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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.

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

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

C Name of organization
BJC HEALTH SYSTEM GROUP RETURN

Doing business as

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

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 $ 5,546,835,544

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

H(a) Is this a group return for subordinates? ☑ Yes ☐ No

H(b) Are all subordinates included? ☑ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶ 3844

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

J Website: ▶ WWW.BJC.ORG

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

L Year of formation:

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**	264
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	162
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	**5**	35,414
6	Total number of volunteers (estimate if necessary)	**6**	3,359
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	7,769,262
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	18,116,830	35,776,723
9	Program service revenue (Part VIII, line 2g)	4,816,344,139	5,381,876,124
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	16,493,974	1,935,762
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	124,171,335	117,018,028
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,975,126,278	5,536,606,637
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	11,965,122	15,036,240
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)	1,949,297,106	2,004,599,435
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)	2,945,343,320	3,229,122,800
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	4,906,605,548	5,248,758,475
19	Revenue less expenses. Subtract line 18 from line 12	68,520,730	287,848,162

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	3,922,161,481	4,193,562,130
21	Total liabilities (Part X, line 26)	674,619,629	592,173,489
22	Net assets or fund balances. Subtract line 21 from line 20	3,247,541,852	3,601,388,641

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: 2020-11-16

NICK BARTO SR VICE PRESIDENT & 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
				P01622613

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

Firm's address ▶ 155 N WACKER DRIVE
CHICAGO, IL 60606 — Phone no. (312) 879-2000

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 15 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 $ 2,988,580,159 including grants of $ 6,208,253) (Revenue $ 4,464,815,394)

See Additional Data

4b (Code:) (Expenses $ 1,152,345,020 including grants of $ 0) (Revenue $ 822,565,701)

See Additional Data

4c (Code:) (Expenses $ 298,324,522 including grants of $ 8,827,988) (Revenue $ 83,381,597)

See Additional Data

(Code:) (Expenses $ 36,098,211 including grants of $ 0) (Revenue $ 11,113,432)

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 2019, BJC CONTRIBUTED MORE THAN $11.8 MILLION TO COMMUNITY GROUPS FOR COMMUNITY BENEFIT PURPOSES AND EXPENDED $13.5 MILLION TO CONDUCT PROGRAMS TO BENEFIT THE COMMUNITIES SERVED BY BJC HOSPITALS & HEALTH SERVICES ORGANIZATIONS.

4d Other program services (Describe in Schedule O.)
(Expenses $ 36,098,211 including grants of $ 0) (Revenue $ 11,113,432)

4e **Total program service expenses ▶** 4,475,347,912

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	Yes	
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
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	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L,* Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L,* Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L,* Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c	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	2,515		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	

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

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a** 35,414			
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**		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		**9b**		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		**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**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.		**15**	Yes	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . If "Yes," complete Form 4720, Schedule O.		**16**		No

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*
Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	264		
	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**	162		
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**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			**5**		No
6	Did the organization have members or stockholders?			**6**	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-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶LORI SCHREINER 4901 FOREST PARK AVE 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.

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

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

(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) ▶								35,835,020	2,662,992	8,879,827

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 ▶ 3,638

			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**	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *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	286,695,696
MID AMERICAN TRANSPLANT SERVICES 1110 HIGHLAND PL DR E 100 SAINT LOUIS, MO 63110	PROCUREMENT OF TRANSPLANTS	25,755,537
MISSOURI CARDIOVASCULAR SPECIALISTS LLP 1065 EAST BROADWAY STE 300 COLUMBIA, MO 65205	MEDICAL SERVICES	20,685,016
MORRISONS HEALTH CARE INC 5801 PEACHTREE DUNWDY ALTANTA, GA 30342	FOOD SERVICES	16,995,518
CARDINAL HEALTH 105 INC 28390 NETWORK PLACE CHICAGO, IL 60673	MEDICAL SERVICES	11,936,000

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 ▶ 337

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	196,584			
	b Membership dues	1b				
	c Fundraising events	1c	110,507			
	d Related organizations	1d	18,081,683			
	e Government grants (contributions)	1e	3,657,565			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	13,730,384			
	g Noncash contributions included in lines 1a - 1f: $	1g	94,227			
	h **Total.** Add lines 1a-1f		35,776,723			
Program Service Revenue		Business Code				
	2a PROGRAM SERVICE REVENU	621990	5,271,407,261	5,271,407,261	0	0
	b PHYSICIAN PRACTICE OPE	621500	53,499,738	53,499,738	0	0
	c PROGRAM RENTAL INCOME	531190	38,359,131	38,359,131	0	0
	d WASH UNIV -OTHER REV	621990	8,964,154	8,765,190	198,964	0
	e PROG INVESTMENT REVENU	900099	7,119,959	7,119,959	0	0
	f All other program service revenue.		2,525,881	628,802	1,897,079	
	g **Total.** Add lines 2a–2f.		5,381,876,124			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		8,264,730			8,264,730
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties		170,786			170,786
		(i) Real	(ii) Personal			
	6a Gross rents	6a 2,289,698				
	b Less: rental expenses	6b 36,138				
	c Rental income or (loss)	6c 2,253,560				
	d Net rental income or (loss)		2,253,560			2,253,560
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	7a	846,813			
	b Less: cost or other basis and sales expenses	7b	7,175,781			
	c Gain or (loss)	7c	-6,328,968			
	d Net gain or (loss)		-6,328,968			-6,328,968
	8a Gross income from fundraising events (not including $ 110,507 of contributions reported on line 1c). See Part IV, line 18	8a	27,506			
	b Less: direct expenses	8b	23,275			
	c Net income or (loss) from fundraising events		4,231			4,231
	9a Gross income from gaming activities. See Part IV, line 19	9a	11,769			
	b Less: direct expenses	9b	3,740			
	c Net income or (loss) from gaming activities		8,029			8,029
	10a Gross sales of inventory, less returns and allowances	10a	5,907,674			
	b Less: cost of goods sold	10b	2,989,973			
	c Net income or (loss) from sales of inventory		2,917,701			2,917,701
	Miscellaneous Revenue	Business Code				
	11a RETAIL PHARMACY	446110	37,939,790	0	2,051,555	35,888,235
	b CAFETERIA SALES	722514	20,526,376	0	181,801	20,344,575
	c OTHER OPERATING	900099	15,253,911	0	375,409	14,878,502
	d All other revenue		37,943,644		3,064,454	34,879,190
	e **Total.** Add lines 11a–11d		111,663,721			
	12 **Total revenue.** See instructions		5,536,606,637	5,379,780,081	7,769,262	113,280,571

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	12,203,541	12,203,541		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	2,832,699	2,832,699		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	27,707,415		27,707,415	
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	1,552,820,058	1,510,905,065	41,914,993	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	108,115,841	105,201,499	2,914,342	
9 Other employee benefits	201,310,105	196,622,734	4,687,371	
10 Payroll taxes	114,646,016	110,051,591	4,594,425	
11 Fees for services (non-employees):				
a Management	2,721,395	2,422,897	298,498	
b Legal	96,529		96,529	
c Accounting	614,271		614,271	
d Lobbying	574,386		574,386	
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)	570,619,299	548,053,236	22,566,063	
12 Advertising and promotion	9,486,922	5,631,746	3,855,176	
13 Office expenses	70,356,483	66,260,850	4,095,633	
14 Information technology	7,232,590	6,379,282	853,308	
15 Royalties	22,453	22,453		
16 Occupancy	101,449,988	76,371,666	25,078,322	
17 Travel	6,090,545	5,563,064	527,481	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,510,845	2,809,389	701,456	
20 Interest	46,465,956		46,465,956	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	377,142,755	373,635,366	3,507,389	
23 Insurance	35,560,148	35,556,002	4,146	
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	1,030,288,995	1,030,287,558	1,437	
b OVERHEAD ALLOCATION	549,999,177	0	549,999,177	
c OTHER MISCELLANEOUS	182,021,661	159,395,254	22,626,407	
d TEACHING SERVICES	138,780,159	137,423,143	1,357,016	
e All other expenses	96,088,243	87,718,877	8,369,366	
25 **Total functional expenses.** Add lines 1 through 24e	5,248,758,475	4,475,347,912	773,410,563	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		181,301	1	372,286
	2	Savings and temporary cash investments		14,957,620	2	25,233,929
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		773,803,368	4	814,493,473
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net		32,000	7	10,000
	8	Inventories for sale or use		101,823,058	8	102,208,926
	9	Prepaid expenses and deferred charges		11,578,136	9	11,598,168
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,706,845,152			
	b	Less: accumulated depreciation	10b 3,813,681,104	2,815,783,579	10c	2,893,164,048
	11	Investments—publicly traded securities		53,123,794	11	60,526,089
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11		23,814,717	13	23,807,135
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		127,063,908	15	262,148,076
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		3,922,161,481	16	4,193,562,130
Liabilities	17	Accounts payable and accrued expenses		374,451,251	17	403,315,715
	18	Grants payable			18	
	19	Deferred revenue		929,542	19	956,979
	20	Tax-exempt bond liabilities		198,000,000	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties		14,639,394	23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		86,599,442	25	187,900,795
	26	**Total liabilities.** Add lines 17 through 25		674,619,629	26	592,173,489
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		3,239,245,352	27	3,585,752,560
	28	Net assets with donor restrictions		8,296,500	28	15,636,081
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		3,247,541,852	32	3,601,388,641
	33	Total liabilities and net assets/fund balances		3,922,161,481	33	4,193,562,130

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	5,536,606,637
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,248,758,475
3	Revenue less expenses. Subtract line 2 from line 1	3	287,848,162
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,247,541,852
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	65,998,627
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,601,388,641

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 $166.5 MILLION IN FINANCIAL ASSISTANCE DURING 2019 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 $163.3 MILLION DURING 2019 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 $329.8 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 $80.8 MILLION DURING 2019 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 AND, 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 2019, BJC CONTRIBUTED $214.9 MILLION TOWARDS PROGRAMS THAT PROVIDE TRAINING AND EDUCATION TO 11,566 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.

