL BE ADDRESSED SEE LINK TO THE CHNA AND IMPLEMENTATION PLAN ON HOSPITAL'S WEBSITE WHICH MORE ACCURATELY DESCRIBE HOW THESE HEALTH NEEDS ARE BEING ADDRESSED IN THE CURRENT TAX YEAR DIABETESOBESITYWHILE THE FOLLOWING NEEDS ARE IMPORTANT TO THE HOSPITAL AND ITS COMMUNITY, THEY ARE NOT INCLUDED IN THE IMPLEMENTATION PLAN SO THAT HOSPITAL MAY DEDICATE NECESSARY RESOURCES TO THE ABOVE PRIMARY FOCUS AREAS THESE NEEDS ARE ALREADY BEING ADDRESSED BY HOSPITAL AND OTHER COMMUNITY ORGANIZATIONS HOSPITAL PERSONNEL WILL CONTINUE TO PARTNER WITH COMMUNITY GROUPS LISTED IN THE IMPLEMENTATION PLAN FOR MEETING THE FOLLOWING COMMUNITY NEEDS BEHAVIORAL/MENTAL HEALTH REPRODUCTIVE HEALTHSUBSTANCE ABUSECANCER (BREAST, COLORECTAL, LUNG)SMOKINGHEART HEALTH & VASCULAR DISEASESACCESS SERVICESSENIOR HEALTHHEALTH LITERACYACCESS TRANSPORTATION
PARKLAND HEALTH CENTER-WEBER ROAD AS OF JAN 2016	PART V, SECTION B, LINE 11 PARKLAND HEALTH CENTER - WEBER ROAD (HOSPITAL) CEASED OPERATIONS ON JANUARY 16, 2016 AND NO LONGER OPERATES AS A MISSOURI LICENSED HOSPITAL THUS, HOSPITAL DID NOT PARTICIPATE IN THE CHNA PROCESS BECAUSE OF ITS CLOSURE WHICH TOOK PLACE EARLY IN THE REPORTING PERIOD

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
BARNES-JEWISH HOSPITAL NORTH/SOUTH	PART V, SECTION B, LINE 13B PATIENTS WITH FAMILY INCOME OVER $100,000 ANNUALLY ARE NOT ELIGIBLE FOR FINANCIAL ASSISTANCE REGARDLESS OF FAMILY SIZE
MISSOURI BAPTIST MEDICAL CENTER	PART V, SECTION B, LINE 13B PATIENTS WITH FAMILY INCOME OVER $100,000 ANNUALLY ARE NOT ELIGIBLE FOR FINANCIAL ASSISTANCE REGARDLESS OF FAMILY SIZE

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
CHRISTIAN HOSPITAL NE-NW	PART V, SECTION B, LINE 13B PATIENTS WITH FAMILY INCOME OVER $100,000 ANNUALLY ARE NOT ELIGIBLE FOR FINANCIAL ASSISTANCE REGARDLESS OF FAMILY SIZE
ST LOUIS CHILDREN'S HOSPITAL	PART V, SECTION B, LINE 13B PATIENTS WITH FAMILY INCOME OVER $100,000 ANNUALLY ARE NOT ELIGIBLE FOR FINANCIAL ASSISTANCE REGARDLESS OF FAMILY SIZE

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
BOONE HOSPITAL CENTER	PART V, SECTION B, LINE 13B PATIENTS WITH FAMILY INCOME OVER $100,000 ANNUALLY ARE NOT ELIGIBLE FOR FINANCIAL ASSISTANCE REGARDLESS OF FAMILY SIZE
ALTON MEMORIAL HOSPITAL	PART V, SECTION B, LINE 13B PATIENTS WITH FAMILY INCOME OVER $100,000 ANNUALLY ARE NOT ELIGIBLE FOR FINANCIAL ASSISTANCE REGARDLESS OF FAMILY SIZE

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
BARNES-JEWISH WEST COUNTY HOSPITAL	PART V, SECTION B, LINE 13B PATIENTS WITH FAMILY INCOME OVER $100,000 ANNUALLY ARE NOT ELIGIBLE FOR FINANCIAL ASSISTANCE REGARDLESS OF FAMILY SIZE
BARNES-JEWISH ST PETERS HOSPITAL, INC	PART V, SECTION B, LINE 13B PATIENTS WITH FAMILY INCOME OVER $100,000 ANNUALLY ARE NOT ELIGIBLE FOR FINANCIAL ASSISTANCE REGARDLESS OF FAMILY SIZE

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
PARKLAND HEALTH CENTER-FARMINGTON	PART V, SECTION B, LINE 13B PATIENTS WITH FAMILY INCOME OVER $100,000 ANNUALLY ARE NOT ELIGIBLE FOR FINANCIAL ASSISTANCE REGARDLESS OF FAMILY SIZE
PROGRESS WEST HEALTHCARE CENTER	PART V, SECTION B, LINE 13B PATIENTS WITH FAMILY INCOME OVER $100,000 ANNUALLY ARE NOT ELIGIBLE FOR FINANCIAL ASSISTANCE REGARDLESS OF FAMILY SIZE

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
MISSOURI BAPTIST HOSPITAL OF SULLIVAN	PART V, SECTION B, LINE 13B PATIENTS WITH FAMILY INCOME OVER $100,000 ANNUALLY ARE NOT ELIGIBLE FOR FINANCIAL ASSISTANCE REGARDLESS OF FAMILY SIZE
PARKLAND HEALTH CENTER-BONNE TERRE	PART V, SECTION B, LINE 13B PATIENTS WITH FAMILY INCOME OVER $100,000 ANNUALLY ARE NOT ELIGIBLE FOR FINANCIAL ASSISTANCE REGARDLESS OF FAMILY SIZE

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
PARKLAND HEALTH CENTER-WEBER ROAD AS OF JAN 2016	PART V, SECTION B, LINE 13B PATIENTS WITH FAMILY INCOME OVER $100,000 ANNUALLY ARE NOT ELIGIBLE FOR FINANCIAL ASSISTANCE REGARDLESS OF FAMILY SIZE
BARNES-JEWISH HOSPITAL NORTH/SOUTH	PART V, SECTION B, LINE 13H IN THE CASE OF A CATASTROPHIC MEDICAL EVENT, PATIENTS WHO MAY NOT ORDINARILY QUALIFY FOR FINANCIAL ASSISTANCE WILL BE GRANTED AID UNDER THESE SPECIAL CIRCUMSTANCES, PATIENT PAYMENT RESPONSIBILITIES IN A 12-MONTH PERIOD WILL NOT BE MORE THAN 25 PERCENT OF ANNUAL FAMILY INCOME

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
MISSOURI BAPTIST MEDICAL CENTER	PART V, SECTION B, LINE 13H IN THE CASE OF A CATASTROPHIC MEDICAL EVENT, PATIENTS WHO MAY NOT ORDINARILY QUALIFY FOR FINANCIAL ASSISTANCE WILL BE GRANTED AID UNDER THESE SPECIAL CIRCUMSTANCES, PATIENT PAYMENT RESPONSIBILITIES IN A 12-MONTH PERIOD WILL NOT BE MORE THAN 25 PERCENT OF ANNUAL FAMILY INCOME
CHRISTIAN HOSPITAL NE-NW	PART V, SECTION B, LINE 13H IN THE CASE OF A CATASTROPHIC MEDICAL EVENT, PATIENTS WHO MAY NOT ORDINARILY QUALIFY FOR FINANCIAL ASSISTANCE WILL BE GRANTED AID UNDER THESE SPECIAL CIRCUMSTANCES, PATIENT PAYMENT RESPONSIBILITIES IN A 12-MONTH PERIOD WILL NOT BE MORE THAN 25 PERCENT OF ANNUAL FAMILY INCOME

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
PROTESTANT MEMORIAL MEDICAL CENTER INC	PART V, SECTION B, LINE 13H IN THE CASE OF A CATASTROPHIC MEDICAL EVENT, PATIENTS WHO MAY NOT ORDINARILY QUALIFY FOR FINANCIAL ASSISTANCE WILL BE GRANTED AID THE FINANCIAL RESPONSIBILITY OF AN INSURED PATIENT QUALIFYING FOR FINANCIAL ASSISTANCE WILL BE LIMITED TO 10 PERCENT OF ANNUAL FAMILY INCOME FOR ANY 12-MONTH PERIOD THE FINANCIAL RESPONSIBILITY OF ANY UNINSURED PATIENT WILL BE LIIMITED TO 25 PERCENT OF ANNUAL FAMILY INCOME FOR ANY 12-MONTH PERIOD
ST LOUIS CHILDREN'S HOSPITAL	PART V, SECTION B, LINE 13H IN THE CASE OF A CATASTROPHIC MEDICAL EVENT, PATIENTS WHO MAY NOT ORDINARILY QUALIFY FOR FINANCIAL ASSISTANCE WILL BE GRANTED AID UNDER THESE SPECIAL CIRCUMSTANCES, PATIENT PAYMENT RESPONSIBILITIES IN A 12-MONTH PERIOD WILL NOT BE MORE THAN 25 PERCENT OF ANNUAL FAMILY INCOME

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
BOONE HOSPITAL CENTER	PART V, SECTION B, LINE 13H IN THE CASE OF A CATASTROPHIC MEDICAL EVENT, PATIENTS WHO MAY NOT ORDINARILY QUALIFY FOR FINANCIAL ASSISTANCE WILL BE GRANTED AID UNDER THESE SPECIAL CIRCUMSTANCES, PATIENT PAYMENT RESPONSIBILITIES IN A 12-MONTH PERIOD WILL NOT BE MORE THAN 25 PERCENT OF ANNUAL FAMILY INCOME
ALTON MEMORIAL HOSPITAL	PART V, SECTION B, LINE 13H IN THE CASE OF A CATASTROPHIC MEDICAL EVENT, PATIENTS WHO MAY NOT ORDINARILY QUALIFY FOR FINANCIAL ASSISTANCE WILL BE GRANTED AID UNDER THESE SPECIAL CIRCUMSTANCES, PATIENT PAYMENT RESPONSIBILITIES IN A 12-MONTH PERIOD WILL NOT BE MORE THAN 25 PERCENT OF ANNUAL FAMILY INCOME

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
BARNES-JEWISH WEST COUNTY HOSPITAL	PART V, SECTION B, LINE 13H IN THE CASE OF A CATASTROPHIC MEDICAL EVENT, PATIENTS WHO MAY NOT ORDINARILY QUALIFY FOR FINANCIAL ASSISTANCE WILL BE GRANTED AID UNDER THESE SPECIAL CIRCUMSTANCES, PATIENT PAYMENT RESPONSIBILITIES IN A 12-MONTH PERIOD WILL NOT BE MORE THAN 25 PERCENT OF ANNUAL FAMILY INCOME
BARNES-JEWISH ST PETERS HOSPITAL, INC	PART V, SECTION B, LINE 13H IN THE CASE OF A CATASTROPHIC MEDICAL EVENT, PATIENTS WHO MAY NOT ORDINARILY QUALIFY FOR FINANCIAL ASSISTANCE WILL BE GRANTED AID UNDER THESE SPECIAL CIRCUMSTANCES, PATIENT PAYMENT RESPONSIBILITIES IN A 12-MONTH PERIOD WILL NOT BE MORE THAN 25 PERCENT OF ANNUAL FAMILY INCOME

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
PARKLAND HEALTH CENTER-FARMINGTON	PART V, SECTION B, LINE 13H IN THE CASE OF A CATASTROPHIC MEDICAL EVENT, PATIENTS WHO MAY NOT ORDINARILY QUALIFY FOR FINANCIAL ASSISTANCE WILL BE GRANTED AID UNDER THESE SPECIAL CIRCUMSTANCES, PATIENT PAYMENT RESPONSIBILITIES IN A 12-MONTH PERIOD WILL NOT BE MORE THAN 25 PERCENT OF ANNUAL FAMILY INCOME
BJC/HEALTHSOUTH REHABIL CENTER LLC	PART V, SECTION B, LINE 13H WHEN A PATIENT DOES NOT QUALIFY FOR FINANCIAL ASSISTANCE UNDER THIS POLICY BUT HAS SPECIAL CIRCUMSTANCES, OTHER DISCOUNTS MAY BE AVAILABLE THAT ARE NOT PART OF THIS FINANCIAL ASSISTANCE POLICY IN THESE SITUATIONS, HOSPITAL STAFF WILL REVIEW ALL AVAILABLE INFORMATION (INCLUDING DOCUMENTATION OF INCOME, LIQUID AND ILLIQUID ASSETS, AND OTHER RESOURCES, AMOUNT OF OUTSTANDING MEDICAL BILLS AND OTHER FINANCIAL OBLIGATIONS) AND MAKE A CASE-BY-CASE DETERMINATION OF THE PATIENT'S ELIGIBILITY FOR OTHER POTENTIAL DISCOUNTS

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
PROGRESS WEST HEALTHCARE CENTER	PART V, SECTION B, LINE 13H IN THE CASE OF A CATASTROPHIC MEDICAL EVENT, PATIENTS WHO MAY NOT ORDINARILY QUALIFY FOR FINANCIAL ASSISTANCE WILL BE GRANTED AID UNDER THESE SPECIAL CIRCUMSTANCES, PATIENT PAYMENT RESPONSIBILITIES IN A 12-MONTH PERIOD WILL NOT BE MORE THAN 25 PERCENT OF ANNUAL FAMILY INCOME
METRO-EAST SERVICES, INC	PART V, SECTION B, LINE 13H IN THE CASE OF A CATASTROPHIC MEDICAL EVENT, PATIENTS WHO MAY NOT ORDINARILY QUALIFY FOR FINANCIAL ASSISTANCE WILL BE GRANTED AID THE FINANCIAL RESPONSIBILITY OF AN INSURED PATIENT QUALIFYING FOR FINANCIAL ASSISTANCE WILL BE LIMITED TO 10 PERCENT OF ANNUAL FAMILY INCOME FOR ANY 12-MONTH PERIOD

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
MISSOURI BAPTIST HOSPITAL OF SULLIVAN	PART V, SECTION B, LINE 13H IN THE CASE OF A CATASTROPHIC MEDICAL EVENT, PATIENTS WHO MAY NOT ORDINARILY QUALIFY FOR FINANCIAL ASSISTANCE WILL BE GRANTED AID UNDER THESE SPECIAL CIRCUMSTANCES, PATIENT PAYMENT RESPONSIBILITIES IN A 12-MONTH PERIOD WILL NOT BE MORE THAN 25 PERCENT OF ANNUAL FAMILY INCOME
PARKLAND HEALTH CENTER-BONNE TERRE	PART V, SECTION B, LINE 13H IN THE CASE OF A CATASTROPHIC MEDICAL EVENT, PATIENTS WHO MAY NOT ORDINARILY QUALIFY FOR FINANCIAL ASSISTANCE WILL BE GRANTED AID UNDER THESE SPECIAL CIRCUMSTANCES, PATIENT PAYMENT RESPONSIBILITIES IN A 12-MONTH PERIOD WILL NOT BE MORE THAN 25 PERCENT OF ANNUAL FAMILY INCOME

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
PARKLAND HEALTH CENTER-WEBER ROAD AS OF JAN 2016	PART V, SECTION B, LINE 13H IN THE CASE OF A CATASTROPHIC MEDICAL EVENT, PATIENTS WHO MAY NOT ORDINARILY QUALIFY FOR FINANCIAL ASSISTANCE WILL BE GRANTED AID UNDER THESE SPECIAL CIRCUMSTANCES, PATIENT PAYMENT RESPONSIBILITIES IN A 12-MONTH PERIOD WILL NOT BE MORE THAN 25 PERCENT OF ANNUAL FAMILY INCOME

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?_____

Name and address	Type of Facility (describe)
1 - BJH SITEMAN CANCER CENTER AT BJH (CAM) 4921 PARKVIEW PLACE ST LOUIS, MO 63110	OUTPATIENT CANCER CENTER
2 - BJH SITEMAN CANCER CENT SO COUNTY (SCSC) 5225 MIDAMERICA PLAZA ST LOUIS, MO 63129	OUTPATIENT CANCER CENTER
3 - BARNES-JEWISH EXTENDED CARE (BJEC) 401 CORPORATE PARK DRIVE ST LOUIS, MO 63105	SKILLED NURSING FACILITY
4 - BJH CENTER FOR OUTPATIENT HEALTH (COH) 4901 FOREST PARK AVE ST LOUIS, MO 63108	OUTPATIENT CLINICS
5 - BJH CENTER FOR ADVANCED MEDICINE (CAM) 4921 PARKVIEW PLACE ST LOUIS, MO 63110	OUTPATIENT CLINICS
6 - BJH CENTER FOR ADVANCED MEDICINE (SOUTH) 5201 MIDAMERICA PLAZA ST LOUIS, MO 63129	OUTPATIENT CLINIC & PROF SVCS
7 - BJH ORTHOPEDIC CENTER (OC) 14532 SO OUTER FORTY RD STE 100 CHESTERFIELD, MO 63017	ORTHOPED SURGERY CTR & PROF SVCS
8 - BJH GOLDFARB SCHOOL OF NURSING 4483 DUNCAN AVE ST LOUIS, MO 63110	CLINICAL INSTRUCTION
9 - BJH PSYCHIATRIC SUPPORT CENTER (PSC) 5355 DELMAR BLVD ST LOUIS, MO 63112	IP / OP PSYCH SERVICES & SUPPORT CENTER
10 - BJH RADIOLOGYLAB AT HIGHLANDS (HIGH) 1110 HIGHLANDS PLAZA EAST STE 325 ST LOUIS, MO 63110	RADIOLOGY AND LAB SERVICES OFF SITE
11 - BJH CLINIC GROUP PRACTICE 620 S TAYLOR STE 100 ST LOUIS, MO 63110	LAB & OUTPATIENT SERVICES
12 - BJC BRAIN INJURY DAY TREATMENT 4477 FOREST PARK AVE ST LOUIS, MO 63108	OUTPATIENT SERVICES
13 - FOREST PARK KIDNEY CENTER 4205 FOREST PARK AVE ST LOUIS, MO 63108	BJH/WU OP KIDNEY SERVICES
14 - BJC REHABILITATION CENTER 4435 DUNCAN AVE ST LOUIS, MO 63110	REHABILITATION HOSPITAL SVCS
15 - BJH INVITRO FERTILITY CLINIC (IFC) 4444 FOREST PARK BLVD ST LOUIS, MO 63108	INFERTILITY OUTPATIENT PROCEDURES

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
16 - THE HEART CARE INSTITUTE LLC 1020 NORTH MASON ROAD ST LOUIS, MO 63141	DIAGNOSTIC CARDIOLOGY
17 - BREAST HEALTH CENTER AT MBMC 3023 N BALLAS ROAD STE 630 ST LOUIS, MO 63131	RADIOLOGY SERVICES
18 - THE CHILD BIRTH CENTER AT MBMC 3023 N BALLAS ROAD STE 300 ST LOUIS, MO 63131	WOMEN'S REPRODUCTIVE HEALTH SVCS
19 - MBMC GIENDOSCOPY 3023 N BALLAS ROAD 550 ST LOUIS, MO 63131	GI/ENDOSCOPY SERVICES
20 - MBMC ULTRASOUND 3023 N BALLAS ROAD 450 ST LOUIS, MO 63131	ULTRASOUND SERVICES
21 - MBMC CT PETCT 3023 N BALLAS ROAD 200 ST LOUIS, MO 63131	DIAGNOSTIC SERVICES
22 - MBMC FAMILY CARE PHARMACY 3023 N BALLAS ROAD 100 ST LOUIS, MO 63131	PHARMACY SERVICES
23 - MBMC MRI 3023 N BALLAS ROAD 150 ST LOUIS, MO 63131	MRI/RADIOLOGY SERVICES
24 - MBMC CARDIOVASCULAR DIAGNOSTICS 3023 N BALLAS ROAD 220 ST LOUIS, MO 63131	CARDIAC DIAGNOSTIC SERVICES
25 - MBMC DIABETES MGMT & NUTRITION 3009 N BALLAS ROAD 228 ST LOUIS, MO 63131	OUTPATIENT DIABETES TREATMENT
26 - MBMC CARDIAC REHAB 3009 N BALLAS ROAD 110 ST LOUIS, MO 63131	OUTPATIENT CARDIAC REHAB
27 - MBMC SURGICAL PRE TEST LAB & RADIOL 3009 N BALLAS ROAD 112 ST LOUIS, MO 63131	OUTPATIENT SURGERY
28 - MBMC OUTPATIENT CARDIAC TESTING 3009 N BALLAS ROAD 262 ST LOUIS, MO 63131	OUTPATIENT CARDIAC TESTING
29 - MBMC OUTPATIENT CENTER AT SUNSET HILLS 3844 LINDBERGH BLVD 100 ST LOUIS, MO 63127	OP, RADIOLOGY, CANCER, INFUSION SVCS
30 - MBMC EMPLOYED PHYSICIANS GROUP PRACTICE 3844 LINDBERGH BLVD ST LOUIS, MO 63127	PROFESSIONAL SERVICES

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
31 - MBMC CANCER & INFUSION CENTER 800 ST GENEVIEVE DRIVE ST GENEVIEVE, MO 63670	PROFESSIONAL SERVICES, ONCOLOGY
32 - MBMC OP RAD MAMMO ULTSOUND BONE DENS 3844 S LINDBERGH BLVD STE 140 ST LOUIS, MO 63127	OP RAD, MAMMOGRAPHY, ULTRASOUND, BONE DENSITY
33 - MBMC OP RADIOLOGY CT & MRI 3844 S LINDBERGH BLVD STE 100 ST LOUIS, MO 63127	OP RADIOLOGY CT & MRI
34 - MBMC FAMILY CARE PHARMACY 3023 N BALLAS ROAD STE 100 BLDG D ST LOUIS, MO 63131	OUTPATIENT PHARMACY
35 - MBMC PHYSICIAN SERVICES LLC GROUP PR 3009 N BALLAS ROAD STE 360 C ST LOUIS, MO 63131	PROFESSIONAL SERVICES
36 - MBMC PHYSICIAN SERVICES LLC GROUP PR 3009 N BALLAS ROAD STE 315 A ST LOUIS, MO 63131	PROFESSIONAL SERVICES
37 - MBMC PHYSICIAN SERVICES LLC GROUP PR 3009 N BALLAS ROAD STE 210 B ST LOUIS, MO 63131	PROFESSIONAL SERVICES
38 - MBMC PHYSICIAN SERVICES LLC GROUP PR 3009 N BALLAS ROAD STE 323 A ST LOUIS, MO 63131	PROFESSIONAL SERVICES
39 - MBMC PHYSICIAN SERVICES LLC GROUP PR 555 N NEW BALLAS ROAD STE 265 ST LOUIS, MO 63141	PROFESSIONAL SERVICES
40 - BREAST HEALTHCARE CENTER MBMC 9450 MANCHESTER RD STE 206 ST LOUIS, MO 63119	MAMMOGRAPHY AND LAB SERVICES
41 - BJC EMPLOYEE PHARMACY AT MBMC 3844 LINDBERGH BLVD STE 150 ST LOUIS, MO 63127	PHARMACY SERVICES
42 - MISSOURI BAPTIST GYNECOLOGY & ONCOLOGY 11652 STUDT AVENUE ST LOUIS, MO 63141	OUTPATIENT RADIATION & INFUSION CENTER
43 - NORTHWEST HEALTHCARE (CHNENW) 1225 GRAHAM ROAD FLORISSANT, MO 63031	PROF SVCS, HOME CARE PHARMACY
44 - GRAHAM MED CENTER I-(VAR STES CHNENW) 1150 GRAHAM ROAD FLORISSANT, MO 63031	PT,OT & ST, SLEEP STUDY
45 - GRAHAM MED CENTER II-(VAR STES CHNENW) 1224 GRAHAM ROAD FLORISSANT, MO 63031	OP RETAIL PHARMACY & MEDICAL GROUP PRACTICE

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
46 - PAUL F DIETRICH BLDG - VARIOUS 11125 DUNN ROAD ST LOUIS, MO 63136	OP SENIOR PSYCHIATRIC SERVICES
47 - CH POB #2 - VARIOUS SUITES 11125 DUNN ROAD ST LOUIS, MO 63136	OP CANCER, WOUND CARE, RETAIL PHARMACY
48 - CH POB #1 - VARIOUS SUITES 11155 DUNN ROAD ST LOUIS, MO 63136	OP PAIN MGMT, RAD ONC, DIABETES CENTER
49 - VILLAGE NORTH INC 11160 VILLAGE NORTH DRIVE ST LOUIS, MO 63136	SKILLED NURSING FACILITY
50 - BELLEVILLE HEALTH & SPORTS CENTER 1001 SOUTH 74TH STREET BELLEVILLE, IL 62223	SPORTS FITNESS FACILITY
51 - MEMORIAL MED GROUP - ALTON 2 MEMORIAL DRIVE MOB A STE 201 ALTON, IL 62002	O/P VASCULAR SURGERY
52 - MEMORIAL MED GROUP - BELLEVILLE 130 LINCOLN PLACE CT BELLEVILLE, IL 62221	GERIATRICS AND INTERNAL MED
53 - MEMORIAL MED GROUP-EAR NOSE THROAT 2900 FRANK SCOTT PKWY STE 930 BELLEVILLE, IL 62223	EAR, NOSE, THROAT SVCS
54 - MEMORIAL MED GROUP-FAMILY MED 3701 MEMORIAL DRIVE BELLEVILLE, IL 62226	FAMILY MEDICINE
55 - MEMORIAL MED GROUP-PRIMARY & SPEC 4600 MEMORIAL DRIVE BELLEVILLE, IL 62226	PRIMARY AND SPECIALTY PHYS SVCS
56 - MEMORIAL MED GROUP-ORTHO & NEUROSCI 4700 MEMORIAL DRIVE BELLEVILLE, IL 62226	ORTHOPEDIC & NEUROSCIENCES CENTER
57 - MEMORIAL MED GROUP - FAMILY MED 1095 BELT LINE ROAD STE 500 COLLINSVILLE, IL 62234	FAMILY MEDICINE
58 - MEMORIAL MED GROUP IN COLUMBIA 200 ADMIRAL TROST ROAD STE 1A 1B COLUMBIA, IL 62236	CARDIOLOGY, VASCULAR & FAM MED
59 - MEMORIAL MED GROUP IN MARYVILLE 2016 VADALABENE DR STE B MARYVILLE, IL 62062	VASCULAR SURGERY
60 - MEMORIAL MED GROUP - NASHVILLE 1245 SOUTH MILL ST NASHVILLE, IL 62263	CARDIOLOGY & FAM MED