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-LIEKWEG RICHARD PRESIDENT, DIRECTOR	40.00	X		X				2,355,461	0	331,789
CHAS-VAN TREASE SANDRA DIRECTOR	40.00	X						1,245,759	0	249,539
BJH-CANNON ROBERT W PRESIDENT, DIRECTOR	40.00	X		X				1,225,102	0	283,788
BJC-GRIMSHAW CHARLES PHYSICIAN	40.00					X		1,128,312	0	71,007
BJC-BARTO NICK SR VP, CFO, TREASURER	40.00			X				1,094,284	0	96,846
MRHS-TURNER MARK J PRESIDENT, DIRECTOR	40.00	X		X				1,089,586	0	52,392
AMH-MAGRUDER JOAN DIRECTOR	40.00	X						1,054,021	0	279,748
BJC-PAUL MICHAEL J PHYSICIAN	40.00					X		1,038,309	0	128,408
MESI-MOOSA HANS MD DIRECTOR	1.00 40.00	X						42,000	955,461	23,872
BJSPH-FOX JERRY DIRECTOR	40.00	X						976,955	0	138,581

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-HALL LANNIS E PHYSICIAN	40.00					X		961,039	0	157,675
BJC-KRAINIK ANDREW J PHYSICIAN	40.00					X		939,605	0	111,850
BJC-OCHIENG MILTON O PHYSICIAN	40.00					X		935,433	0	73,580
BJC-APLINGTON DAVID SR. VP,GENERAL COUNSEL,SEC'Y	40.00			X				803,609	0	210,161
BJCWC-BEATTY JOHN TREASURER, DIRECTOR	40.00	X		X				735,171	0	163,275
PMMCI-DOTHAGER DOUG MD DIRECTOR	1.00 40.00	X						7,183	713,563	30,287
SLCH-SHEN MARK MD PRESIDENT, DIRECTOR TERM 3/2019	40.00	X		X				711,444	0	22,403
PGLC-POGUE DOUGLAS MD PRESIDENT & MANAGER	40.00			X				706,949	0	227,093
BJC-THOMAS JOSEPH VP/CHIEF INVEST OFFICER EFF 8/2018	40.00				X			654,078	0	174,448
MBMC-MARTIN R SCOTT MD DIRECTOR	40.00	X						653,197	0	258,671

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			
BJSPH-WATTS CHRIS PRESIDENT, DIRECTOR	40.00	X		X				650,630	0	147,823
BJH-KRIEGER MARK VP, CFO, TREASURER	40.00			X				645,611	0	151,530
BJC-LIPSTEIN STEVEN FORMER CEO, DIRECTOR TERM 12/17	0.00						X	631,195	0	0
MBMC-ANTES JOHN PRESIDENT, DIRECTOR	40.00	X		X				621,386	0	174,678
AMH-FETTER LEE FORMER PRES/DIR TERM 10/16	0.00						X	584,141	0	279
BJCHOME-ROTHERY DAN PRESIDENT, DIRECTOR	40.00	X		X				557,063	0	147,993
PMMCI-BEATTY ADRIENA DIRECTOR	40.00 1.00	X						544,140	0	34,552
MESI-BAUMER KEVIN MD DIRECTOR	1.00 40.00	X						0	540,808	25,635
BJWCH-LOLLO TRISH PRESIDENT, DIRECTOR	40.00	X		X				533,181	0	104,705
CH-STEVENS RICK L PRESIDENT, DIRECTOR	40.00	X		X				508,851	0	91,169

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			
PHC-KIRKLEY SCOTT D MD DIRECTOR	40.00	X						506,554	0	114,054
BJC BH-TERRACE SARAH SECRETARY, DIRECTOR	40.00	X		X				491,675	0	146,177
CHAS-SINEK JIM PRESIDENT, DIRECTOR	40.00	X		X				484,127	0	127,716
BJCHOME-PETERS LEWIS ANGELLEEN DIRECTOR	40.00	X						470,491	0	70,706
SLCH-MCKEE MICHELE VICE PRESIDENT, FINANCE	40.00			X				442,599	0	153,780
BJWCH-BLACK CHARLES DOUGLAS FORMER PRES/DIR TERM 1/16	40.00						X	427,788	0	165,231
MMG-CASPERSON WILLIAM MD DIRECTOR	40.00	X						416,348	0	41,502
AMH-BRAASCH DAVID ALAN PRESIDENT, DIRECTOR	40.00	X		X				403,180	0	54,375
MBHS-JACKSON THOMAS MD DIRECTOR	40.00	X						395,713	0	104,021
BJH-PATTERSON GREG FORMER SECR, DIR TERM 3/18	40.00						X	393,460	0	147,495

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHAS-BLOUNT ROBIN SECRETARY, DIRECTOR	40.00	X		X				392,303	0	97,546
MBHS-BAKER ALISON MD DIRECTOR	40.00	X						376,008	0	87,865
BJCHOME-SCHREINER LORI DIRECTOR	40.00	X						355,949	0	257,530
MRHS-MCMANUS MICHAEL FORMER SEC, DIRECTOR TERM 6/17	40.00						X	354,546	0	38,790
CHAS-FOWLER ROSELLA FORMER VICE CHAIRMAN TERM 4/17	40.00						X	340,802	0	50,221
PMMCI-GUSMANO JANE VP FINANCE, SECRETARY	40.00			X				335,129	0	217,757
PHC-KARL THOMAS PRESIDENT, DIRECTOR	40.00	X		X				324,764	0	314,825
PWHC-SANDBERG STEPHANIE MD DIRECTOR	40.00	X						318,093	0	103,899
PHC-GRIX GARY MD DIRECTOR	40.00	X						316,525	0	121,888
CH-KOESTERER SUSAN VICE PRESIDENT, FINANCE	40.00			X				315,427	0	202,873

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MBMC-DESART AMY VICE PRESIDENT, FINANCE	40.00			X				313,220	0	203,322
BJCHOME-KADLEC-PATTERSON NANCY DIRECTOR	40.00	X						312,129	0	272,149
CHC-THOMAS MICHELE MD DIRECTOR	40.00	X						309,182	0	143,187
BHHC-JAMES DAVID TREY MD DIRECTOR	40.00	X						307,988	0	85,817
BJWCH-ABAD ANN PRESIDENT, DIRECTOR BEG 12/19	40.00	X		X				297,787	0	176,430
CHAS-SMITH MONICA RN VICE CHAIRMAN, DIRECTOR	40.00	X		X				296,436	0	173,566
PMMCI-RAMOS-PARDO BEATRIZ MD DIRECTOR	1.00 40.00	X						0	291,138	27,790
MBMC-WEINSTEIN DAVID L MD DIRECTOR	40.00	X						282,834	0	110,383
PWHC-LAWSON ELIZABETH VICE PRESIDENT, FINANCE	40.00			X				281,070	0	58,354
BJWCH-OLINGER STACY DIRECTOR	40.00	X						278,609	0	61,598