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?_____

Name and address	Type of Facility (describe)
61 - MEMORIAL MED GROUP - O'FALLON 310 N SEVEN HILLS RD OFALLON, IL 62269	CARDIOLOGY & FAM MED
62 - MEMORIAL MED GROUP - O'FALLON 800 E HIGHWAY 50 OFALLON, IL 62269	FAMILY MEDICINE
63 - MEMORIAL MED GROUP - SMITHTON 4017 ILLINOIS ST ROAD 159 SMITHTON, IL 62285	FAMILY MEDICINE
64 - MEMORIAL MED GROUP - SWANSEA 3 PARK PLACE STE A SWANSEA, IL 62226	FAMILY MEDICINE
65 - PROTESTANT MEMORIAL MEDICAL CENTER 123 LINCOLN PLACE COURT BELLEVILLE, IL 62221	OUTPATIENT RAD, PT, WOUND CARE
66 - PROTESTANT MEMORIAL MEDICAL CENTER 310 SEVEN HILLS ROAD OFALLON, IL 62269	OP THERAPY
67 - PROTESTANT MEMORIAL MEDICAL CENTER 800 E US HIGHWAY 50 OFALLON, IL 62269	OP DIAGNOSTICS / OP PHYSICAL THERAPY
68 - PROTESTANT MEMORIAL MEDICAL CENTER 200 ADMIRAL TROST ROAD COLUMBIA, IL 62236	OP LAB / RADIOLOGY
69 - MEMORIAL CARE CENTER 4315 MEMORIAL DRIVE BELLEVILLE, IL 62226	SKILLED NURSING FACILITY
70 - BOONE HOSP CARDIAC DIAGNOSTIC 1605 E BROADWAY STE 400 COLUMBIA, MO 65201	OP DIAGNOSTIC CARDIOLOGY
71 - BOONE HOSP COGNITIVE BEHAV THERAPY 1506 E BROADWAY STE 217 COLUMBIA, MO 65201	BEHAVIORAL THERAPY
72 - BOONE HOSP OUTPATIENT THERAPIES 1601 E BROADWAY STE LL COLUMBIA, MO 65201	OUTPATIENT CLINIC
73 - BOONE HOSP OUTPATIENT CLINICS 1701 E BROADWAY LL101102204 COLUMBIA, MO 65201	CARD REHAB, WOUND CARE, DIABETES, BARIATRIC
74 - BOONE HOSPITAL RADIOLOGY 303 N KEENE ST STE 302 COLUMBIA, MO 65201	OUTPATIENT RADIOLOGY SVCS
75 - BOONE PULMONARY MEDICINE 1601 E BROADWAY STE 240 COLUMBIA, MO 65201	OUTPATIENT PULMONARY MED

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
76 - BOONE HOSPITAL OUTPATIENT 900 W NIFONG BLVD COLUMBIA, MO 65203	PHARMACY & OUTPATIENT SVCS
77 - BOONE HOSP CTR VIS NURSE HOME HEALTH 601 BUS LOOP 70 W STE 260 COLUMBIA, MO 65203	HOME HEALTH SVCS
78 - BOONE HOSP CTR VISIT NURSE HOSPICE 601 BUS LOOP 70 W STE 260 COLUMBIA, MO 65203	HOSPICE SVCS
79 - BOONE HOSP CENTER'S VISIT NURSES INC 3315 S BERRYWOOD DRIVE COLUMBIA, MO 65201	HOME HEALTH SVCS
80 - BOONE HOSP CENTER'S VISIT NURSES INC 1605 E BROADWAY STE 250 COLUMBIA, MO 65201	HOME HEALTH & HOSPICE
81 - BOONE PHYSICIAN SERVICES LLC 1605 E BROADWAY STE 240 COLUMBIA, MO 65201	PULMONOLOGY CLINIC
82 - BOONE PHYSICIAN SERVICES LLC 1605 E BROADWAY STE 110 COLUMBIA, MO 65201	BOONE SURGERY GROUP
83 - CHAS PHYSICIAN SERVICES LLC 130 E LOCKING STREET BROOKFIELD, MO 64628	PROFESSIONAL PRACTICE GROUP SERVICES
84 - CHAS PHYSICIAN SERVICES LLC 1600 N MORLEY STREET STE A120 MOBERLY, MO 65270	PROFESSIONAL PRACTICE GROUP SERVICES
85 - CHAS PHYSICIAN SERVICES LLC 1605 E BROADWAY STE 300 COLUMBIA, MO 65201	PROFESSIONAL PRACTICE GROUP SERVICES
86 - CHAS PHYSICIAN SERVICES LLC 2305 S HIGHWAY 65 MARSHALL, MO 65340	PROFESSIONAL PRACTICE GROUP SERVICES
87 - CHAS PHYSICIAN SERVICES LLC 300 N MORLEY STREET MOBERLY, MO 65270	PROFESSIONAL PRACTICE GROUP SERVICES
88 - CHAS PHYSICIAN SERVICES LLC 404 PROVIDENCE ROAD MACON, MO 63552	PROFESSIONAL PRACTICE GROUP SERVICES
89 - CHAS PHYSICIAN SERVICES LLC 509 W 18TH STREET HERMAN, MO 65041	PROFESSIONAL PRACTICE GROUP SERVICES
90 - ST LOUIS CHILDREN'S HOSP PSYCHOL SVCS 13001 NORTH OUTER FORTY RD CHESTERFIELD, MO 63017	PEDIATRIC MENTAL HEALTH

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Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?_____

Name and address	Type of Facility (describe)
91 - ST LOUIS CHILDREN'S HOSP THERAPY SVCS 16216 BAXTER ROAD STE 140 CHESTERFIELD, MO 63017	OP THERAPY
92 - ST LOUIS CHILDREN'S PSYCHOLOGY SVCS 8888 LADUE RD ST LOUIS, MO 63124	OP PSYCH
93 - ST LOUIS CHILDREN'S SPEC CARE CENTER 13001 NORTH OUTER FORTY RD CHESTERFIELD, MO 63017	MULTIPLE OUTPATIENT SVCS
94 - ST LOUIS CHILDREN'S PHARMACY 13001 NORTH OUTER FORTY RD CHESTERFIELD, MO 63017	OUTPATIENT PHARMACY
95 - ST LOUIS CHILDREN'S DENTAL CENTER 13001 NORTH OUTER FORTY RD CHESTERFIELD, MO 63017	DENTAL SERVICES
96 - EUNICE SMITH 1251 COLLEGE AVE ALTON, IL 62002	SKILLED NURSING FACILITY
97 - ALTON NORTH-HUMAN MOTION INST REHAB 226 REGIONAL DRIVE ALTON, IL 62003	ORTHO/SPORTS REHAB
98 - AMH POB#1 FOUR MEMORIAL DRIVE ALTON, IL 62002	ONCOLOLGY/RADIATION ONCOLOGY SVCS
99 - ALTON MEMORIAL CONVENIENT CARE 5520 GODFREY RD ALTON, IL 62035	ALTON MEMORIAL CONVENIENT CARE
100 - ALTON MEM OP RADIATION SIX MEMORIAL DRIVE ALTON, IL 62002	OUTPATIENT RADIATION ONC
101 - ALTON MEMORIAL OP PAIN MGMT TWO MEMORIAL DRIVE ALTON, IL 62002	OUTPATIENT PAIN MGMT
102 - ALTON MEMORIAL HOSPITAL FOUR MEMORIAL DRIVE ALTON, IL 62202	PROFESSIONAL PRACTICE GROUP SERVICES
103 - ALTON MEMORIAL HOSPITAL FOUR MEMORIAL DRIVE ALTON, IL 62202	OUTPATIENT NEURODIAGNOSTICS
104 - PARKLAND THERAPY SERVICES 1280 DOCTORS DRIVE FARMINGTON, MO 63640	PHY, OCC AND SPEECH THERAPY
105 - PARKLAND BONNE TERRE PHYSICAL THERAPY 118 EAST SCHOOL RD BONNE TERRE, MO 63628	PHYSICAL THERAPY SERVICES

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
106 - SURGERY CENTER OF FARMINGTON LLC 400 PARKLAND DRIVE FARMINGTON, MO 63640	AMBULATORY SURGERY CTR
107 - SITEMAN OUTPATIENT SURGERGY CENTER 100 ENTRANCE WAY ST PETERS, MO 63376	OUTPATIENT SURGERY
108 - BJSPH OP THERAPY MOB 2 70 JUNGERMAN CIR STE 304 ST PETERS, MO 63376	OUTPATIENT THERAPY
109 - BJSPH SLEEP LAB MOB 2 70 JUNGERMAN CIR STE 303 ST PETERS, MO 63376	SLEEP LAB
110 - SITEMAN CANCER CENTER AT BJSPH 150 ENTRANCE WAY ST PETERS, MO 63376	OUTPAT RADIATION & ONCOL
111 - BENRUS SURGICAL AT BJSPH 6 JUNGERMANN CIRCLE STE 205 ST PETERS, MO 63376	OP SERVICES
112 - SPORTS THERAPY & REHAB (STAR) 1020 N MASON STE 220212 ST LOUIS, MO 63141	PHYSICAL THERAPY
113 - SPORTS THERAPY & REHAB (STAR) 14532 S OUTER FORTY CHESTERFIELD, MO 63017	PHYSICAL THERAPY
114 - SPORTS THERAPY & REHAB (STAR) 5201 MIDAMERICA PLAZA ST LOUIS, MO 63129	PHYSICAL THERAPY
115 - BJWC SLEEP DISORDERS LAB 969 N MASON STE 260 ST LOUIS, MO 63141	SLEEP LAB
116 - BJWC PROFESSIONAL GROUP PRACTICE 12634 OLIVE BLVD CREVE COEUR, MO 63141	PROFESSIONAL PRACTICE GROUP SERVICES
117 - BJWC IP OP SERVICES 12634 OLIVE BLVD CREVE COEUR, MO 63141	IP / OP SERVICES
118 - BJWC PAIN MANAGEMENT CENTER 969 N MASON STE 240 ST LOUIS, MO 63141	PAIN MANAGEMENT
119 - BJWC OUTPATIENT RADIOLOGY 969 N MASON STE 110 AND 235 ST LOUIS, MO 63141	OUTPATIENT RADIOLOGY
120 - BJWC IMAGING CENTER 10 BARNES WEST DRIVE 1040 MASON ST LOUIS, MO 63141	OUTPATIENT RADIOLOGY

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
121 - BJWC PULMONARY FUNCTION TESTING 1040 N MASON STE 116 ST LOUIS, MO 63141	PULMONARY DIAGNOSTIC TESTING
122 - BJWC RADIOLOGY 1040 N MASON STE G-02 ST LOUIS, MO 63141	OUTPATIENT RADIOLOGY
123 - BJWC LABORATORY 1020 N MASON STE 120 ST LOUIS, MO 63141	OUTPATIENT LABORATORY
124 - BJWC NUTRITION COUNSELING 1020 N MASON STE 200 ST LOUIS, MO 63141	NUTRITION COUNSELING
125 - BJWC RADIATION ONCOLOGY (SITEMAN) 10 BARNES WEST DRIVE STE 101 ST LOUIS, MO 63141	RADIATION ONCOLOGY
126 - BJWC LABORATORY 10 BARNES WEST DRIVE STE 102 ST LOUIS, MO 63141	OUTPATIENT LABORATORY
127 - BJWC RADIOLOGY 10 BARNES WEST DRIVE STE 202 ST LOUIS, MO 63141	OUTPATIENT RADIOLOGY
128 - BJWC OUTPATIENT SERVICES 10 BARNES WEST DRIVE STE 201 ST LOUIS, MO 63141	OUTPATIENT SVCS
129 - BJC BEHAVIORAL HEALTH 11102 LINDBERGH BUSINESS COURT ST LOUIS, MO 63123	PROFESSIONAL PRACTICE GROUP SERVICES
130 - PROGRESS WEST HOSP OUTPATIENT CENTER 2630 HIGHWAY K OFALLON, MO 63366	OP RAD, PT, WOUND CARE
131 - MISSOURI BAP SULL SPORTS FIT REHAB CTR 216 W MAIN SULLIVAN, MO 63080	PT, OT & ST
132 - MISSOURI BAP SULL SPORTS FIT REHAB CUBA 314 E WASHINGTON CUBA, MO 65453	PT & OT
133 - MISSOURI BAPTIST BOURBON MEDICAL OFFICE 240 COLLEGE BOURBON, MO 65441	RURAL HEALTH CLINIC
134 - MISSOURI BAPTIST BOURBON MEDICAL OFFICE 240 COLLEGE BOURBON, MO 65441	NON-RURAL HEALTH CLINIC
135 - MISSOURI BAPTIST CUBA MEDICAL OFFICE 102 OZARK STREET STE B CUBA, MO 65453	RURAL HEALTH CLINIC

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How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
136 - MISSOURI BAPTIST CUBA MEDICAL OFFICE 102 OZARK STREET STE B CUBA, MO 65453	NON-RURAL HEALTH CLINIC
137 - MISSOURI BAPTIST STEELEVILLE MED OFFICE 510 W MAIN STREET STEELEVILLE, MO 65565	RURAL HEALTH CLINIC
138 - MISSOURI BAPTIST STEELEVILLE MED OFFICE 510 W MAIN STREET STEELEVILLE, MO 65565	NON-RURAL HEALTH CLINIC
139 - MISSOURI BAPTIST SULLIVAN MED OFFICE 965 MATTOX DR SULLIVAN, MO 63080	RURAL HEALTH CLINIC
140 - MISSOURI BAPTIST SULLIVAN MED OFFICE 965 MATTOX DR SULLIVAN, MO 63080	NON-RURAL HEALTH CLINIC
141 - MISSOURI BAPTIST SULLIVAN EMS 1230 N CHURCH SULLIVAN, MO 63080	TRAUMA AND AMBULANCE SERVICES
142 - BJC HOME CARE SERVICES - ALTON 3535 COLLEGE AVE ALTON, IL 62002	HOME HEALTH
143 - BJC HOME CARE SERVICES - PARKLAND 757 WEBER RD FARMINGTON, MO 63640	HOME HEALTH & HOSPICE
144 - BJC HOME CARE SERVICES - ST LOUIS 1935 BELTWAY DRIVE ST LOUIS, MO 63114	HOME HEALTH
145 - BJC HOME CARE SERVICES - SULLIVAN 113 PROGRESS PARKWAY SULLIVAN, MO 63080	HOME HEALTH & HOSPICE
146 - BJC HOME CARE SERVICES 4353 CLAYTON AVE ST LOUIS, MO 63110	HOME CARE SERVICES
147 - BJC HOME CARE SERVICES 4249 CLAYTON AVE ST LOUIS, MO 63110	HOME CARE SERVICES
148 - BJC HOME CARE SERVICES 1000 N MASON ROAD ST LOUIS, MO 63141	HOSPICE SVCS
149 - BJC HOME CARE SERVICES 330A 5TH STREET CARROLLTON, IL 62016	HOSPICE SVCS
150 - BJC HOME MEDICAL EQUIP 1935 BELTWAY DRIVE ST LOUIS, MO 63114	DURABLE MEDICAL EQUIP, SUPPLIES

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Name and address	Type of Facility (describe)
151 - BJC HOME MEDICAL EQUIP - FARMINGTON 301 N WASHINGTON STREET FARMINGTON, MO 63640	DURABLE MEDICAL EQUIP, SUPPLIES
152 - BJC HOME CARE SERVICES - PHARMACY 1935 BELTWAY DRIVE ST LOUIS, MO 63114	HOME INFUSION
153 - BJC HOSPICE ST LOUIS 1935 BELTWAY DRIVE ST LOUIS, MO 63114	HOSPICE SVCS
154 - BJC HOSPICE SULLIVAN 153 EAST SPRINGFIELD SULLIVAN, MO 63080	HOME HEALTH & HOSPICE SVCS
155 - BJC HOSPICE - FARMINGTON 757 WEBER RD FARMINGTON, MO 63640	DURABLE MEDICAL EQUIP, SUPPLIES
156 - BJC HOSPICE - ALTON ONE PROFESSIONAL DR STE 180 ALTON, IL 62002	HOSPICE SVCS
157 - BJC BEHAVIORAL HEALTH CENTRAL 1430 OLIVE STREET STE 500 ST LOUIS, MO 63103	MENTAL HEALTH & PHARMACY SVCS
158 - BJC BEHAVIORAL HEALTH NORTH 3165 MCKELVEY ROAD STE 200 BRIDGETON, MO 63044	MENTAL HEALTH SUBS ABUSE COUNSEL
159 - BJC BEHAVIORAL HEALTH SOUTH 343 KIRKWOOD RD STE 200 KIRKWOOD, MO 63122	MENTAL HEALTH EMPL ASSIST COUNSEL
160 - BJC BEHAVIORAL HEALTH SOUTHEAST 1085 MAPLE FARMINGTON, MO 63640	MENTAL HEALTH AND PHARMACY SVCS
161 - BJC BEHAVIORAL HEALTH PARKLAND 1101 W LIBERTY STREET FARMINGTON, MO 63640	MENTAL HEALTH SUBS ABUSE SVCS
162 - BARNESCARE 11501 PAGE SERVICE DR ST LOUIS, MO 63146	OCC MED & AMBULATORY CARE CTR
163 - BARNESCARE 1901 TRADE CENTER DR ST PETERS, MO 63376	OCC MED & AMBULATORY CARE CTR
164 - BJC CORPORATE HEALTH SERVICES 5000 MANCHESTER AVENUE ST LOUIS, MO 63110	OCC MED & AMBULATORY CARE CTR
165 - BARNESCARE CORPORATE HEALTH SERVICES 1391 SMIZER MILL RD FENTON, MO 63026	OCC MED & AMBULATORY CARE CTR

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How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
166 - BARNESCARE CORPORATE HEALTH SERVICES 909 N 14TH STREET ST LOUIS, MO 63106	OCC MED & AMBULATORY CARE CTR
167 - MBMC GROUP PRACTICES 3009 N BALLAS RD VARIOUS SUITES ST LOUIS, MO 63131	OP SERVICES
168 - SUBURBAN SURGICAL 555 N NEW BALLAS RD ST LOUIS, MO 63131	OP SURGICAL SERVICES

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
BJC HEALTH SYSTEM GROUP RETURN

Employer identification number
75-3052953

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 non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
(1)							
(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 . . . . . ▶ 37

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 4

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) FEDERAL GRANTS - PELL GRANTS & FSEOG & SCHOLARSHIPS	318	1,311,448			
(1)					
(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 2016, 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 FEDERAL GRANTS AND AWARDS PROVIDED TO INDIVIDUALS ARE MONITORED TO ENSURE COMPLIANCE WITH THE FEDERAL GRANT PROCEDURES

Additional Data

Software ID:
Software Version:
EIN: 75-3052953
Name: BJC HEALTH SYSTEM GROUP RETURN

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 FOUNDATION FOR BARNES-JEWISH HOSPITAL 1001 HIGHLANDS PLAZA DRIVE WEST SUITE 140 ST LOUIS, MO 63110	43-1648435	501(C)(3)	42,800,000				SUPPORT MEDICAL EDUCATION, RESEARCH, & PATIENT CARE NEEDS IN THE BJH COMMUNITIES
WASHINGTON UNIVERSITY SCHOOL OF MEDICINE 660 S EUCLID CAMPUS BOX 8092 ST LOUIS, MO 63110	43-1519670	501(C)(3)	5,000,000				SUPPORT MEDICAL EDUCATION, RESEARCH, & PATIENT CARE NEEDS IN THE BJH 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
BOONE COUNTY TREASURER 801 E WALNUT ST COLUMBIA, MO 65201	43-6000349		2,365,091				SUPPORT COMMUNITY PROGRAMS WITHIN BOONE COUNTY
WASHINGTON UNIVERSITY MEDICAL CENTER GRANTS CONTRACTS CAMPUS BOX 8018 660 S EUCLID AVENUE ST LOUIS, MO 631101093	43-0653611	501(C)(3)	904,282				SUPPORT RESEARCH OF WUSM PROGRAMS

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 INC PO BOX 50035 PRESCOTT, AZ 86304	13-5613797	501(C)(3)	89,899				SPONSOR RESEARCH OF HEART DISEASES
ST LOUIS REGIONAL PUBLIC MEDIA INC 3655 OLIVE STREET ST LOUIS, MO 63108	43-0685345	501(C)(3)	42,000				SUPPORT OF HEALTH PROGRAMMING ON NINE NETWORK INCLUDING BRAIN WORKS

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
MARCH OF DIMES FOUNDATION 11829 DORSETT ROAD MARYLAND HEIGHTS, MO 63043	13-1846366	501(C)(3)	40,300				SUPPORT FOR SERVICES ON PREGNANCY, PREMATURITY AND BIRTH DEFECTS
FAMILY HEALTH CENTER OF BOONE COUNTY 1001 EAST WORLEY COLUMBIA, MO 65203	43-1709422	501(C)(3)	40,000				SUPPORT COMMUNITY PROGRAMS WITHIN BOONE 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
COLUMBIA PUBLIC SCHOOL DISTRICT 1818 W WORLEY ST COLUMBIA, MO 65203	43-6000318		30,000				SUPPORT TO THE COMMUNITY TO PROVIDE ACCESS TO HEALTHCARE
ST LOUIS CRISIS NURSERY 11710 ADMINISTRATION DRIVE SUITE 18 ST LOUIS, MO 63146	43-1410297	501(C)(3)	21,000				SUPPORT KEEPING KIDS SAFE AND BUILDING STRONG FAMILIES

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 JEWISH CENTERS ASSOCIATION 2 MILLSTONE CAMPUS DRIVE ST LOUIS, MO 63146	43-0681477	501(C)(3)	21,000				SUPPORT OF JEWISH COMMUNITY EVENT FOR MEN AND WOMEN
NATIONAL MULTIPLE SCLEROSIS SOCIETY 1867 LACKLAND HILL PARKWAY ST LOUIS, MO 63146	13-5661935	501(C)(3)	18,250				SUPPORT FOR SERVICES FOR MULTIPLE SCLEROSIS

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
INDEPENDENCE CENTER 4245 FOREST PARK AVENUE ST LOUIS, MO 63108	43-1195240	501(C)(3)	17,500				SUPPORT TO THE COMMUNITY TO PROVIDE ACCESS TO INDEPENDENT LIVING
COMMUNITY FOUNDATION OF CENTRAL MISSOURI 1 S 7TH ST PO BOX 6015 COLUMBIA, MO 65205	27-2930245	501(C)(3)	15,000				SUPPORT TO THE COMMUNITY TO PROVIDE ACCESS TO HEALTHCARE

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 CHARLES CITY COUNTY LIBRARY FOUNDATION 77 BOONE HILLS DR ST PETERS, MO 63376	43-1860793	501(C)(3)	15,000				SUPPORT PROGRAMS WITH COUNTY LIBRARY
SUSAN G KOMEN BREAST CANCER FOUNDATION KOMEN ST LOUIS AFFILIATE OFFICE 9288 DIELMAN INDUSTRIAL DRIVE ST LOUIS, MO 63132	75-2844650	501(C)(3)	15,000				SUPPORT PROGRAMS AND RESEARCH FOR BREAST CANCER

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
NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS PO BOX 79334 BALTIMORE, MD 21279	58-2176067	501(C)(6)	14,418				SUPPORT NACH CHGME ADVOCACY CAMPAIGN
AMERICAN CANCER SOCIETY 5 SCHIBER COURT MARYVILLE, IL 62062	13-1788491	501(C)(3)	12,500				SUPPORT PROGRAMS FOR PEOPLE AFFECTED BY CANCER

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
MISSOURI STATE MEDICAL ASSOCIATION PHYSICIANS HEALTH FOUNDATION 680 CRAIG ROAD SUITE 308 ST LOUIS, MO 631417165	43-1572458	501(C)(3)	12,000				SUPPORT PROGRAM FOR MENTAL ILLNESS, SUBSTANCE ABUSE, SUICIDE, ETC
ST LOUIS AMERICAN FOUNDATION 2315 PINE STREET ST LOUIS, MO 63103	43-1686282	501(C)(3)	11,250				SPONSOR,2016 SALUTE TO EXCELLENCE IN EDUCATION

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
BELLEVILLE TOWNSHIP HIGH SCHOOL DISTRICT 201 EDUCATIONAL FUNDTN LTD 920 N ILLINOIS ST BELLEVILLE, IL 62220	37-1406949	501(C)(3)	10,525				SUPPORT PROGRAMS FOR STUDENT ACTIVITIES
AMERICAN DIABETES ASSOCIATION 425 SOUTH WOODS MILL SUITE 110 TOWN COUNTRY, MO 63017	13-1623888	501(C)(3)	10,383				SUPPORT FOR DIABETES RESEARCH

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
CROHN'S & COLITIS FOUNDATION OF AMERICA 1034 S BRENTWOOD SUITE 1510 ST LOUIS, MO 63117	13-6193105	501(C)(3)	10,000				SUPPORT PEOPLE AFFECTED BY CROHN'S AND COLITIS
GREAT CIRCLE 330 NORTH GORE AVENUE ST LOUIS, MO 63119	43-0681471	501(C)(3)	10,000				SUPPORT COMMUNITY PROGRAMS GIVING CHILDREN AND FAMILIES HOPE FOR THE FUTURE

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
WINGS OF HOPE INC 18370 WINGS OF HOPE BOULEVARD ST LOUIS, MO 63005	43-0909606	501(C)(3)	10,000				SUPPORT COMMUNITY PROGRAMS THROUGH WINGS OF HOPE
HAVEN HOUSE ST LOUIS 12685 OLIVE BOULEVARD ST LOUIS, MO 63141	20-1876315	501(C)(3)	8,500				SUPPORT THE HOPEFEST PROGRAM

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
UNIVERSITY OF CENTRAL MISSOURI FOUNDATION SMISER ALUMNI CENTER BUILDING WARRENSBURG, MO 64093	43-1181566	501(C)(3)	8,500				SUPPORT TO THE COMMUNITY TO PROVIDE ACCESS TO HEALTHCARE
LEUKEMIA AND LYMPHOMA SOCIETY 1972 INNERBELT BUSINESS CENTER DRIVE ST LOUIS, MO 63114	13-5644916	501(C)(3)	8,100				SUPPORT COMMUNITY PROGRAMS ON EDUCATION OF LEUKEMIA AND LYMPHOMA

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
CYSTIC FIBROSIS FOUNDATION 8251 MARYLAND AVENUE SUITE 12 ST LOUIS, MO 63105	13-1930701	501(C)(3)	8,000				SUPPORT FOR CYSTIC FIBROSIS RESEARCH
CHANGING OUR PARENTING EXPERIENCE (COPE) PO BOX 510409 ST LOUIS, MO 63151	26-3780932	501(C)(3)	7,500				SUPPORT PROGRAMS FOR PARENTING EXPERIENCE

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
NATIONAL MARFAN FOUNDATION 22 MANHASSET AVE PORT WASHINGTON NY 11050 PORT WASHINGTON, NY 11050	52-1265361	501(C)(3)	7,500				SUPPORT HEART WORKS IN ST LOUIS
ST CHARLES COUNTY PARAMEDICS ASSOCIATION 235 JUNGERMAN ROAD SUITE 103 ST PETERS, MO 63376	27-4013735	501(C)(3)	7,500				SUPPORT SCCAD OUTREACH DIAMOND PARTNERSHIP