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MBHS-SCHWARM TONY PRESIDENT	40.00			X				257,214	0	179,152
BJH-REID SARA SECRETARY	40.00			X				256,898	0	150,046
BJCHOME-HALLORAN TERESA DIRECTOR	40.00	X						241,702	0	120,804
BJC BH-KARL BARBARA PRESIDENT, DIRECTOR	40.00	X		X				228,453	0	189,770
CHC-WARD CHRIS SECRETARY, TREASURER	40.00			X				185,167	0	172,782
BJC CHS-VENDITTI PATRICK VICE PRESIDENT & SECRETARY, DIRECTOR	40.00	X		X				168,673	0	66,104
MMG-DAVIS JAMES B EXECUTIVE DIRECTOR, SECRETARY	40.00	X		X				0	162,022	4,118
BJC-DEHAVEN MICHAEL FORMER SR VP,GEN COUN,SEC TERM 12/16	0.00						X	106,637	0	0
BHHC-EIKEL LIZ SECRETARY, DIRECTOR	40.00	X		X				93,364	0	102,427
BHHC-SZEWCZYK MICHAEL MD DIRECTOR	1.00	X						43,208	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						30,627	0	0
CH-AKINTOLA-OGUNREMI OLARONKE MD DIRECTOR	1.00	X						23,895	0	0
BJSPH-HACKER KENNETH MD DIRECTOR	1.00	X						18,250	0	0
PHC-DUMONTIER EDWARD MD DIRECTOR	1.00	X						6,000	0	0
BJWCH-EAGON CHRIS MD DIRECTOR	1.00	X						501	0	0
AMH-BALSTERS KEN DIRECTOR	1.00	X						0	0	0
AMH-ERKER MELISSA DIRECTOR	1.00	X						0	0	0
AMH-GOINS SHEILA E 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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
AMH-LAUSCHKE SANDRA DIRECTOR	1.00	X						0	0	0
AMH-LOY KENNETH DIRECTOR	1.00	X						0	0	0
AMH-RYRIE EDWARD DIRECTOR	1.00	X						0	0	0
AMH-TURNER GEOFFREY MD DIRECTOR	1.00	X						0	0	0
BHHC-OLINGER STACY 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-HILLMAN TOM DIRECTOR	1.00	X						0	0	0
BJC-HOLMES MICHAEL DIRECTOR	1.00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BJC-JAIN SANJAY DIRECTOR	1.00	X						0	0	0
BJC-MANNING ANNA DIRECTOR	1.00	X						0	0	0
BJC-PERLMUTTER DAVID DIRECTOR	1.00	X						0	0	0
BJC-SITHERWOOD SUZANNE DIRECTOR	1.00	X						0	0	0
BJC-SULLIVAN DIANE DIRECTOR	1.00	X						0	0	0
BJC-WRIGHTON MARK MD DIRECTOR	1.00	X						0	0	0
BJCHOME-GEE WILLIAM MD DIRECTOR	1.00	X						0	0	0
BJCHOME-LOLLO TRISHA DIRECTOR	1.00	X						0	0	0
BJCHOME-OLINGER STACY DIRECTOR	1.00	X						0	0	0
BJCHOME-VAN TREASESANDRA DIRECTOR	1.00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BJCHOME-WHITE PATRICK MD DIRECTOR	1.00	X						0	0	0
BJH-AWADALLA MD SYLVIA DIRECTOR	1.00	X						0	0	0
BJH-BAXTER WARNER DIRECTOR	1.00	X						0	0	0
BJH-BURKHART MARK DIRECTOR	1.00	X						0	0	0
BJH-CLARK MAXINE DIRECTOR	1.00	X						0	0	0
BJH-EDISON PETER DIRECTOR	1.00	X						0	0	0
BJH-GOLDBERG SUSAN DIRECTOR	1.00	X						0	0	0
BJH-GRIFFIN JOANNE DIRECTOR	1.00	X						0	0	0
BJH-HARRIS STEVEN DIRECTOR	1.00	X						0	0	0
BJH-HENLEY GARY DDS 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-HILLMAN TOM DIRECTOR	1.00	X						0	0	0
BJH-KAHN EUGENE DIRECTOR	1.00	X						0	0	0
BJH-LEFTON MICHAEL DIRECTOR	1.00	X						0	0	0
BJH-LIEKWEG RICHARD DIRECTOR	1.00	X						0	0	0
BJH-LOVE KATHRYN ELLIOTT DIRECTOR	1.00	X						0	0	0
BJH-MILES RICHARD DIRECTOR	1.00	X						0	0	0
BJH-PATTERSON DEBORAH J DIRECTOR	1.00	X						0	0	0
BJH-PERLMUTTER DAVID H MD DIRECTOR	1.00	X						0	0	0
BJH-SCHEEL PAUL MD DIRECTOR	1.00	X						0	0	0
BJH-SCHNUCK CRAIG 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-SMITH PETER DIRECTOR	1.00	X						0	0	0
BJH-THORP HOLDEN PHD DIRECTOR	1.00	X						0	0	0
BJSPH-APLINGTON DAVID DIRECTOR	1.00	X						0	0	0
BJSPH-MAGRUDER JOAN DIRECTOR	1.00	X						0	0	0
BJWCH-BOSWELL CB MD DIRECTOR	1.00	X						0	0	0
BJWCH-SALTMAN ROBERT MD DIRECTOR	1.00	X						0	0	0
BJWCH-SCHEEL PAUL MD DIRECTOR	1.00	X						0	0	0
CH-BROWN DAVID DIRECTOR	1.00	X						0	0	0
CH-COLLINS-HART PHD NETTIE DIRECTOR	1.00	X						0	0	0
CH-GEORGE THOMAS F PHD 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-HAMM-NIEBRUEGGE RHONDA K DIRECTOR	1.00	X						0	0	0
CH-JENSEN JOSHUA II MD DIRECTOR	1.00	X						0	0	0
CH-LIEKWEG RICH DIRECTOR	1.00	X						0	0	0
CH-MAGRUDER JOAN DIRECTOR	1.00	X						0	0	0
CH-MALONE DAVID C DIRECTOR	1.00	X						0	0	0
CH-MOEHN MICHAEL L DIRECTOR	1.00	X						0	0	0
CH-OTTO DAVID W DIRECTOR	1.00	X						0	0	0
CH-PITTMAN JEFF L PHD 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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CH-SHAW DAVID MD DIRECTOR	1.00	X						0	0	0
CH-STAFFORD ERIC DIRECTOR	1.00	X						0	0	0
CH-TUCKER MICHELLE DIRECTOR	1.00	X						0	0	0
CH-VAN RYN JACQUES MD DIRECTOR	1.00	X						0	0	0
CHAS-APLINGTON DAVID DIRECTOR	1.00	X						0	0	0
CHC-FOX JERRY DIRECTOR	1.00	X						0	0	0
CHIL-ZYKAN DONALD 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
CHSDC-STEVENS RICK L 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-ZYKAN DONALD DIRECTOR	1.00	X						0	0	0
MBHS-DACE SHARON DIRECTOR	1.00	X						0	0	0
MBHS-DIXON DEBBIE DIRECTOR	1.00	X						0	0	0
MBHS-MACE RANDY DIRECTOR	1.00	X						0	0	0
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
MBHS-VAN TREASE SANDRA DIRECTOR	1.00	X						0	0	0
MBMC-CAHILL JACK L DIRECTOR	1.00	X						0	0	0
MBMC-DUNNE THOMAS P SR 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-EASON CLIFF DIRECTOR	1.00	X						0	0	0
MBMC-FERGUSON TRICIA ZIMMER DIRECTOR	1.00	X						0	0	0
MBMC-FIELDS HARVEY JR DIRECTOR	1.00	X						0	0	0
MBMC-KIM CHARLES G DIRECTOR	1.00	X						0	0	0
MBMC-LACEY ALTON DIRECTOR	1.00	X						0	0	0
MBMC-LAKEY NATHAN DIRECTOR	1.00	X						0	0	0
MBMC-MASTIN JAYNE 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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MBMC-MUNDEN DARRYL R DIRECTOR	1.00	X						0	0	0
MBMC-PLANTS EDWARD 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
MBMC-RHODES CATHERINE DIRECTOR	1.00	X						0	0	0
MBMC-STOKES DAVID M DIRECTOR	1.00	X						0	0	0
MESI-BARNETT KEVIN MD DIRECTOR	1.00	X						0	0	0
MESI-COOK KEITH DIRECTOR	1.00	X						0	0	0
MESI-GASSER SUSAN 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-MUNTON DOUG DIRECTOR	1.00	X						0	0	0
MESI-OLIVER STACI DIRECTOR	1.00	X						0	0	0
MESI-THEOBALD ADELE DIRECTOR	1.00	X						0	0	0
MESI-WELD MARTHA PHD DIRECTOR	1.00	X						0	0	0
MMG-MOOSA HANS MD DIRECTOR	1.00	X						0	0	0
MRHS-APLINGTON DAVID DIRECTOR	1.00	X						0	0	0
MRHS-GANIM RANDY 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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PHC-JONES STEVEN R DIRECTOR	1.00	X						0	0	0
PHC-KENNON JOHN GILBERT 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
PHC-UMFLEET LISA K DIRECTOR	1.00	X						0	0	0
PHC-VAN TREASE SANDRA DIRECTOR	1.00	X						0	0	0
PMMCI-HOERING EDWARD DIRECTOR	1.00	X						0	0	0
PMMCI-JACKSON RACHEL DIRECTOR	1.00	X						0	0	0
PMMCI-KLOSTERMAN MATTHEW 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			
PMMCI-LEOPOLD CLAIRE DIRECTOR	1.00	X						0	0	0
PMMCI-MCCOLLUM TRACY DIRECTOR	1.00	X						0	0	0
PMMCI-ROBERTS OTTO DIRECTOR	1.00	X						0	0	0
PMMCI-THEOBALD ADELE DIRECTOR, EX OFFICIO VOTING	1.00	X						0	0	0
PMMCI-THOUVENOT ROLAND DIRECTOR	1.00	X						0	0	0
PWHC-APLINGTON DAVID DIRECTOR	1.00	X						0	0	0
PWHC-FOX JERRY DIRECTOR	1.00	X						0	0	0
PWHC-MAGRUDER JOAN DIRECTOR	1.00	X						0	0	0
SLCH-DESILVA MICHELLE C DIRECTOR	1.00	X						0	0	0
SLCH-DIEMER NANCY 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			
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-MAGRUDER JOAN DIRECTOR	1.00	X						0	0	0
SLCH-MCCOY ART PHD DIRECTOR	1.00	X						0	0	0
SLCH-MCDONNELLJAMES III DIRECTOR	1.00	X						0	0	0
SLCH-MUELLER CHARLES JR DIRECTOR	1.00	X						0	0	0
SLCH-MUELLER ROBERT C DIRECTOR	1.00	X						0	0	0
SLCH-MULLINS BIRCH 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			
SLCH-O'CONNELL JOHN DIRECTOR	1.00	X						0	0	0
SLCH-OLIVER TIM 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-SHORT RICK S DIRECTOR	1.00	X						0	0	0
SLCH-WHITAKER PATRICA DIRECTOR	1.00	X						0	0	0
SLCH-WILLIAMS JAMES E JR DIRECTOR	1.00	X						0	0	0
SLCH-WILSON REVEREND STARSKY DIRECTOR	1.00	X						0	0	0
AMH-AYRES GARY VICE 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-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-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	1.00	X		X				0	0	0
BJC-COPELAND DOUG VICE CHAIRMAN, DIRECTOR	1.00	X		X				0	0	0
BJC-KLEIN WARD CHAIRMAN, DIRECTOR	1.00	X		X				0	0	0
BJC-MCCLURE RICHARD VICE CHAIRMAN, DIRECTOR	1.00	X		X				0	0	0
BJC-PLUMMER ROBERT VICE CHAIRMAN, DIRECTOR	1.00	X		X				0	0	0
BJC-WEDDLE JAMES VICE 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			
BJC-WESTBROOK KELVIN CHAIRMAN, DIRECTOR	1.00	X		X				0	0	0
BJCBH-ROTHERY DAN CHAIRMAN, DIRECTOR	1.00	X		X				0	0	0
BJCCHS-ROTHERY DAN PRESIDENT, DIRECTOR	1.00	X		X				0	0	0
BJCCHS-TERRACE SARAH VICE PRESIDENT, DIRECTOR	1.00	X		X				0	0	0
BJCHOME-KARL THOMAS SECRETARY, TREASURER, DIRECTOR	1.00	X		X				0	0	0
BJH-WEDDLE JAMES CHAIRMAN, DIRECTOR	1.00	X		X				0	0	0
BJWCH-APLINGTON DAVID SECRETARY, DIRECTOR	1.00	X		X				0	0	0
BJWCH-CANNON ROBERT CHARIMAN, DIRECTOR	1.00	X		X				0	0	0
CH-PACE PAULA D VICE CHAIRMAN, DIRECTOR	1.00	X		X				0	0	0
CH-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			
CH-ZYKAN DON VICE CHAIRMAN, DIRECTOR	1.00	X		X				0	0	0
CHAS-BECKETT JAN CHAIRMAN, DIRECTOR	1.00	X		X				0	0	0
CHC-POUGE DOUGLAS MD PRESIDENT, DIRECTOR	1.00	X		X				0	0	0
CHC-VAN TREASE SANDRA CHAIRMAN, DIRECTOR	1.00	X		X				0	0	0
CHIL -PLUMMER ROBERT CHAIRMAN, DIRECTOR	1.00	X		X				0	0	0
CHIL-STEVENS RICK L PRESIDENT, DIRECTOR	1.00	X		X				0	0	0
CHSDC-MAGRUDER JOAN PRESIDENT, DIRECTOR	1.00	X		X				0	0	0
CHSDC-PLUMMER ROBERT CHAIRMAN, DIRECTOR	1.00	X		X				0	0	0
CHSDC-RATLIFF HARRY VICE CHAIRMAN, DIRECTOR	1.00	X		X				0	0	0
MBHS-HOFFMAN MIKE 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			
MBHS-RUBLE IRENE SECRETARY, DIRECTOR	1.00	X		X				0	0	0
MBMC-COPELAND DOUGLAS CHAIRMAN, DIRECTOR	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-CUNDIFF GREG VICE CHAIRMAN, DIRECTOR	1.00	X		X				0	0	0
MESI-ECKERT CHRIS VICE CHAIRMAN, DIRECTOR	1.00	X		X				0	0	0
MESI-SCHROEDER KURT CHAIRMAN, DIRECTOR	1.00	X		X				0	0	0
MESI-THAXTON VALERIE VICE CHAIRMAN, DIRECTOR	1.00	X		X				0	0	0
MESI-TURNER MARK PRESIDENT, DIRECTOR	1.00	X		X				0	0	0
MMG-TURNER MARK J PRESIDENT, 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			
MRHS-LIEKWEG RICHARD CHAIRMAN, DIRECTOR	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-MAGRUDER JOAN TREASURER, 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-RHODES CATHERINE CHAIRMAN, DIRECTOR	1.00	X		X				0	0	0
PMMCI-BOYER GERI VICE CHAIRMAN, DIRECTOR	1.00	X		X				0	0	0
PMMCI-DYER ROB REV VICE CHAIRMAN, DIRECTOR	1.00	X		X				0	0	0
PMMCI-GIVENS SCOTT 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			
PMMCI-MUELLER ROBERT C VICE CHAIRMAN, DIRECTOR	1.00	X		X				0	0	0
PMMCI-TURNER MARK PRESIDENT, DIRECTOR	1.00	X		X				0	0	0
PWHC-WATTS CHRISTOPER PRESIDENT, 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-LOLLO TRISH PRESIDENT, DIRECTOR BEG 12/19	1.00	X		X				0	0	0
SLCH-MCCLURE RICH CHAIRMAN, DIRECTOR	1.00	X		X				0	0	0
SLCH-SMITH-THURMAN PATRICIA A 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 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			
AMH-KOESTERER SUSAN VICE PRESIDENT, FINANCE	1.00			X				0	0	0
BJSPH-LAWSON ELIZABETH VICE PRESIDENT, FINANCE	1.00			X				0	0	0
CHSDC-KOESTERER SUSAN VICE PRESIDENT, FINANCE	1.00			X				0	0	0
MBHS-DESART AMY VICE PRESIDENT, FINANCE	1.00			X				0	0	0
MESI-GUSMANO JANE SECRETARY, VP FINANCE	1.00			X				0	0	0
MMG-GUSMANO JANE VICE PRESIDENT, TREASURER	1.00			X				0	0	0
MRHS-GUSMANO JANE SECRETARY, TREASURER	1.00			X				0	0	0
PHC-DESART AMY VICE PRESIDENT, FINANCE	1.00			X				0	0	0

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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.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
BJC HEALTH SYSTEM 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 331/3% 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 331/3% 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, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). .						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) **12**

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2018 Schedule A, Part II, line 14 . . . . . **15**

16a **33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**. . . . . ▶ ☐

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2019** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2018** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☐

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)

2 Activities Test. **Answer (a) and (b) below.**

			Yes	No
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 (explain in Part VI). **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 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

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

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
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 2019: 12F- NUMBER OF SUPPORTED ORGANIZATIONS A T DECEMBER 31, 2019 = 2 12G - INFORMATION REGARDING SUPPORTED ORGANIZATIONS: CHRISTIAN HOS PITAL NE-NW (CHNE) EIN 43-6057893 - BOX 3 $54,072,972 CH ALLIED SERVICES, INC. (CHAS) EIN 43-1279063 - BOX 3 $21,564,715 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 THE COMMUNITY HEALTH CONNECTION THE MAJORITY OF THE GROUP MEMBERS MAINTAIN PUBLIC CHARI TY 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 PUBLIC CHARITY STATUS. ACCORDI NGLY, THE ABOVE ORGANIZATIONS HAVE SEPARATELY DOCUMENTED THEIR PUBLIC SUPPORT AND INVESTME NT INCOME PERCENTAGES AGGREGATED AS FOLLOWS: PUBLIC SUPPORT PERCENTAGE FOR 2019 99.79% PUB LIC SUPPORT PERCENTAGE FOR 2018 99.73% INVESTMENT INCOME PERCENTAGE FOR 2019 0.13% INVESTM ENT INCOME PERCENTAGE FOR 2018 0.12% _

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART IV - SECTION A	1. YES, DURING 2019, 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.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

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

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

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

Name of the organization	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 (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ 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-.
1					
2					
3					
4					
5					
6					

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-.		
i Subtract line 1f from line 1c. If zero or less, enter -0-.		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **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)** 2016	**(b)** 2017	**(c)** 2018	**(d)** 2019	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) 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		483,898
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		90,488
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i			574,386
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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
BJC HEALTH SYSTEM 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 7/25/06, 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		97,795,236		97,795,236
b Buildings		1,582,552,781	1,018,610,310	563,942,471
c Leasehold improvements		643,871,430	275,196,820	368,674,610
d Equipment		3,545,048,512	2,394,222,310	1,150,826,202
e Other		837,577,193	125,651,664	711,925,529
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				2,893,164,048

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)PROPERTY FOR FUTURE DEVELOPMENT	17,446,182
(2)OTHER RECEIVABLES	34,668,167
(3)DUE FROM THIRD PARTY	36,616,162
(4)DUE FROM AFFILIATES	18,716,030
(5)OTHER ASSETS	12,835,045
(6)RIGHT OF USE ASSETS	134,844,525
(7)PERPETUAL TRUST	7,021,965
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	262,148,076

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	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	187,900,795

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 2019, 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.
► Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
BJC HEALTH SYSTEM GROUP RETURN

Employer identification number
75-3052953

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

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

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

3 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 the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total	2	0			45,737,453
b Total from continuation sheets to Part I . . .	0	0			0
c Totals (add lines 3a and 3b)	2	0			45,737,453

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

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

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

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(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 noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

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

Part V **Supplemental Information**

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART III ACCOUNTING METHOD:	

Additional Data

Software ID:

Software Version:

EIN: 75-3052953

Name: BJC HEALTH SYSTEM GROUP RETURN

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 - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	1		PROGRAM SERVICES	OPERATIONS OF MEMORIAL CAPTIVE INS CO, A WHOLLY OWNED SUBSIDIARY OF MEMORIAL REG HEALTH SVCS INC.	4,848,529
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	1		NET INVESTMENT IN MEMORIAL CAPTIVE INS CO, A WHOLLY OWNED SUBSIDIARY OF MEMORIAL REG HEALTH SVCS INC		40,888,924

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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.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
BJC HEALTH SYSTEM 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 10 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
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 / Direct Expenses		(a) Event #1 FUNDRAISING DINNER (event type)	(b) Event #2 GOLF TOURNAMENT (event type)	(c) Other events 5 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	57,413	30,335	50,265	138,013
	2 Less: Contributions	47,608	30,335	32,564	110,507
	3 Gross income (line 1 minus line 2)	9,805		17,701	27,506
Direct Expenses	4 Cash prizes			1,025	1,025
	5 Noncash prizes			1,025	1,025
	6 Rent/facility costs	3,386	2,481	3,770	9,637
	7 Food and beverages	5,532	1,522	20	7,074
	8 Entertainment	500		0	500
	9 Other direct expenses	2,595		1,419	4,014
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				23,275
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				4,231

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 / Direct Expenses		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Revenue	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 provide any additional information. See instructions.

Return Reference	Explanation

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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.
▶ Go to *www.irs.gov/Form990EZ* for instructions and the latest information.