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
SUPPORT DOGS INC 10955 LINPAGE PLACE ST LOUIS, MO 63132	43-1379801	501(C)(3)	7,500				SUPPORT A FETCHING AFFAIR FOR SUPPORT DOGS
HEART OF MISSOURI UNITED WAY 1700 E POINTE DR STE 201 COLUMBIA, MO 65201	43-0735827	501(C)(3)	6,000				SUPPORT COMMUNITY PROGRAMS WITHIN BOONE 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
LINDENWOOD COLLEGE 209 S KINGS HWY ST CHARLES, MO 63301	43-0652649	501(C)(3)	6,000				SUPPORT COMMUNITY COLLEGE PROGRAMS
NURSES FOR NEWBORNS 7259 LANSDOWNE SUITE 100 ST LOUIS, MO 63119	43-1601329	501(C)(3)	6,000				SUPPORT KEEPING KIDS SAFE AND BUILDING STRONG FAMILIES

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
SENIOR SERVICES PLUS INC 2603 N RODGERS AVENUE ALTON, IL 62002	37-0975762	501(C)(3)	6,000				SUPPORT PATHWAY TO WELLNESS SPONSOR
MEMORY CARE HOME SOLUTIONS 4389 WEST PINE BLVD ST LOUIS, MO 63146	02-0641248	501(C)(3)	5,500				SUPPORT FOR GRAND SLAM SPONSORSHIP ALZHEIMER'S

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
FARMINGTON REGIONAL CHAMBER OF COMMERCE PO BOX 191 FARMINGTON, MO 63640	43-1028820	501(C)(6)	5,475				SUPPORT COMMUNITY PROGRAMS WITHIN FARMINGTON AREA
DIVERSITY AWARENESS PARTNERSHIP 40 N ROCK HILL ROAD WEBSTER GROVES, MO 63119	31-1787746	501(C)(3)	5,250				SUPPORT COMMUNITY PROGRAMS FOR DIVERSITY

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
MEMORIAL FOUNDATION INC 4500 MEMORIAL DRIVE BELLEVILLE, IL 62226	37-1186034	501(C)(3)	200,000				SUPPORT AND ENCOURAGE HEALTHCARE IN THE COMMUNITY

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Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

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.**

▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
BJC HEALTH SYSTEM GROUP RETURN

Employer identification number
75-3052953

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in 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 in 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 ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed 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**	Yes	
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 non-fixed 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 accured 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**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column(B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

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	SCHEDULE J, PART I, LINE 1A AND 1B FIRST CLASS OR CHARTER TRAVEL - CURRENT EXPENSE POLICY OF THE ORGANIZATION PROHIBITS PAYMENT OF (OR REIMBURSEMENT FOR) FIRST CLASS AIR TRAVEL OR CHARTER TRAVEL DURING 2016, WHILE WORKING ON URGENT BUSINESS MATTERS RELATED TO THE BJC COLLABORATIVE LIMITED LIABILITY COMPANY, SEVEN SENIOR EXECUTIVES WERE REQUIRED TO EXPEDITE TRAVEL TO MEETINGS WHERE TIME DID NOT ALLOW FOR TRAVEL BY NORMAL MEANS SUCH TRAVEL INVOLVED MEETINGS IN RURAL AREAS OF MISSOURI WHEN MEETING WITH OTHER BJC COLLABORATIVE MEMBERS THE ORGANIZATION ENGAGED THE SERVICES OF UNRELATED AIR CHARTER COMPANIES EXPENSES ASSOCIATED WITH AIR CHARTER TRAVEL DURING APRIL 2016 WERE $25,362 00 TAX INDEMNIFICATION AND GROSS UP PAYMENTS - CURRENT EXPENSE POLICY OF THE ORGANIZATION PROVIDES THAT CERTAIN TAXABLE FRINGE BENEFITS BE GROSSED UP TO PROVIDE RELIEF OF FEDERAL AND STATE INCOME TAXES ASSOCIATED WITH CERTAIN EXPENSES INCURRED ON BEHALF OF THE ORGANIZATION, YET NOT DEDUCTIBLE FOR PERSONAL TAX PURPOSES DURING 2016, THE ORGANIZATION PAID DIRECTLY OR REIMBURSED EXPENSES FOR TAX GROSS UP PAYMENTS RELATED TO CERTAIN TAXABLE FRINGE BENEFITS THE PAYMENTS WERE MADE PURSUANT TO A WRITTEN POLICY THAT ALLOWS FOR DIRECT PAYMENTS OR REIMBURSEMENTS BASED ON ADEQUATE SUBSTANTIATION OF THE ALLOWABLE EXPENSE DOCUMENTATION OF THESE EXPENSES IS RETAINED IN THE ADMINISTRATIVE OFFICES OF THE ORGANIZATION AND, IF REQUIRED, INCLUDED IN THE REPORTABLE COMPENSATION OF THE INDIVIDUALS LISTED HEREIN HEALTH OR SOCIAL CLUB DUES OR FEES - CURRENT EXPENSE POLICY OF THE ORGANIZATION ALLOWS PAYMENT OF (OR REIMBURSEMENT FOR) SOCIAL CLUB DUES OR FEES INCURRED FOR BUSINESS PURPOSES AT TIMES AN EXECUTIVE MAY INCUR EXPENSES FOR PERSONAL USE OF THE SOCIAL CLUB AND AN ALLOCATION IS MADE BETWEEN THE BUSINESS AND PERSONAL USE OF THE CLUB DUES THE ALLOCATION OF SOCIAL CLUB DUES CONSIDERED PERSONAL USE IS CONSIDERED TAXABLE TO THE EXECUTIVE DURING 2016, THE ORGANIZATION PROVIDED TOTAL REIMBURSEMENTS OF $5,049 INCLUDING $1,657 OF TAX GROSS UP PAYMENTS FOR THE PERSONAL USE PORTION OF SOCIAL CLUB DUES TO FIVE EXECUTIVES DOCUMENTATION OF THESE EXPENSES IS RETAINED IN THE ADMINISTRATIVE OFFICES OF THE ORGANIZATION AND INCLUDED IN THE REPORTABLE COMPENSATION OF THE INDIVIDUALS LISTED HEREIN TOTAL PAYMENTS RELATED TO ORDINARY AND NECESSARY EXPENSES FOR BUSINESS USE OF SOCIAL CLUBS WERE $25,147 FOR 2016
PART I, LINE 4B	DURING 2016, THE FOLLOWING INDIVIDUALS RECEIVED SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN PAYMENTS/ACCRUALS FROM THE ORGANIZATION AS REPORTED IN THE DETAILS OF COMPENSATION AND BENEFITS (SEE FORM 990, PART VII AND SCHEDULE J, PART II) TURNER, MARK $819,892 LIEKWEG, RICHARD $768,004 ROTHERY,DANIEL $505,967 MAGRUDER, JOAN $343,721 FETTER, LEE $308,028 LIPSTEIN, STEVEN $251,161 DEHAVEN, MICHAEL $209,853 LANIUS, JOE $179,403 VAN TREASE,SANDRA $165,593 ROBERTS,KEVIN $149,550 CANNON, ROBERT $107,286 BRANDON, RHONDA $97,930 WEISS,DAVID $87,812 HOLMES, RUTH $68,473 MCMULLEN, RONALD $58,874 BEATTY, JOHN $55,980 KRIEGER, MARK $46,792 VLODARCHYK,COREEN $42,173 SCHULER,GREGORY $41,583 ANTES, JOHN $40,483 APLINGTON, DAVID $38,498 SINEK,JIM $38,211 THOMAS, AMY $36,566 LOLLO, TRISHA $37,776 BLACK, CHARLES $32,262 TRACY,LARRY $28,901 BRAASCH, DAVID $28,039 MCKEE, MICHELE $27,518 PATTERSON,GREGORY $27,475 WATTS,CHRISTOPHER $25,482 KARL, THOMAS $23,482 CONKLIN, RICHARD $22,811 SCHWARM,TONY $22,011 SCHWAEGEL,GLEN $21,983 FOWLER, ROSELLA $18,823 GOACHER, BRAD $18,192 GLADSTONE, KIM $16,796 BAUMER, KEVIN $16,460 CASPERSON, WILLIAM $259,953 KOESTERER, SUSAN $12,450 SMITH,MONICA $10,697 DESART, AMY $10,000 STEVENS,RICK $4,800

Additional Data

Software ID:
Software Version:
EIN: 75-3052953
Name: BJC HEALTH SYSTEM GROUP RETURN