OMB No. 1545-0047

2019

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)		199,047	253,778,550	87,285,411	166,493,139	3.150 %
b Medicaid (from Worksheet 3, column a)		355,661	898,566,470	735,280,290	163,286,180	3.090 %
c Costs of other means-tested government programs (from Worksheet 3, column b)		0				
d **Total** Financial Assistance and Means-Tested Government Programs		554,708	1,152,345,020	822,565,701	329,779,319	6.240 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).	265	426,037	23,503,994	9,384,763	14,119,231	0.270 %
f Health professions education (from Worksheet 5)	49	11,566	298,098,483	83,155,558	214,942,925	4.070 %
g Subsidized health services (from Worksheet 6)	195	1,448,428	738,791,257	604,497,050	134,294,207	2.540 %
h Research (from Worksheet 7)	5	0	226,039	226,039		0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	57	27,660	12,594,217	1,728,669	10,865,548	0.210 %
j **Total.** Other Benefits	571	1,913,691	1,073,213,990	698,992,079	374,221,911	7.090 %
k **Total.** Add lines 7d and 7j	571	2,468,399	2,225,559,010	1,521,557,780	704,001,230	13.330 %

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	8,207	600	7,607	0 %
2 Economic development	8	830	2,223,192	4,020	2,219,172	0.040 %
3 Community support	27	5,335	1,328,908	2,952	1,325,956	0.020 %
4 Environmental improvements	1	0	10,000	0	10,000	0 %
5 Leadership development and training for community members	0	0	0	0		0 %
6 Coalition building	0	0	0	0		0 %
7 Community health improvement advocacy	0	0	0	0		0 %
8 Workforce development	3	231	15,938	775	15,163	0 %
9 Other	0	0	0	0		0 %
10 Total	40	6,396	3,586,245	8,347	3,577,898	0.060 %

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 Healthcare 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.	2 158,666,644			
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 80,789,795			
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	987,709,088
6	Enter Medicare allowable costs of care relating to payments on line 5	6	935,124,076
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	52,585,012
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					
2					
3					
4					
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? **15**

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 19			
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): SEE SECTION C			
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 19			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url): SEE SECTION C			
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): SEE SECTION C			
b	☑ The FAP application form was widely available on a website (list url): SEE SECTION C			
c	☑ A plain language summary of the FAP was widely available on a website (list url): SEE SECTION C			
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 nonpayment?	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 (if not, describe in Section C)			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c ☑ Processed incomplete and complete FAP applications (if not, describe in Section C)			
d ☑ Made presumptive eligibility determinations (if not, describe in Section C)			
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 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): 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 19			
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): SEE SECTION C			
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 19			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
If "Yes" (list url): SEE SECTION C			
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): SEE SECTION C			
b	☑ The FAP application form was widely available on a website (list url): SEE SECTION C			
c	☑ A plain language summary of the FAP was widely available on a website (list url): SEE SECTION C			
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 nonpayment?	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 (if not, describe in Section C)			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c ☑ Processed incomplete and complete FAP applications (if not, describe in Section C)			
d ☑ Made presumptive eligibility determinations (if not, describe in Section C)			
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 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): 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 19			
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): SEE SECTION C			
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 19			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	Yes	
If "Yes" (list url): SEE SECTION C			
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): SEE SECTION C			
b	☑ The FAP application form was widely available on a website (list url): SEE SECTION C			
c	☑ A plain language summary of the FAP was widely available on a website (list url): SEE SECTION C			
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 nonpayment?	**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 (if not, describe in Section C)			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c ☑ Processed incomplete and complete FAP applications (if not, describe in Section C)			
d ☑ Made presumptive eligibility determinations (if not, describe in Section C)			
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 BOONE HOSPITAL CENTER

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		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 19			
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): SEE SECTION C			
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 19			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
If "Yes" (list url): SEE SECTION C			
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)

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): SEE SECTION C			
b	☑ The FAP application form was widely available on a website (list url): SEE SECTION C			
c	☑ A plain language summary of the FAP was widely available on a website (list url): SEE SECTION C			
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 nonpayment?	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 (if not, describe in Section C)			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c ☑ Processed incomplete and complete FAP applications (if not, describe in Section C)			
d ☑ Made presumptive eligibility determinations (if not, describe in Section C)			
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 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): 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 19			
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): SEE SECTION C			
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 19			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
If "Yes" (list url): SEE SECTION C			
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)

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): SEE SECTION C			
b ☑ The FAP application form was widely available on a website (list url): SEE SECTION C			
c ☑ A plain language summary of the FAP was widely available on a website (list url): SEE SECTION C			
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 nonpayment?	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 (if not, describe in Section C)			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c ☑ Processed incomplete and complete FAP applications (if not, describe in Section C)			
d ☑ Made presumptive eligibility determinations (if not, describe in Section C)			
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): 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 19			
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): SEE SECTION C			
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 19			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url): SEE SECTION C			
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 200.000000000000 % and FPG family income limit for eligibility for discounted care of 600.000000000000 %			
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): SEE SECTION C			
b	☑ The FAP application form was widely available on a website (list url): SEE SECTION C			
c	☑ A plain language summary of the FAP was widely available on a website (list url): SEE SECTION C			
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 nonpayment?	**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 (if not, describe in Section C)			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c ☑ Processed incomplete and complete FAP applications (if not, describe in Section C)			
d ☑ Made presumptive eligibility determinations (if not, describe in Section C)			
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 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 19			
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): SEE SECTION C			
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 19			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url): SEE SECTION C			
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 200.000000000000 % and FPG family income limit for eligibility for discounted care of 600.000000000000 %			
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): SEE SECTION C			
b	☑ The FAP application form was widely available on a website (list url): SEE SECTION C			
c	☑ A plain language summary of the FAP was widely available on a website (list url): SEE SECTION C			
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 nonpayment?	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 (if not, describe in Section C)			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c ☑ Processed incomplete and complete FAP applications (if not, describe in Section C)			
d ☑ Made presumptive eligibility determinations (if not, describe in Section C)			
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 19			
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): SEE SECTION C			
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 19			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url): SEE SECTION C			
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): SEE SECTION C			
b	☑ The FAP application form was widely available on a website (list url): SEE SECTION C			
c	☑ A plain language summary of the FAP was widely available on a website (list url): SEE SECTION C			
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 nonpayment?	**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 (if not, describe in Section C)			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c ☑ Processed incomplete and complete FAP applications (if not, describe in Section C)			
d ☑ Made presumptive eligibility determinations (if not, describe in Section C)			
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 19			
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): SEE SECTION C			
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 19			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url): SEE SECTION C			
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): SEE SECTION C			
b	☑ The FAP application form was widely available on a website (list url): SEE SECTION C			
c	☑ A plain language summary of the FAP was widely available on a website (list url): SEE SECTION C			
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 nonpayment?	**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 (if not, describe in Section C)			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c ☑ Processed incomplete and complete FAP applications (if not, describe in Section C)			
d ☑ Made presumptive eligibility determinations (if not, describe in Section C)			
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 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): 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 19			
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): SEE SECTION C			
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 19			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url): SEE SECTION C			
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): SEE SECTION C			
b	☑ The FAP application form was widely available on a website (list url): SEE SECTION C			
c	☑ A plain language summary of the FAP was widely available on a website (list url): SEE SECTION C			
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 nonpayment?	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 (if not, describe in Section C)			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c ☑ Processed incomplete and complete FAP applications (if not, describe in Section C)			
d ☑ Made presumptive eligibility determinations (if not, describe in Section C)			
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): 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 19			
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): SEE SECTION C			
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 19			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url): SEE SECTION C			
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 200.000000000000 % and FPG family income limit for eligibility for discounted care of 600.000000000000 %			
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): SEE SECTION C			
b	☑ The FAP application form was widely available on a website (list url): SEE SECTION C			
c	☑ A plain language summary of the FAP was widely available on a website (list url): SEE SECTION C			
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 nonpayment?	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 (if not, describe in Section C)			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c ☑ Processed incomplete and complete FAP applications (if not, describe in Section C)			
d ☑ Made presumptive eligibility determinations (if not, describe in Section C)			
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): 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 19			
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): SEE SECTION C			
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 19			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
If "Yes" (list url): SEE SECTION C			
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 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): SEE SECTION C			
b ☑	The FAP application form was widely available on a website (list url): SEE SECTION C			
c ☑	A plain language summary of the FAP was widely available on a website (list url): SEE SECTION C			
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 nonpayment?	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 (if not, describe in Section C)			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c ☑ Processed incomplete and complete FAP applications (if not, describe in Section C)			
d ☑ Made presumptive eligibility determinations (if not, describe in Section C)			
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): 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		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 19			
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	Yes	
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): SEE SECTION C			
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 19			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url): SEE SECTION C			
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): SEE SECTION C			
b ☑	The FAP application form was widely available on a website (list url): SEE SECTION C			
c ☑	A plain language summary of the FAP was widely available on a website (list url): SEE SECTION C			
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 nonpayment?	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 (if not, describe in Section C)			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c ☑ Processed incomplete and complete FAP applications (if not, describe in Section C)			
d ☑ Made presumptive eligibility determinations (if not, describe in Section C)			
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-FARMINGTON

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 19			
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	Yes	
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): SEE SECTION C			
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 19			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url): SEE SECTION C			
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): SEE SECTION C			
b	☑ The FAP application form was widely available on a website (list url): SEE SECTION C			
c	☑ A plain language summary of the FAP was widely available on a website (list url): SEE SECTION C			
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 nonpayment?	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 (if not, describe in Section C)			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c ☑ Processed incomplete and complete FAP applications (if not, describe in Section C)			
d ☑ Made presumptive eligibility determinations (if not, describe in Section C)			
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 REHABILITATION INST OF ST LOUIS (THE)

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 19			
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): SEE SECTION C			
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 19			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url): SEE SECTION C			
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)

REHABILITATION INST OF ST LOUIS (THE)

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): SEE SECTION C			
b	☑ The FAP application form was widely available on a website (list url): SEE SECTION C			
c	☑ A plain language summary of the FAP was widely available on a website (list url): SEE SECTION C			
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

REHABILITATION INST OF ST LOUIS (THE)

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 nonpayment?	**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 (if not, describe in Section C)			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c ☑ Processed incomplete and complete FAP applications (if not, describe in Section C)			
d ☑ Made presumptive eligibility determinations (if not, describe in Section C)			
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)

REHABILITATION INST OF ST LOUIS (THE)

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 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, 20a, 20b, 20c, 20d, 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? **157**

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, PROTESTANT MEMORIAL MEDICAL CENTER, INC. (DBA MEMORIAL HOSPITAL BELLEVILLE) AND METRO EAST SERVICES, INC. (DBA MEMORIAL HOSPITAL EAST) 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 FOR ANY 12-MONTH PERIOD. 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 HEALTH SYSTEM (EIN 43-1617558) PREPARES A WRITTEN ANNUAL COMMUNITY BENEFIT REPORT ON BEHALF OF ALL HOSPITALS WHICH DESCRIBES PROGRAMS AND SERVICES THAT PROMOTE THE HEALTH OF THE COMMUNITIES SERVED BY BJC HOSPITALS AND HOSPITAL SERVICES 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.

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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 = $ 5,278,106,817 WHICH EXCLUDES THE ALLOCABLE SHARE OF JOINT VENTURE BAD DEBT EXPENSES OF $925,763 FOR 2019.
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 2019, SUBSIDIZED HEALTH SERVICES PROVIDED THROUGH THESE PHYSICIAN PRACTICES GENERATED LOSSES OF $69,347,397.

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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 9 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 2:	NET PATIENT SERVICE REVENUE, NET OF CONTRACTUAL ALLOWANCES AND DISCOUNTS, IS REDUCED BY THE PROVISION FOR UNCOLLECTIBLE ACCOUNTS, AND NET PATIENT ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS. THESE AMOUNTS ARE BASED PRIMARILY ON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED WRITE-OFFS AND NET COLLECTIONS, ALONG WITH THE AGING STATUS FOR EACH MAJOR PAYOR SOURCE. MANAGEMENT REGULARLY REVIEWS DATA ABOUT THESE MAJOR PAYOR SOURCES OF REVENUE IN EVALUATING THE SUFFICIENCY OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS. BASED ON HISTORICAL EXPERIENCE, A PORTION OF BJC'S SELF-PAY PATIENTS WHO DO NOT QUALIFY FOR CHARITY CARE WILL BE UNABLE OR UNWILLING TO PAY FOR THE SERVICES PROVIDED, THUS, A PROVISION IS RECORDED FOR UNCOLLECTIBLE ACCOUNTS IN THE PERIOD SERVICES ARE PROVIDED RELATED TO THESE PATIENTS. AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IN ACCORDANCE WITH BJC'S POLICIES, ACCOUNTS RECEIVABLE ARE WRITTEN OFF AND CHARGED AGAINST THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS. BJC RECORDS AN ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS IN THE PERIOD OF SERVICE ON THE BASIS OF PAST EXPERIENCE. THESE ADJUSTMENTS ARE ACCRUED ON AN ESTIMATED BASIS AND ARE ADJUSTED AS NEEDED IN FUTURE PERIODS. BAD DEBTS REPRESENT THE PROVISION FOR UNCOLLECTIBLE ACCOUNTS REPORTED IN BJC'S AUDITED FINANCIAL STATEMENTS FOR 2019. SEE ALSO FOOTNOTE TO THE AUDITED FINANICAL STATEMENTS.

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Form and Line Reference	Explanation
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. PATIENTS MAY APPLY FOR FINANCIAL ASSISTANCE AT ANY POINT OF THE REGISTRATION, BILLING OR COLLECTION PROCESSES. 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 HAVE QUALIFIED FOR FINANCIAL ASSISTANCE, YET WERE UNWILLING TO COMPLETE THE APPLICATION PROCESS.
PART III, LINE 4:	BJC HEALTHCARE (BJC) BAD DEBT EXPENSE IS INCLUDED IN THE PATIENT SERVICE REVENUE, OTHER OPERATING REVENUE AND UNCOMPENSATED CARE FOOTNOTE 2 TO ITS CONSOLIDATED FINANCIAL STATEMENTS WHICH BEGINS ON PAGE 16 OF THE CONSOLIDATED FINANCIAL STATEMENTS ATTACHED HERETO.

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Form and Line Reference	Explanation
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.
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.

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Form and Line Reference	Explanation
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.
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.

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Form and Line Reference	Explanation
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 = 4.6M. 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 = 17.1M. 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 (FARMINGTON AND BONNE TERRE LOCATIONS). AGED (65 YEARS AND OVER) POPULATION IN BOTH PRIMARY AND SECONDARY SERVICE AREAS CONTINUE TO GROW AT A STEADY RATE.
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 2018, APPROXIMATELY 7,000 PHYSICIANS WERE ACTIVE MEMBERS OF THE MEDICAL STAFFS OF ALL BJC HOSPITALS. OF THE TOTAL PHYSICIANS, 2,600 ARE FACULTY MEMBERS OF THE WUSM.GOVERNING BODY. BJC IS GOVERNED BY A BOARD OF DIRECTORS (BOARD) WITH 19 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 FORMED 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.

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Form and Line Reference	Explanation
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 $5.3 BILLION, BJC SERVES URBAN, SUBURBAN AND RURAL COMMUNITIES THROUGH 15 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
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? **15** 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	ST LOUIS CHILDREN'S HOSPITAL ONE CHILDRENS PLACE SAINT LOUIS, MO 63110 WWW.STLOUISCHILDRENS.ORG MO 324	X	X	X	X			X			
2	CHRISTIAN HOSPITAL NE-NW 11133 DUNN ROAD SAINT LOUIS, MO 63136 WWW.CHRISTIANHOSPITAL.ORG MO 425	X	X					X			
3	MISSOURI BAPTIST MEDICAL CENTER 3015 NORTH BALLAS ROAD TOWN COUNTRY, MO 63131 WWW.MISSOURIBAPTIST.ORG MO 234	X	X					X			
4	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	

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? **15** 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**
6	PROTESTANT MEMORIAL MEDICAL CENTER INC 4500 MEMORIAL DRIVE BELLEVILLE, IL 62226 WWW.MEMHOSP.COM IL 0001461	X	X					X			
7	ALTON MEMORIAL HOSPITAL ONE MEMORIAL DRIVE ALTON, IL 62002 WWW.ALTONMEMORIAL.ORG IL 0000026	X	X					X			
8	BARNES-JEWISH WEST COUNTY HOSPITAL 12634 OLIVE BOULEVARD CREVE COEUR, MO 63141 WWW.BARNESJEWISHWESTCOUNTY.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	PROGRESS WEST HEALTHCARE CENTER 2 PROGRESS POINT PKWY OFALLON, MO 63366 WWW.PROGRESSWEST.ORG MO 502	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? **15** 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	METRO-EAST SERVICES INC 1404 CROSS STREET SHILOH, IL 62269 WWW.MEMHOSPEAST.COM IL 0006049	X	X					X			
12	MISSOURI BAPTIST HOSPITAL OF SULLIVAN 751 SAPPINGTON BRIDGE ROAD SULLIVAN, MO 63080 WWW.MISSOURIBAPTISTSULLIVAN.ORG MO 355	X	X			X		X			
13	PARKLAND HEALTH CENTER-BONNE TERRE 7245 RAIDER ROAD BONNE TERRE, MO 63628 WWW.PARKLANDHEALTHCENTER.ORG MO 474	X	X			X		X			
14	PARKLAND HEALTH CENTER-FARMINGTON 1101 WEST LIBERTY STREET FARMINGTON, MO 63640 WWW.PARKLANDHEALTHCENTER.ORG MO 379	X	X					X			
15	REHABILITATION INST OF ST LOUIS (THE) 4455 DUNCAN AVENUE SAINT LOUIS, MO 63110 WWW.REHABINSTITUTESTL.COM MO 467	X								50% OWNERSHIP	