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1 AMH-RIEDEL DAVID MD DIRECTOR	(I)	38,818	0	0	0	0	38,818	0
	(II)	265,659	5,013	10,696	38,189	-21,271	340,828	0
1 AMH-WUELLNER JOHN MD DIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	411,156	45,109	28,612	62,687	-16,233	563,797	0
2 BJCHOME-LOLLO TRISHA DIRECTOR	(I)	318,648	163,392	4,674	13,388	34,237	534,339	18,546
	(II)	0	0	0	0	-0	0	0
3 BJCHOME-MUETH MELANIE MD DIRECTOR	(I)	132,654	0	270	26,726	17,635	177,285	0
	(II)	0	0	0	0	-0	0	0
4 BJCHOME-SCHREINER LORI DIRECTOR	(I)	204,893	35,903	2,954	52,258	30,497	326,505	0
	(II)	0	0	0	0	-0	0	0
5 BJCHOME-STOCKMANN MARILEE A DIRECTOR	(I)	138,726	19,037	31,757	0	21,376	210,896	0
	(II)	0	0	0	0	-0	0	0
6 BJCHOME-VLODARCHYKCOREEN DIRECTOR	(I)	328,509	100,053	30,450	37,416	39,894	536,322	0
	(II)	0	0	0	0	-0	0	0
7 BJCHOME-WEISS DAVID DIRECTOR	(I)	466,453	272,752	52,031	101,715	70,174	963,125	41,556
	(II)	0	0	0	0	-0	0	0
8 BJH-LIEKWEG RICHARD DIRECTOR	(I)	798,954	1,293,980	33,623	32,020	128,344	2,286,921	76,524
	(II)	0	0	0	0	-0	0	0
9 CH-JENSEN JOSHUA II MD DIRECTOR	(I)	72,778	7,631	40,931	6,753	22,249	150,342	0
	(II)	0	0	0	0	-0	0	0
10 CHAS-VAN TREASE SANDRA DIRECTOR	(I)	639,316	599,382	82,773	43,823	91,764	1,457,058	97,293
	(II)	0	0	0	0	-0	0	0
11 CHC-ELLENA JOHN DIRECTOR	(I)	451,151	68,281	2,322	92,018	25,444	639,216	0
	(II)	0	0	0	0	-0	0	0
12 MBHS-BAKER ALISON MD DIRECTOR	(I)	264,844	4,633	20,712	8,877	29,451	328,517	0
	(II)	0	0	0	0	-0	0	0
13 MBHS-JACKSON THOMAS MD DIRECTOR	(I)	361,421	26,256	36,088	19,168	30,640	473,573	0
	(II)	0	0	0	0	-0	0	0
14 MBHS-ZIMMERMAN MATTHEW DIRECTOR	(I)	211,347	5,279	28,133	0	27,506	272,265	0
	(II)	0	0	0	0	-0	0	0
15 MBMC-WEINSTEIN DAVID L MD DIRECTOR	(I)	198,016	12,157	13,500	31,489	27,282	282,444	0
	(II)	0	0	0	0	-0	0	0
16 MESI-BAUMER KEVIN MD DIRECTOR	(I)	517,819	0	750	16,460	14,599	549,628	0
	(II)	0	0	0	0	-0	0	0
17 MESI-MOOSA HANS MD DIRECTOR	(I)	687,181	0	0	16,460	14,599	718,240	0
	(II)	0	0	0	0	-0	0	0
18 MMG-KANDULA PRASAD V MD DIRECTOR	(I)	738,841	270,523	0	16,460	2,242	1,028,066	0
	(II)	0	0	0	0	-0	0	0
19 PHC-DUMONTIER EDWARD MD DIRECTOR	(I)	244,793	0	20,000	8,595	18,261	291,649	0
	(II)	0	0	0	0	-0	0	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
21PHC-GRIX GARY MD DIRECTOR	(I)	176,255	17,950	7,419	70,399	21,491	293,514	0
	(II)	0	0	0	0	0	0	0
1PHC-KIRKLEY SCOTT D MD DIRECTOR	(I)	406,958	79,009	486	24,170	23,521	534,144	0
	(II)	0	0	0	0	0	0	0
2PHC-SMITH JAMESY C DO DIRECTOR	(I)	328,794	26,621	998	19,668	29,854	405,935	0
	(II)	0	0	0	0	0	0	0
3AMH-BRAASCH DAVID ALAN PRESIDENT, DIRECTOR	(I)	237,260	116,659	20,503	2,208	45,293	421,923	13,536
	(II)	0	0	0	0	0	0	0
4BHHC SMITH MONICA RN VICE PRESIDENT, DIRECTOR	(I)	172,015	24,091	29,161	0	39,562	264,829	0
	(II)	0	0	0	0	0	0	0
5BJC BH-APLINGTON DAVID SECRETARY, DIRECTOR	(I)	352,638	129,173	75,266	80,860	48,459	686,396	18,890
	(II)	0	0	0	0	0	0	0
6BJC BH-BERRONG BARBI VICE PRESIDENT & EXEC DIR	(I)	153,907	27,349	13,604	0	13,191	208,051	0
	(II)	0	0	0	0	0	0	0
7BJC BH-GLADSTONE KIM PRESIDENT AND EXEC DIR	(I)	187,970	88,585	28,172	71,210	19,709	395,646	9,525
	(II)	0	0	0	0	0	0	0
8 BJC CHS-VENDITTI PATRICK VICE PRES,SECY, DIRECTOR	(I)	126,291	20,975	16,544	33,954	22,261	220,025	0
	(II)	0	0	0	0	0	0	0
9BJC-LIPSTEIN STEVEN PRES, CEO, DIR-EX OFF	(I)	1,025,594	1,428,216	26,317	0	132,928	2,613,055	105,570
	(II)	0	0	0	0	0	0	0
10BJCHOME-ROTHERY DAN PRESIDENT, DIRECTOR	(I)	331,441	240,059	443,432	56,477	62,034	1,133,443	46,764
	(II)	0	0	0	0	0	0	0
11BJH-CANNON ROBERT W PRESIDENT, DIRECTOR	(I)	553,100	616,743	147,166	54,904	91,623	1,463,536	45,878
	(II)	0	0	0	0	0	0	0
12BJSPH-TRACY LARRY PRES, DIRECTOR TERM 7/2016	(I)	140,521	110,886	65,313	29,249	32,372	378,341	16,296
	(II)	0	0	0	0	0	0	0
13BJSPH-WATTS CHRIS PRES, DIRECTOR BEG 11/2016	(I)	244,398	100,359	44,190	29,047	29,010	447,004	11,425
	(II)	0	0	0	0	0	0	0
BJWCH-BLACK CHARLES **14**DOUGLAS PRES, DIRECTOR TERM 1/2016	(I)	266,682	133,759	18,049	39,158	31,309	488,957	15,869
	(II)	0	0	0	0	0	0	0
15CH-MCMULLEN RONALD PRES/DIR TERM 6/2016	(I)	214,112	204,372	55,821	111,749	31,156	617,210	43,985
	(II)	0	0	0	0	0	0	0
16CH-STEVENS RICK L PRES/DIRECTOR BEG 6/2016	(I)	157,384	43,224	0	0	14,066	214,674	0
	(II)	0	0	0	0	0	0	0
17CHAS-SINEK JIM PRESIDENT, DIRECTOR	(I)	333,325	74,187	47,319	9,872	49,465	514,168	18,130
	(II)	0	0	0	0	0	0	0
18CHSDC-FETTER LEE PRESIDENT, DIRECTOR	(I)	657,940	741,356	73,326	65,656	95,612	1,633,890	235,456
	(II)	0	0	0	0	0	0	0
19MBMC-ANTES JOHN PRESIDENT, DIRECTOR	(I)	360,561	204,623	66,403	34,948	48,453	714,988	20,874
	(II)	0	0	0	0	0	0	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
41 MMG-DAVIS JAMES B SECRETARY/VP/DIRECTOR	(I)	248,431	0	0	46,660	13,773	308,864	0
	(II)	0	- 0	- 0	- 0	- 0	- 0	0
1 PHC-KARL THOMAS PRESIDENT, DIRECTOR	(I)	234,108	87,781	33,194	90,745	34,950	480,778	10,234
	(II)	0	- 0	- 0	- 0	- 0	- 0	0
2 SLCH-MAGRUDER JOAN PRESIDENT, DIRECTOR	(I)	470,863	589,074	61,321	50,205	74,023	1,245,486	49,370
	(II)	0	- 0	- 0	- 0	- 0	- 0	0
3 BJC-DEHAVEN MICHAEL SR VP,GENL COUN,SECY	(I)	576,007	316,147	267,509	206,988	31,675	1,398,326	0
	(II)	0	- 0	- 0	- 0	- 0	- 0	0
4 BJC-ROBERTS KEVIN SR VP, CFO, TREASURER	(I)	689,395	424,198	179,364	48,868	99,536	1,441,361	73,293
	(II)	0	- 0	- 0	- 0	- 0	- 0	0
5 BJH-KRIEGER MARK VICE PRES, CFO, TREAS	(I)	395,453	142,367	95,434	62,787	38,107	734,148	23,016
	(II)	0	- 0	- 0	- 0	- 0	- 0	0
6 BJC-PATTERSON GREG SECRETARY (NO VOTE)	(I)	258,273	87,631	29,457	0	34,022	409,383	12,732
	(II)	0	- 0	- 0	- 0	- 0	- 0	0
7 CH-KOESTERER SUSAN VICE PRESIDENT, FINANCE	(I)	205,694	70,261	30,191	43,432	33,029	382,607	0
	(II)	0	- 0	- 0	- 0	- 0	- 0	0
8 CHAS-FOWLER ROSELLA VICE CHAIRMAN	(I)	236,331	69,000	6,639	0	29,760	341,730	0
	(II)	0	- 0	- 0	- 0	- 0	- 0	0
9 CHC-WARD CHRIS SECRETARY/TREASURER	(I)	145,502	25,647	11,563	52,761	20,684	256,157	0
	(II)	0	- 0	- 0	- 0	- 0	- 0	0
10 MBHS-SCHWARM TONY PRESIDENT	(I)	192,375	48,089	34,858	48,693	33,848	357,863	10,473
	(II)	0	- 0	- 0	- 0	- 0	- 0	0
11 MBMC-DESART AMY VP, FINANCE	(I)	196,221	30,681	19,518	35,650	25,052	307,122	0
	(II)	0	- 0	- 0	- 0	- 0	- 0	0
12 MESI-HOLMES RUTH SECRETARY BEG 6/2016	(I)	305,840	0	0	68,473	15,665	389,978	0
	(II)	0	- 0	- 0	- 0	- 0	- 0	0
13 MRHS-LANIUS JOE SECRETARY TERM 6/2016	(I)	541,973	0	0	179,403	14,171	735,547	0
	(II)	0	- 0	- 0	- 0	- 0	- 0	0
14 MRHS-TURNER MARK J PRESIDENT, TREASURER	(I)	1,499,316	0	0	819,892	16,005	2,335,213	0
	(II)	0	- 0	- 0	- 0	- 0	- 0	0
15 PMMCI-THOMAS AMY VP FINANCE SECRETARY	(I)	254,309	0	0	36,566	9,486	300,361	0
	(II)	0	- 0	- 0	- 0	- 0	- 0	0
16 PWHC-SCHWAEGEL GLEN VICE PRESIDENT FINANCE	(I)	181,672	82,927	50,303	101,475	34,193	450,570	10,813
	(II)	0	- 0	- 0	- 0	- 0	- 0	0
17 SLCH-MCKEE MICHELE VICE PRESIDENT FINANCE	(I)	243,355	112,587	540	32,244	31,433	420,159	12,817
	(II)	0	- 0	- 0	- 0	- 0	- 0	0
18 BJC-SCHULER GREGORY VP/CHIEF INVESTMENT OFFICER	(I)	369,306	281,491	8,496	26,631	53,270	739,194	19,163
	(II)	0	- 0	- 0	- 0	- 0	- 0	0
19 BJC-BRANDON RHONDA FORMER SVP/CHIEF HR OFFICER	(I)	38,501	197,801	90,608	38,499	14,825	380,234	0
	(II)	0	- 0	- 0	- 0	- 0	- 0	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
61BJC-BEATTY JOHN SVP/CHIEF HR OFFICER	(I)	377,085	134,490	38,577	54,791	62,410	667,353	20,461
	(II)	0	0	0	0	0	0	0
1BJC-HALL LANNIS E PHYSICIAN	(I)	843,594	126,542	2,610	35,201	22,336	1,030,283	0
	(II)	0	0	0	0	0	0	0
2BJC-PAUL MICHAEL J PHYSICIAN	(I)	713,483	114,694	9,369	59,835	32,527	929,908	0
	(II)	0	0	0	0	0	0	0
3BJC-O'BERT ROBERT J PHYSICIAN	(I)	935,755	0	486	22,529	29,196	987,966	0
	(II)	0	0	0	0	0	0	0
4BJC-KRAINIK ANDREW PHYSICIAN	(I)	745,848	70,794	540	25,938	29,526	872,646	0
	(II)	0	0	0	0	0	0	0
5BJC-SEWALL DAVID J PHYSICIAN	(I)	806,914	83,159	3,171	30,449	34,865	958,558	0
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
BJC HEALTH SYSTEM GROUP RETURN

Employer identification number
75-3052953

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	SOUTHWEST ILLINOIS DEVELOPMENT AUTHORITY	37-1234684	84553AAE2	12-06-2013	156,712,718	REFUND PRIOR BONDS & CAPITAL EXP - SEE BELOW		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	2,215,000			
2	Amount of bonds legally defeased				
3	Total proceeds of issue	156,933,078			
4	Gross proceeds in reserve funds	13,303,758			
5	Capitalized interest from proceeds	17,844,084			
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	1,978,772			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	94,312,852			
11	Other spent proceeds	29,590,445			
12	Other unspent proceeds				
13	Year of substantial completion	2016			

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X							
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	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						
2	Are there any lease arrangements that may result in private business use of bond-financed property?	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							
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						
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 %							
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 %							
7	Does the bond issue meet the private security or payment test?		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						
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							

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						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X						
b	Exception to rebate?		X						
c	No rebate due?	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						
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		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						
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						
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	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							

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

Return Reference	Explanation
SCHEDULE K, PART I, COLUMN (F)	SOUTHWEST ILLINOIS DEVELOPMENT AUTHORITY SERIES 2013 BONDS WERE ISSUED IN PART TO REFUND SERIES 2011 BONDS (ISSUED ON 8/11/2011) AND TO FINANCE, IN PART, CAPITAL EXPENDITURES AT MEMORIAL HEALTH SYSTEM

Return Reference	Explanation
SCHEDULE K, PART IV, LINE 2	SERIES 2013 BOND IS "NO REBATE DUE " REBATE CALCULATION WAS PERFORMED ON JULY 1, 2017

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
BJC HEALTH SYSTEM GROUP RETURN

Employer identification number
75-3052953

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
Total				▶ $								

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV **Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Part V **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 75-3052953
Name: BJC HEALTH SYSTEM GROUP RETURN

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) VILLA ROSE SENIOR LIVING	ENTITY > 35% OWNED BY BOARD MEMBER BALSTERS	168,000	SERVICES DURING 2016, BJC HEALTH SYSTEM AND AFFILIATES RECEIVED PAYMENTS DURING THE ORDINARY COURSE OF BUSINESS AND ON AN ARM'S LENGTH BASIS FROM VILLA ROSE SENIOR LIVING, AN AFFILIATE OF VILLA ROSE REAL ESTATE, INC (VILLA ROSE) CURRENT AMH BOARD MEMBER BALSTERS SERVED AS AN OFFICER AND MAJORITY SHAREHOLDER OF VILLA ROSE DURING 2016 THIS BOARD MEMBER ALSO SERVED ON THE BOARD FOR CHSDC IN ACCORDANCE WITH THE BJC CONFLICT OF INTEREST POLICY, THE RELATED BOARD MEMBER RECUSED HIMSELF FROM ANY AND ALL DISCUSSIONS RELATED TO THESE PAYMENTS		No
(1) TARLTONINTERFACE JT VENT	ENTITY > 35% OWNED BY BOARD MEMBER HART	3,213,046	SERVICES DURING 2016, BJC HEALTH SYSTEM AND AFFILIATES MADE PAYMENTS DURING THE ORDINARY COURSE OF BUSINESS AND ON AN ARM'S LENGTH BASIS FOR CONSTRUCTION AND DESIGN SERVICES TO TARLTON/INTERFACE JOINT VENTURE CURRENT SLCH BOARD MEMBER HART OWNED 50% INTEREST IN THE JOINT VENTURE DURING 2016 IN ACCORDANCE WITH THE BJC CONFLICT OF INTEREST POLICY, THE RELATED BOARD MEMBER RECUSED HERSELF FROM ANY AND ALL DISCUSSIONS RELATED TO THESE PAYMENTS		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(3) PARIC CORPORATION	ENTITY > 35% OWNED BY BOARD MEMBERS MCKEE/BROWN	76,910,903	SERVICES DURING 2016, BJC HEALTH SYSTEM AND AFFILIATES MADE PAYMENTS DURING THE ORDINARY COURSE OF BUSINESS AND ON AN ARM'S LENGTH BASIS FOR CONSTRUCTION AND DESIGN SERVICES TO THE INTERESTED PERSON (PARIC CORPORATION) FORMER BJC BOARD MEMBER PAUL J MCKEE, JR HAS FAMILY MEMBER, P JOSEPH MCKEE, III, WHO OWNS MAJORITY INTEREST IN PARIC CORPORATION OTHER FAMILY MEMBERS, CHRIS MCKEE SERVED ON THE MBMC BOARD AND DAVID BROWN SERVED ON THE CH BOARD BOARD MEMBER PAUL J MCKEE, JR ALSO SERVED ON OTHER BJC AFFILIATE BOARDS INCLUDING CH AND CHIL IN ACCORDANCE WITH THE BJC CONFLICT OF INTEREST POLICY, THESE RELATED BOARD MEMBERS RECUSED THEMSELVES FROM ANY AND ALL DISCUSSIONS RELATED TO THESE PAYMENTS		No
(1) PARIC KAI JT VENT	ENTITY > 35% OWNED BY BOARD MEMBERS MCKEE/BROWN	33,831,073	SERVICES DURING 2016, BJC HEALTH SYSTEM AND AFFILIATES MADE PAYMENTS DURING THE ORDINARY COURSE OF BUSINESS AND ON AN ARM'S LENGTH BASIS FOR CONSTRUCTION AND DESIGN SERVICES TO THE INTERESTED PERSON (PARIC KAI JOINT VENTURE) FORMER BJC BOARD MEMBER PAUL J MCKEE, JR HAS FAMILY MEMBER, P JOSEPH MCKEE, III, WHO OWNS MAJORITY INTEREST IN PARIC CORPORATION OTHER FAMILY MEMBERS, CHRIS MCKEE SERVED ON THE MBMC BOARD AND DAVID BROWN SERVED ON THE CH BOARD BOARD MEMBER PAUL J MCKEE, JR ALSO SERVED ON OTHER BJC AFFILIATE BOARDS INCLUDING CH AND CHIL IN ACCORDANCE WITH THE BJC CONFLICT OF INTEREST POLICY, THESE RELATED BOARD MEMBERS RECUSED THEMSELVES FROM ANY AND ALL DISCUSSIONS RELATED TO THESE PAYMENTS		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(5) COHEN EYE ASSOCIATES	ENTITY > 35% OWNED BY FORMER BOARD MEMBER COHEN	135,791	RENTAL PAYMENTS DURING 2016, BJH RECEIVED LEASE PAYMENTS DURING THE ORDINARY COURSE OF BUSINESS FOR LEASED SPACE IN THE CENTER FOR ADVANCED MEDICINE FROM COHEN EYE ASSOCIATES TERMS OF THE LEASE WERE NEGOTIATED AT FAIR LEASE VALUE FORMER BJH BOARD MEMBER COHEN WAS THE SOLE OWNER OF THE COHEN EYE ASSOC DURING 2016 IN ACCORDANCE WITH THE BJC CONFLICT OF INTEREST POLICY, THE FORMER BOARD MEMBER RECUSED HIMSELF FROM ANY AND ALL DISCUSSIONS RELATED TO THESE PAYMENTS AND WAS NOT IN A POSITION TO INFLUENCE OTHER BOARD MEMBER'S DECISIONS REGARDING THESE PAYMENTS		No
(1) TARLTON CORPORATION	ENTITY > 35% OWNED BY BOARD MEMBER HART	8,184,552	SERVICES DURING 2016, BJC HEALTH SYSTEM AND AFFILIATES MADE PAYMENTS DURING THE ORDINARY COURSE OF BUSINESS AND ON AN ARM'S LENGTH BASIS FOR CONSTRUCTION AND DESIGN SERVICES TO TARLTON CORPORATION SLCH BOARD MEMBER HART HAD FINANCIAL INTEREST AND SERVED AS OFFICER/DIRECTOR OF TARLTON CORPORATION DURING 2016 IN ACCORDANCE WITH THE BJC CONFLICT OF INTEREST POLICY, THE RELATED BOARD MEMBER RECUSED HERSELF FROM ANY AND ALL DISCUSSIONS RELATED TO THESE PAYMENTS		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(7) TARLTON SIMMS JT VENT	ENTITY > 35% OWNED BY BOARD MEMBER HART	11,495,341	SERVICES DURING 2016, BJC HEALTH SYSTEM AND AFFILIATES MADE PAYMENTS DURING THE ORDINARY COURSE OF BUSINESS AND ON AN ARM'S LENGTH BASIS FOR CONSTRUCTION AND DESIGN SERVICES TO TARLTON SIMMS JOINT VENTURE CORPORATION SLCH BOARD MEMBER HART HAD FINANCIAL INTEREST AND SERVED AS OFFICER/DIRECTOR OF TARLTON CORPORATION DURING 2016 IN ACCORDANCE WITH THE BJC CONFLICT OF INTEREST POLICY, THE RELATED BOARD MEMBER RECUSED HERSELF FROM ANY AND ALL DISCUSSIONS RELATED TO THESE PAYMENTS		No

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
BJC HEALTH SYSTEM GROUP RETURN

Employer identification number
75-3052953

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (MHA PREP EQUIP)	X	2	96,142	FAIR MARKET VALUE
26 Other ▶ (AIRLINE VOUCHERS)	X	224	44,800	SELLING PRICE
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement — 29: 0

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b	If "Yes," describe the arrangement in Part II		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		No
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b	If "Yes," describe in Part II		
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II **Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, COLUMN (B)	RECIEVED 224 AIRLINE VOUCHERS TOTALING A VALUE OF $44,800 RECIEVED 2 CONTRIBUTION IN TOTAL FORM MHA PREPAREDNESS EQUIPMENT A VALUE OF $96,142

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
BJC HEALTH SYSTEM GROUP RETURN

Employer identification number
75-3052953

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IV, LINE 12	ALL SUBORDINATE MEMBERS OF THE BJC GROUP ARE INCLUDED IN THE AUDITED FINANCIAL STATEMENTS FOR BJC HEALTH SYSTEM (DBA BJC HEALTHCARE) BOONE HOSPITAL CENTER (A DIVISION OF CH ALLIED SERVICES, INC , A SUBORDINATE GROUP MEMBER) ALSO OBTAINED SEPARATE, INDEPENDENT AUDITED F INANCIAL STATEMENTS FOR THE TAX YEAR AS REQUIRED BY THE MANAGEMENT AGREEMENT BETWEEN CH AL LIED SERVICES, INC (CHAS) AND THE BOARD OF TRUSTEES OF BOONE COUNTY HOSPITAL

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	CERTAIN OFFICERS, DIRECTORS OR KEY EMPLOYEES OF BJC HEALTH SYSTEM (BJC) MAY ALSO SERVE ON THE BOARDS OF OTHER RELATED OR UNRELATED ORGANIZATIONS ADDITIONALLY, CERTAIN FAMILY MEMBE RS OF OFFICERS, DIRECTORS OR KEY EMPLOYEES MAY, DURING THE NORMAL COURSE OF BUSINESS YET C ONSISTENT WITH THE STATED EXEMPT PURPOSE OF BJC, ENGAGE IN TRANSACTIONS IN WHICH POTENTIAL CONFLICTS OF INTEREST COULD EXIST THESE OFFICERS, DIRECTORS, KEY EMPLOYEES AND RELATED P ERSONS DISCLOSE THESE POTENTIAL CONFLICTS TO BJC HEALTH SYSTEM ANNUALLY AND DO NOT PARTICI PATE IN DECISIONS IN WHICH THEY HAVE SUCH CONFLICTS SUCH CONFLICTS AND RELATIONSHIPS ARE REVIEWED TO ENSURE THAT ANY PAYMENTS RECEIVED OR AMOUNTS PAID DO NOT EXCEED THE FAIR MARKE T VALUE OF THE GOODS AND SERVICES RECEIVED BY THE REPORTING ORGANIZATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	EFFECTIVE JANUARY 1, 2016, BJC HEALTH SYSTEM (BJC) FINALIZED AN AFFILIATION MERGER WITH ME MORIAL GROUP INC (MGI) UNDER THE AGREEMENT, BOTH BJC AND MGI BECAME MEMBERS OF MEMORIAL R EGIONAL HEALTH SERVICES (MRHS) AND MRHS BECAME THE SOLE MEMBER OF MGI AFFILIATES INCLUDING PROTESTANT MEMORIAL MEDICAL CENTER INC (PMMCI) AND METRO-EAST SERVICES INC (MESI) ALL T HREE OF THESE AFFILIATES WERE ADDED TO THE BJC GROUP RULING EFFECTIVE JANUARY 1, 2016 AND ARE INCLUDED IN BJC GROUP FORM 990

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	BJC HEALTH SYSTEM IS THE SOLE CORPORATE MEMBER OF BARNES-JEWISH HOSPITAL, ST LOUIS CHILDR EN'S HOSPITAL, CHRISTIAN HEALTH SERVICES DEVELOPMENT CORPORATION AND MISSOURI BAPTIST MEDI CAL CENTER THESE AFFILIATES ALSO SERVE AS THE SOLE MEMBER OF ONE OR MORE SUBORDINATE ORGA NIZATIONS INCLUDED IN THE BJC HEALTH SYSTEM GROUP RETURN

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE GOVERNANCE AND NOMINATING COMMITTEE(S) OF BJC HEALTH SYSTEM, THE SOLE CORPORATE MEMBER OF THE SUBORDINATE ORGANIZATIONS, HAVE THE POWER TO ELECT OR APPOINT MEMBERS OF THE GOVER NING BODIES OF SUBORDINATE ORGANIZATIONS INCLUDED IN THE BJC HEALTH SYSTEM GROUP RETURN

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	CHANGES TO BYLAWS OR GOVERNING DOCUMENTS OF SUBORDINATE ORGANIZATIONS ARE SUBJECT TO THE A PPROVAL OF BJC HEALTH SYSTEM, THE SOLE CORPORATE MEMBER

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	FORM 990 AND ALL SUPPORTING SCHEDULES AND WORKPAPERS ARE PREPARED BY ORGANIZATION FINANCE, TAX AND LEGAL DEPARTMENTS AND ARE SUBMITTED FOR REVIEW BY AN INDEPENDENT ACCOUNTING FIRM THE ORGANIZATION THEN PREPARES DRAFT COPIES OF FORM 990 AND ATTACHMENTS FOR REVIEW BY MEM BERS OF MANAGEMENT AFTER RESOLVING ANY OPEN ITEMS, THE FINAL DRAFT RETURNS ARE MADE AVAIL ABLE TO THE BOARD AND TO TWO BOARD COMMITTEES FOR THEIR REVIEW QUESTIONS AND COMMENTS THA T 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 OBLI GATIONS TO DISCLOSE POTENTIAL CONFLICTS AND REQUESTING THAT THEY COMPLETE A CONFLICTS OF I NTEREST QUESTIONNAIRE THE QUESTIONNAIRE REQUIRES THE DISCLOSURE OF CONFLICTS AND AN ATTES TATION TO THEIR CONTINUING OBLIGATION TO DISCLOSE SAID CONFLICTS SHOULD THE NEED ARISE TH E RESULTS OF THE CONFLICT OF INTEREST QUESTIONNAIRE ARE REVIEWED BY A CENTRALIZED COMPLIAN CE DEPARTMENT AND APPROPRIATE ACTION TAKEN AS NECESSARY SHOULD THE ORGANIZATION BECOME AW ARE 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 OFF ICIALS 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 CONSULTIN G STUDIES AND BENCHMARKING DATA PROVIDED BY AN INDEPENDENT MANAGEMENT CONSULTANT TO ESTABL ISH COMPENSATION AMOUNTS AND GUIDELINES THE PROCESS INCLUDES A VALIDATION OF JOB DESCRIPT IONS AS WELL AS REPORTING ALL FORMS OF COMPENSATION THE CONSULTANT USES SURVEY DATA TO DE TERMINE 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 SUBSEQ UENTLY RECONCILES EXECUTIVE COMPENSATION AS WELL AS DELIBERATES ON THE REASONABLENESS OF T HE 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 INTER EST POLICY AVAILABLE FOR INSPECTION BY THE GENERAL PUBLIC UPON REQUEST AT THE ADMINISTRATI VE OFFICES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII, SECTION A, LINE 1A	THE ORGANIZATION USED THE FOLLOWING ACRONYMS THROUGHOUT FORM 990 PART VII LISTED BELOW AR E THE DEFINITIONS OF EACH AMH - ALTON MEMORIAL HOSPITAL BHHC - BOONE HOSPITAL VISITING NU RSES INC (DBA BOONE HOSPITAL HOME CARE) BJC - BJC HEALTH SYSTEM (DBA BJC HEALTHCARE) BJCBH - BJC BEHAVIORAL HEALTH BJCCHS - BJC CORPORATE HEALTH SERVICES BJCHOME - BJC HOME CARE SE RVICES BJH - BARNES-JEWISH HOSPITAL BJSPH - BARNES-JEWISH ST PETERS HOSPITAL BJWCH - BARN ES-JEWISH WEST COUNTY HOSPITAL CH - CHRISTIAN HOSPITAL NORTHEAST/NORTHWEST CHC - COMMUNITY HEALTH CONNECTION CHAS - CH ALLIED SERVICES CHIL - CHRISTIAN HOSPITAL-ILLINOIS SERVICES C HN - CHILDREN'S HEALTH NETWORK CHSDC - CHRISTIAN HEALTH SERVICES DEVELOPMENT CORPORATION M BHS - MISSOURI BAPTIST HOSPITAL - SULLIVAN MBMC - MISSOURI BAPTIST MEDICAL CENTER MESI - M ETRO-EAST SERVICES INC MMG - MEMORIAL MEDICAL GROUP INC MRHS - MEMORIAL REGIONAL HEALTH SERVICES INC PEHC - PROGRESS EAST HEALTHCARE CENTER PGLC - PHYSICIAN GROUPS, LC (DBA BJC MEDICAL GROUP) PHC - PARKLAND HEALTH CENTER PHCWR - PARKLAND HEALTH CENTER WEBER ROAD PMMC I - PRTESTANT MEMORIAL MEDICAL CENTER, INC PWHC - PROGRESS WEST HEALTHCARE CENTER SLCH - ST LOUIS CHILDREN'S HOSPITAL SOME OF THE INDIVIDUALS LISTED AS DIRECTORS OR OFFICERS OF TH E ABOVE CORPORATIONS SERVE AS FULL TIME EMPLOYEES OF RELATED ORGANIZATIONS EACH RECEIVE C OMPENSATION FOR AN AVERAGE OF 40 HOURS PER WEEK WITHOUT REGARD TO THEIR POSITION AS DIRECT OR OR OFFICER FOR THE RELATED ORGANIZATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	EQUITY TRANSFERS FROM AFFILIATES 301,486,834 NET ASSETS RELEASED FROM RESTRICTIONS -6,766,417

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

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. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
BJC HEALTH SYSTEM GROUP RETURN

Employer identification number
75-3052953

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	(g) Section 512(b)(13) controlled entity? 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) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) THE HEART CARE INSTITUTE LLC 1020 NORTH MASON ROAD ST LOUIS, MO 63141 43-1870517	MEDICAL SERVICES	MO	BARNES-JEWISH HOSPITAL	RELATED	510,438	587,010		No		Yes		25 000 %
(2) THE HEART CARE INSTITUTE LLC 1020 NORTH MASON ROAD ST LOUIS, MO 63141 43-1870517	MEDICAL SERVICES	MO	BARNES-JEWISH WEST COUNTY HOSPITAL	RELATED	510,438	587,010		No		Yes		25 000 %
(3) GAMMA KNIFE CENTER AT BARNES JEWISH HOSP LLC ONE BARNES-JEWISH HOSP PLZ ST LOUIS, MO 63110 43-1846941	OUTPATIENT CARE SERVICES	MO	BARNES-JEWISH HOSPITAL	RELATED	4,593,721	1,205,470		No		Yes		50 000 %
(4) BJCHEALTHSOUTH REHABILITATION CENTER LLC 3660 GRANDVIEW PKWY BIRMINGHAM, AL 35243 63-1254288	MEDICAL SERVICES	AL	BARNES-JEWISH HOSPITAL	RELATED	2,102,285	9,726,021		No		Yes		50 000 %
(5) SURGERY CENTER OF FARMINGTON LLC 400 PARKLAND DRIVE FARMINGTON, MO 63640 43-1811835	MEDICAL SERVICES	MO	PARKLAND HEALTH CENTER	RELATED	121,647			No		Yes		50 000 %
(6) CHILDREN'S DISCOVERY INSTITUTE LLC 4901 FOREST PARK AVE ST LOUIS, MO 63108	SEARCH FOR CURES OF PEDIATRIC DISEASES	MO	N/A									
(7) Y-SIHVI LLC 4500 MEMORIAL DRIVE BELLEVILLE, IL 62226 37-1385862	PHYSICAL THERAPY & FITNESS	IL	MEMORIAL REGIONAL HEALTH SERVICES INC	RELATED	142,797	3,083,372		No		Yes		50 000 %

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.