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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
BARNES-JEWISH HOSPITAL NORTH/SOUTH	PART V, SECTION B, LINE 5: BARNES-JEWISH HOSPITAL (HOSPITAL) CONDUCTED ITS 2019 ASSESSMENT IN TWO PHASES. THE FIRST PHASE CONSISTED OF A FOCUS GROUP DISCUSSION WITH KEY LEADERS AND STAKEHOLDERS REPRESENTING THE COMMUNITY. THIS GROUP REVIEWED THE PRIMARY DATA AND COMMUNITY HEALTH NEED FINDINGS FROM 2016 AND DISCUSSED CHANGES THAT HAD OCCURRED SINCE 2016. ADDITIONALLY, THE FOCUS GROUP REVIEWED GAPS IN MEETING NEEDS, AS WELL AS IDENTIFIED POTENTIAL COMMUNITY ORGANIZATIONS FOR BARNES-JEWISH TO COLLABORATE WITH IN ADDRESSING NEEDS. 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 2016 CHNA RESULTS, GAPS IN PRIOR IMPLEMENTATION STRATEGIES AND WAYS TO IMPROVE ACCESS TO COVERAGE USING TECHNOLOGY. HOSPITAL AND SSM ST. LOUIS UNIVERSITY HOSPITAL CONDUCTED A SINGLE FOCUS GROUP WITH PUBLIC HEALTH EXPERTS AND THOSE WITH A SPECIAL INTEREST IN THE HEALTH NEEDS OF ST. LOUIS CITY RESIDENTS. FIFTEEN OF 18 INVITED INDIVIDUALS REPRESENTING VARIOUS ST. LOUIS CITY ORGANIZATIONS PARTICIPATED IN THE FOCUS GROUP. AT THE CONCLUSION OF THE COMPREHENSIVE ASSESSMENT PROCESS, HOSPITAL IDENTIFIED TWO HEALTH NEEDS WHERE FOCUS IS MOST NEEDED TO IMPROVE THE HEALTH OF THE COMMUNITY IT SERVES: MENTAL HEALTH AND SUBSTANCE ABUSE. THE FOCUS GROUP INCLUDED PARTICIPANTS REPRESENTING:NATIONAL COUNCIL ON ALCOHOL AND DRUG ABUSE (NCADA)COMMUNITY HEALTH IN PARTNERSHIP SERVICES (CHIPS)URBAN LEAGUE OF GREATER ST. LOUISINTEGRATED HEALTH NETWORKINTERNATIONAL INSTITUTEGATEWAY 180GENERATE HEALTHST. LOUIS CITY ALDERWOMAN, WARD 19REGIONAL HEALTH COMMISSIONMENTAL HEALTH AMERICA OF EASTERN MOMISSOURI FOUNDATION FOR HEALTHRISE COMMUNITY DEVELOPMENTST. LOUIS CITY POLICEHABITAT FOR HUMANITYST. LOUIS CITY FIRE DEPT/EMSCASA DE SALUDCITY OF ST. LOUIS HEALTH DEPARTMENT
ST LOUIS CHILDREN'S HOSPITAL	PART V, SECTION B, LINE 5: ST. LOUIS CHILDREN'S HOSPITAL (HOSPITAL) CONDUCTED ITS 2019 ASSESSMENT IN TWO PHASES. THE FIRST PHASE CONSISTED OF A FOCUS GROUP DISCUSSION WITH KEY LEADERS AND STAKEHOLDERS REPRESENTING THE COMMUNITY. THIS GROUP REVIEWED THE PRIMARY DATA AND COMMUNITY HEALTH NEEDS FINDINGS FROM 2016 AND DISCUSSED CHANGES THAT HAD OCCURRED SINCE 2016. ADDITIONALLY, THE FOCUS GROUP REVIEWED GAPS IN MEETING NEEDS, AS WELL AS IDENTIFIED POTENTIAL COMMUNITY ORGANIZATIONS FOR THE HOSPITAL TO COLLABORATE WITH IN ADDRESSING NEEDS. A PARENT HEALTH CONCERNS SURVEY WAS ALSO ADMINISTERED TO 1,003 PARENTS LIVING WITHIN THE ST. LOUIS METROPOLITAN REGION. THIS SURVEY IDENTIFIED PRIMARY DATA ON HEALTH NEEDS. DURING PHASE TWO, FINDINGS FROM THE FOCUS GROUP MEETING WERE REVIEWED AND ANALYZED BY A HOSPITAL INTERNAL WORK GROUP OF CLINICAL AND NON-CLINICAL STAFF. USING MULTIPLE SOURCES, INCLUDING HEALTHY COMMUNITIES INSTITUTE AND PRIORITIES MISSOURI INFORMATION FOR COMMUNITY ASSESSMENTS (MICA) FOR INFANTS, CHILDREN AND ADOLESCENTS, A SECONDARY DATA ANALYSIS WAS CONDUCTED TO FURTHER ASSESS THE IDENTIFIED NEEDS. AT THE CONCLUSION OF THE COMPREHENSIVE ASSESSMENT PROCESS, HOSPITAL IDENTIFIED 15 HEALTH NEEDS WHERE FOCUS IS MOST NEEDED TO IMPROVE THE HEALTH OF THE COMMUNITY IT SERVES. FOR ITS 2019 CHNA PLAN, THE HOSPITAL FOCUSED ON: ASTHMA; DENTAL HEALTH; MATERNAL/CHILD HEALTH; HEALTH LITERACY; HEALTHY LIFESTYLES; OBESITY; MENTAL/BEHAVIORAL HEALTH; ALLERGY (FOOD); DIABETES; PUBLIC SAFETY; ACCESS TO HEALTHCARE; BLOOD DISEASES; CANCER; INFECTIOUS DISEASES; AND SEXUALLY TRANSMITTED INFECTIONS. USING THE INPUT RECEIVED FROM COMMUNITY STAKEHOLDERS, ST. LOUIS CHILDREN'S HOSPITAL, SSM HEALTH CARDINAL GLENNON CHILDREN'S HOSPITAL AND SHRINERS HOSPITALS ST. LOUIS CONSULTED WITH THEIR INTERNAL WORKGROUPS TO EVALUATE FEEDBACK. THEY CONSIDERED IT WITH OTHER SECONDARY DATA THEY MAY REVIEW, AND DETERMINE WHETHER/HOW THEIR PRIORITIES SHOULD CHANGE. ST. LOUIS CHILDREN'S HOSPITAL COMPLETED ITS ASSESSMENT BY DECEMBER 31, 2019. FOURTEEN OF 15 INVITED INDIVIDUALS REPRESENTING VARIOUS ST. LOUIS CITY ORGANIZATIONS PARTICIPATED IN THE FOCUS GROUP. THE FOCUS GROUP INCLUDED PARTICIPANTS REPRESENTING:GENERATE HEALTHAFFINIA HEALTHCAREMO STATE REPRESENTATIVESMO DEPARTMENT OF HEALTH & SENIOR SERVICESCENTRAL REFORM CONGREGATIONPEOPLE'S HEALTH CENTERSVISION FOR CHILDREN AT RISKCITY OF ST. LOUIS DEPARTMENT OF HEALTH ASTHMA AND ALLERGY FOUNDATIONNURSES FOR NEWBORNSVOICES FOR CHILDRENCASA DE SALUDST. LOUIS POLICE DEPARTMENTABBOTT EMS

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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MISSOURI BAPTIST MEDICAL CENTER	PART V, SECTION B, LINE 5: MISSOURI BAPTIST MEDICAL CENTER CHOSE TO COLLABORATE WITH BARNES-JEWISH WEST COUNTY HOSPITAL, MERCY HOSPITAL ST. LOUIS, MERCY HOSPITAL SOUTH (FORMERLY ST. ANTHONY'S MEDICAL CENTER), ST. LUKE'S HOSPITAL AND ST. LUKE'S DES PERES TO COMPLETE A FOCUS GROUP DISCUSSION WITH KEY LEADERS AND STAKEHOLDERS REPRESENTING THE COMMUNITY. THE FOCUS GROUP REVIEWED THE PRIMARY DATA AND COMMUNITY HEALTH NEED FINDINGS FROM 2016 AND DISCUSSED CHANGES THAT HAD OCCURRED SINCE 2016. ADDITIONALLY, THE FOCUS GROUP REVIEWED GAPS IN MEETING NEEDS, AS WELL AS IDENTIFIED POTENTIAL COMMUNITY ORGANIZATIONS FOR THE HOSPITALS TO COLLABORATE WITH IN ADDRESSING NEEDS. FOCUS GROUP PARTICIPANTS INCLUDED PARTICIPANTS REPRESENTING:AMERICAN HEART ASSOCIATIONINTEGRATED HEALTH NETWORKINTERNATIONAL INSTITUTE OF ST. LOUISNATIONAL COUNCIL ON ALCOHOL AND DRUG ABUSE (NCADA)GATEWAY REGION YMCAST. LOUIS COUNSELINGBETTY JEAN KERR PEOPLE HEALTH CENTER/HOPEWELL COMMUNITY MENTAL HEALTHAMERICAN DIABETES ASSOCIATIONAMERICAN CANCER SOCIETYALIVEST. LOUIS SUBURBAN SCHOOL NURSES ASSOCIATIONBEHAVIORAL HEALTH NETWORKST. LOUIS PUBLIC HEALTH DEPARTMENT KIRKWOOD FIRE DEPARTMENTLIUNACITY OF OLIVETTEJEWISH FEDERATION OF ST. LOUISUNITED WAY 211
BOONE HOSPITAL CENTER	PART V, SECTION B, LINE 5: BOONE HOSPITAL CONDUCTED ITS 2019 ASSESSMENT IN TWO PHASES. THE FIRST PHASE CONSISTED OF A FOCUS GROUP DISCUSSION WITH KEY LEADERS AND STAKEHOLDERS REPRESENTING THE COMMUNITY. THIS GROUP REVIEWED THE PRIMARY DATA AND COMMUNITY HEALTH NEED FINDINGS FROM 2016 AND DISCUSSED CHANGES THAT HAD OCCURRED SINCE 2016. ADDITIONALLY, THE FOCUS GROUP REVIEWED GAPS IN MEETING NEEDS, AS WELL AS IDENTIFIED POTENTIAL COMMUNITY ORGANIZATIONS FOR BOONE HOSPITAL TO COLLABORATE WITH IN ADDRESSING NEEDS. DURING PHASE TWO, FINDINGS FROM THE FOCUS GROUP MEETING WERE REVIEWED AND ANALYZED BY A HOSPITAL INTERNAL WORK GROUP OF CLINICAL AND NON-CLINICAL STAFF. USING MULTIPLE SOURCES, INCLUDING HEALTHY COMMUNITIES INSTITUTE AND CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)/STATE CANCER, A SECONDARY DATA ANALYSIS WAS CONDUCTED TO FURTHER ASSESS THE IDENTIFIED NEEDS. THIS DATA ANALYSIS IDENTIFIED SOME UNIQUE HEALTH DISPARITIES AND TRENDS EVIDENT IN BOONE COUNTY WHEN COMPARED AGAINST DATA FOR THE STATE AND COUNTRY. AT THE CONCLUSION OF THE COMPREHENSIVE ASSESSMENT PROCESS, BOONE HOSPITAL IDENTIFIED TWO HEALTH NEEDS WHERE FOCUS IS MOST NEEDED TO IMPROVE THE HEALTH OF THE COMMUNITY IT SERVES: HEART/VASCULAR DISEASE AND DIABETES. FOCUS GROUP PARTICIPANTS INCLUDED PARTICIPANTS REPRESENTING:BOONE COUNTY DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES (DHHS)PHOENIX PROGRAMSFAMILY HEALTH CENTERCOLUMBIA PUBLIC SCHOOLSCOLUMBIA HOUSING AUTHORITYYOUTH EMPOWERMENT ZONEVETERANS UNITEDCENTRAL MO COMMUNITY ACTIONBOONE COUNTY COMMUNITY SERVICES