See Additional Data Table

(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	(i) 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

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

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

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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		Yes	No	

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: 75-3052953
Name: BJC HEALTH SYSTEM GROUP RETURN

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
(1) ALTON MEMORIAL PHYSICIAN BILLING SERVICES LLC ONE MEMORIAL DR ALTON, IL 62002 61-1628092	ADMIN & BILLING SERV	IL	0	0	ALTON MEMORIAL HOSPITAL
(1) BJSPH PHYSICAN BILLING SERVICE LLC 10 HOSPITAL DR ST PETERS, MO 63367 45-4482673	ADMIN & BILLING SERV	MO	2,986,139	1,164,514	BARNES JEWISH ST PETERS HOSPITAL
(2) BOONE PHYSICIAN SERVICES LLC 1600 EAST BROADWAY COLUMBIA, MO 65201 46-0552280	PHYSICIAN SERVICES	MO	4,156,144	224,130	CH ALLIED SERVICES INC
(3) CHAS PHYSICIAN SERVICES LLC 1600 E BROADWAY COLUMBIA, MO 65201 32-0275207	PHYSICIAN SERVICES	MO	12,175,013	2,357,416	CH ALLIED SERVICES INC
(4) CHRISTIAN HOSPITAL PHYSICIAN BILLING SERVICES LLC 11155 DUNN ROAD ST LOUIS, MO 63136 94-3448764	BILLING SERVICES	MO	752	547,707	CHRISTIAN HOSPITAL NE-NW
(5) HEALTHCARE REAL ESTATE MANAGEMENT LLC 4901 FOREST PARK AVE STLOUIS, MO 63108 46-0782034	REAL ESTATE HOLDINGS	MO	3,850,808	37,802,185	CH ALLIED SERVICES INC
(6) MB PROFESSIONAL BILLING SERVICES LLC 3015 N BALLAS ROAD ST LOUIS, MO 63131 11-3794837	BILLING SERVICES	MO	294	0	MISSOURI BAPTIST MEDICAL CENTER
(7) MISSOURI BAPTIST PHYSICIAN SVCS LLC 3015 N BALLAS ROAD ST LOUIS, MO 63131 34-2028972	PHYSICIAN SERVICES	MO	3,328,775	15,879,373	MISSOURI BAPTIST MEDICAL CENTER
(8) MEMORIAL MEDICAL GROUP LLC 4500 MEMORIAL DRIVE BELLEVILLE, IL 62226 27-2019352	HEALTH SERVICES	IL	54,676,848	13,789,431	MEMORIAL REGIONAL HEALTH SVCS INC
(9) PC ASSOCIATES LLC 4500 MEMORIAL DRIVE BELLEVILLE, IL 62226 37-1595406	HEALTH SERVICES	IL			MEMORIAL MEDICAL GROUP LLC
(10) CA GROUP LLC 4500 MEMORIAL DRIVE BELLEVILLE, IL 62226 38-3810259	HEALTH SERVICES	IL			MEMORIAL MEDICAL GROUP LLC
(11) OA ASSOCIATES LLC 4500 MEMORIAL DRIVE BELLEVILLE, IL 62226 27-2025002	HEALTH SERVICES	IL			MEMORIAL MEDICAL GROUP LLC
(12) MSA ALLIANCE LLC 4500 MEMORIAL DRIVE BELLEVILLE, IL 62226 27-2019538	HEALTH SERVICES	IL			MEMORIAL MEDICAL GROUP LLC
(13) OB PRACTICE LLC 4500 MEMORIAL DRIVE BELLEVILLE, IL 62226 27-2795665	HEALTH SERVICES	IL			MEMORIAL MEDICAL GROUP LLC
(14) HBPGROUP LLC (TERM'D 2016) 4500 MEMORIAL DRIVE BELLEVILLE, IL 62226 27-3373032	HEALTH SERVICES	IL			MEMORIAL MEDICAL GROUP LLC
(15) TWIN RIVERS MRI LLC ONE MEMORIAL DRIVE ALTON, IL 62002 37-1400120	HEALTH SERVICES	IL	0	0	ALTON MEMORIAL HOSPITAL

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
(1) 1109 N OXFORDSHIRE LANE EDWARDSVILLE, IL 62025 37-1177053	SUPPORT TO AMH	IL	501(C)(3)	LINE 12C, III-FI	ALTON MEMORIAL HOSPITAL	Yes	
(1) PO BOX 0634 MILWAUKEE, WI 53201 37-6039185	SUPPORT TO AMH	IL	501(C)(3)	LINE 12D, III-O	ALTON MEMORIAL HOSPITAL	Yes	
(2) ONE BARNES-JEWISH HOSPITAL PLZ ST LOUIS, MO 63110 23-7000410	SUPPORT TO BJH	MO	501(C)(3)	LINE 12C, III-FI	BARNES-JEWISH HOSPITAL	Yes	
(3) 10 HOSPITAL DRIVE ST PETERS, MO 63376 45-4471497	SUPPORT TO BJSPH & PWHC	MO	501(C)(3)	LINE 7	BJSP HOSPITAL & PROGRESS WEST	Yes	
(4) 10 HOSPITAL DRIVE ST PETERS, MO 63376 43-1232811	SUPPORT TO BJSP HOSPITAL	MO	501(C)(3)	LINE 3	BARNES-JEWISH STPETERS HOSPITAL	Yes	
(5) 11155 DUNN ROAD SUITE 300 N ST LOUIS, MO 63136 43-1947644	SUPPORT TO CHNE	MO	501(C)(3)	LINE 7	CHRISTIAN HOSPITAL NENW	Yes	
(6) 670 MASON RIDGE CENTER DR SUITE 300 ST LOUIS, MO 63141 36-4147189	HEALTHCARE SERVICES	IL	501(C)(3)	LINE 3	BJC HEALTH CARE	Yes	
(7) 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	
(8) 4500 MEMORIAL DRIVE BELLEVILLE, IL 62226 37-1186034	SUPPORT TO PMMCI	IL	501(C)(3)	LINE 7	MEMORIAL REGIONAL HEALTH SVCS INC	Yes	
(9) 4500 MEMORIAL DRIVE BELLEVILLE, IL 62226 37-1186035	SUPPORT TO SIHVI	IL	501(C)(3)	LINE 12C, III-FI	N/A		No
(10) 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	
(11) 3015 N BALLAS ROAD ST LOUIS, MO 63131 43-1472026	SUPPORT TO MBMC	MO	501(C)(3)	LINE 7	MISSOURI BAPTIST MEDICAL CENTER	Yes	
(12) 751 SAPPINGTON BRIDGE RD SULLIVAN, MO 63080 43-1349641	SUPPORT TO MBHS	MO	501(C)(3)	LINE 10	MISSOURI BAPTIST HOSP OF SULLIVAN	Yes	
(13) 1101 WEST LIBERTY ST FARMINGTON, MO 63640 90-0424964	SUPPORT TO PHC	MO	501(C)(3)	LINE 7	PARKLAND HEALTH CENTER	Yes	
(14) 4500 MEMORIAL DRIVE BELLEVILLE, IL 62226 37-1413286	HEALTHCARE SERVICES	IL	501(C)(3)	LINE 3	MEMORIAL GROUP INC		No
(15) 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 III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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	BARNES-JEWISH HOSPITAL	RELATED	510,438	587,010		No		Yes		25 000 %
(1) THE HEART CARE INSTITUTE LLC 1020 NORTH MASON ROAD ST LOUIS, MO 63141 43-1870517	MEDICAL SERVICES	MO	BARNES-JEWISH WEST COUNTY HOSPITAL	RELATED	510,438	587,010		No		Yes		25 000 %
(2) GAMMA KNIFE CENTER AT BARNES JEWISH HOSP LLC ONE BARNES-JEWISH HOSP PLZ ST LOUIS, MO 63110 43-1846941	OUTPATIENT CARE SERVICES	MO	BARNES-JEWISH HOSPITAL	RELATED	4,593,721	1,205,470		No		Yes		50 000 %
(3) BJCHEALTHSOUTH REHABILITATION CENTER LLC 3660 GRANDVIEW PKWY BIRMINGHAM, AL 35243 63-1254288	MEDICAL SERVICES	AL	BARNES-JEWISH HOSPITAL	RELATED	2,102,285	9,726,021		No		Yes		50 000 %
(4) SURGERY CENTER OF FARMINGTON LLC 400 PARKLAND DRIVE FARMINGTON, MO 63640 43-1811835	MEDICAL SERVICES	MO	PARKLAND HEALTH CENTER	RELATED	121,647			No		Yes		50 000 %
(5) CHILDREN'S DISCOVERY INSTITUTE LLC 4901 FOREST PARK AVE ST LOUIS, MO 63108	SEARCH FOR CURES OF PEDIATRIC DISEASES	MO	N/A									
(6) Y-SIHVI LLC 4500 MEMORIAL DRIVE BELLEVILLE, IL 62226 37-1385862	PHYSICAL THERAPY & FITNESS	IL	MEMORIAL REGIONAL HEALTH SERVICES INC	RELATED	142,797	3,083,372		No		Yes		50 000 %

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(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	N/A	C				Yes	
(1) MEMORIAL CAPTIVE INSURANCE COMPANY 94 SOLARIS 2ND FLOOR CAMANA BAY, GR CAYMAN KY1-1102 CJ 98-1082415	INSURANCE	CJ	MEMORIAL REGIONAL HEALTH SVCS INC	C	7,363,131	28,272,233	100 000 %	Yes	
(2) PF SERVICES INC 11155 DUNN ROAD ST LOUIS, MO 63136 43-1237767	MANAGEMENT SERVICES	MO	CHRISTIAN HEALTH SERVICES DEV CORP	C	-9,700	77,057	100 000 %	Yes	
(3) MB MEDICAL SERVICES INC 3015 N BALLAS ROAD ST LOUIS, MO 63131 43-1437404	HEALTHCARE SERVICES	MO	MISSOURI BAPTIST MEDICAL CENTER	C		-7,678	100 000 %	Yes	
(4) DMP MIDWEST INC ONE METROPOLITAN SQ 2600 ST LOUIS, MO 63102 27-1943910	INACTIVE	MO	N/A	C				Yes	
(5) WLA INVESTMENT LTD PO BOX 178 OKOTOKS, ALBERTA T1S A15 CA	INVESTMENT HOLDINGS	CA	N/A	C				Yes	
(6) BLACKSTONEGSO GLOB DYN CR FEED FD 190 ELGIN AVE GEORGETOWN, GR CAYMAN KY1-9005 CJ 98-1121163	INVESTMENT HOLDINGS	CJ	N/A	C					No
(7) GARDNER LEWIS MERG ARB EX OFFSH 31 VICTORIA PLACE HAMILTON HM 10 BD	INVESTMENT HOLDINGS	BD	N/A	C					No

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
(1)	THE FOUNDATION FOR BARNES JEWISH HOSPITAL	B	42,800,000	
(1)	ST LOUIS CHILDREN'S HOSPITAL FOUNDATION	C	9,744,787	
(2)	THE FOUNDATION FOR BARNES JEWISH HOSPITAL	C	4,681,877	
(3)	MISSOURI BAPTIST FOUNDATION	C	1,703,716	
(4)	MEMORIAL FOUNDATION INC	C	1,327,788	
(5)	ST LOUIS CHILDREN'S HOSPITAL FOUNDATION	O	1,326,570	
(6)	THE FOUNDATION FOR BARNES JEWISH HOSPITAL	O	997,620	
(7)	ALTON MEMORIAL HEALTH SERVICES FOUNDATION	C	603,053	
(8)	MEMORIAL FOUNDATION INC	B	200,000	
(9)	MISSOURI BAPTIST FOUNDATION	O	100,246	
(10)	CHRISTIAN HOSPITAL FOUNDATION	C	60,350	
(11)	BARNES-JEWISH ST PETERS & PROGRESS WEST FOUNDATION	C	60,000	