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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
CHRISTIAN HOSPITAL NE-NW	PART V, SECTION B, LINE 5: CHRISTIAN HOSPITAL NORTHEAST-NORTHWEST (HOSPITAL) AND SSM HEALTH DEPAUL HOSPITAL AGREED TO WORK TOGETHER TO COMPLETE THE 2016 AND 2019 COMMUNITY HEALTH NEEDS ASSESSMENTS. FIRST, A FOCUS GROUP DISCUSSION WAS HELD WITH KEY LEADERS AND STAKEHOLDERS REPRESENTING THE COMMUNITY. THE GROUP REVIEWED THE PRIMARY DATA AND COMMUNITY HEALTH NEED FINDINGS FROM 2016 AND DISCUSSED CHANGES THAT HAD OCCURRED SINCE 2016. ADDITIONALLY, THE FOCUS GROUP REVIEWED GAPS IN MEETING NEEDS, AS WELL AS IDENTIFIED POTENTIAL COMMUNITY ORGANIZATIONS FOR THE HOSPITALS TO COLLABORATE WITH IN ADDRESSING NEEDS. 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:AFRICAN DIASPORA COUNCILNATIONAL COUNCIL ON ALCOHOL AND DRUG ABUSE (NCADA)HAZELWOOD SCHOOL DISTRICTINTEGRATED HEALTH NETWORKST. LOUIS COUNTY DEPARTMENT OF HEALTHPATTONVILLE FIRE PROTECTION DISTRICTCRISIS NURSERYST. LOUIS UNIVERSITY EDUCATION AND PUBLIC SERVICESST. LOUIS COUNTY POLICE DEPARTMENTRITENOUR SCHOOL DISTRICTSALVATION ARMYBEHAVIORAL HEALTH NETWORKFERGUSON CITY COUNCILMAN (FORMER)GREATER NORTH COUNTY CHAMBER OF COMMERCETHIRD PRESBYTERIAN CHURCHNORTH COUNTY CHURCHES UNITINGUNIVERSITY OF MISSOURI ST. LOUIS PUBLIC POLICY RESEARCH CENTERPEOPLE'S HEALTH CENTERSCRISIS NURSERY
PROTESTANT MEMORIAL MEDICAL CENTER, INC.	PART V, SECTION B, LINE 5: PROTESTANT MEMORIAL MEDICAL CENTER DBA MEMORIAL HOSPITAL (HOSPITAL), METRO-EAST SERVICES DBA MEMORIAL HOSPITAL EAST AND HSHS ST. ELIZABETH'S HOSPITAL CONDUCTED STAKEHOLDER ASSESSMENT TOGETHER IN 2018. MEMORIAL HOSPITAL BELLEVILLE AND MEMORIAL HOSPITAL EAST BECAME MEMBERS OF BJC HEALTHCARE IN 2016 AND DECIDED TO UPDATE THEIR CHNAS IN 2019 TO BRING THEM ON THE SAME TIMELINE AS OTHER BJC HOSPITALS. MEMORIAL HOSPITAL BELLEVILLE AND MEMORIAL HOSPITAL EAST CONDUCTED AN ONLINE SURVEY OF COMMUNITY STAKEHOLDERS TO SOLICIT THEIR INPUT ABOUT CREATION OF THE 2019 CHNA AND THE PROPOSED IMPLEMENTATION STRATEGY THEN WORKED TOGETHER TO COMPLETE THE SECOND PHASE OF THE CHNA PROCESS. THE HOSPITALS ASSEMBLED AN INTERNAL WORKGROUP OF CLINICAL AND NONCLINICAL STAFF AND ONE BOARD MEMBER. THIS GROUP REVIEWED FOCUS GROUP RESULTS AS WELL AS FINDINGS FROM A SECONDARY DATA ANALYSIS TO FURTHER ASSESS IDENTIFIED NEEDS. AFTER COMPLETION OF THE COMPREHENSIVE ASSESSMENT PROCESS, HOSPITAL WILL FOCUS ON: SUBSTANCE ABUSE; NUTRITION EDUCATION; AND HEART & VASCULAR HEART.INDIVIDUALS WHO PARTICIPATED IN THE CHNA PROCESS WERE CHOSEN FROM MULTIPLE SECTORS AND REPRESENTED THE BROAD INTERESTS OF HOSPITAL COMMUNITY. THIRTEEN OF 37 INVITED PARTICIPANTS REPRESENTING VARIOUS ST. CLAIR COUNTY ORGANIZATIONS PARTICIPATED IN THE FOCUS GROUP. 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 ST. CLAIR COUNTY. THE DATA GATHERING PROCESS WAS CONDUCTED IN TWO PHASES WHICH INCLUDED A DISCUSSION OF 2018 CHNA RESULTS, GAPS IN PRIOR IMPLEMENTATION STRATEGIES AND WAYS TO IMPROVE ACCESS TO COVERAGE USING TECHNOLOGY. THE FOCUS GROUP INVITED PARTICIPANTS REPRESENTING:EASTSIDE ALIGNEDPROGRAMS AND SERVICES FOR OLDER PEOPLEYMCACITY OF O'FALLONCITY OF BELLEVILLEINTERFAITH FOOD PANTRYST. CLAIR COUNTY HEALTH DEPARTMENTESTL ST. VINCENT DE PAUL SOCIETYO'FALLON CHAMBER OF COMMERCEST. CLAIR COUNTYMCKENDREE UNIVERSITYABBOT EMSTOUCHETTE REGIONAL HOSPITALAGE SMARTST. CLAIR COUNTY AGENCY ON AGINGBELLEVILLE CHAMBER OF COMMERCEKARLA SMITH FOUNDATIONSCOTT AIR FORCE BASEBEACON MINISTRIESHEALTHIER TOGETHERSIU SCHOOL OF NURSINGEASTSIDE ALIGNED PROGRAMS AND SERVICES FOR OLDER PEOPLE (PSOP)SCHOOL DISTRICT 175PRESBYTERIAN MINSTERAMERICAN CANCER SOCIETYST. CLAIR COUNTY 708 MENTAL HEALTH BOARDSOUTHERN IL HEALTH FOUNDATIONSOUTHWEST ILLINOIS COLLEGEFIRST BAPTIST CHURCH, O'FALLON ILMEDSTAR HEALTH EAST SIDE HEALTH DISTRICTHOSPICE OF SOUTHERN ILLINOISREGIONAL SUPERINTENDENT OF SCHOOLSVILLAGE OF SHILOHINDEPENDENT CHURCHST. HENRY'S CATHOLIC CHURCH

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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
ALTON MEMORIAL HOSPITAL	PART V, SECTION B, LINE 5: AMH CONDUCTED ITS 2019 ASSESSMENT IN TWO PHASES. THE FIRST PHASE CONSISTED OF A FOCUS GROUP DISCUSSION WITH KEY LEADERS AND STAKEHOLDERS REPRESENTING THE COMMUNITY. THIS GROUP REVIEWED THE PRIMARY DATA AND COMMUNITY HEALTH NEED FINDINGS FROM 2016 AND DISCUSSED CHANGES THAT HAD OCCURRED SINCE 2016. ADDITIONALLY, THE FOCUS GROUP REVIEWED GAPS IN MEETING NEEDS, AS WELL AS IDENTIFIED POTENTIAL COMMUNITY ORGANIZATIONS FOR AMH TO COLLABORATE WITH IN ADDRESSING NEEDS. DURING PHASE TWO, FINDINGS FROM THE FOCUS GROUP MEETING WERE REVIEWED AND ANALYZED BY A HOSPITAL INTERNAL WORK GROUP OF CLINICAL AND NON-CLINICAL STAFF. USING MULTIPLE SOURCES, INCLUDING HEALTHY COMMUNITIES INSTITUTE AND THE CDC CANCER PROFILE, A SECONDARY DATA ANALYSIS WAS CONDUCTED TO FURTHER ASSESS THE IDENTIFIED NEEDS. THIS DATA ANALYSIS IDENTIFIED SOME UNIQUE HEALTH DISPARITIES AND TRENDS EVIDENT IN MADISON COUNTY WHEN COMPARED AGAINST DATA FOR THE STATE AND COUNTRY. AT THE CONCLUSION OF THE COMPREHENSIVE ASSESSMENT PROCESS, AMH IDENTIFIED TWO HEALTH NEEDS WHERE FOCUS IS MOST NEEDED TO IMPROVE THE FUTURE HEALTH OF THE COMMUNITY IT SERVES: OBESITY AND DIABETES. FOCUS GROUP PARTICIPANTS INCLUDED PARTICIPANTS REPRESENTING:ALTON DEPARTMENT OF HOUSINGALTON SCHOOL DISTRICTMADISON COUNTY DEVELOPMENT OFFICETHRIVEALTON POLICE DEPARTMENTOASIS WOMEN'S CENTERCALVARY BAPTIST CHURCHSOUTHERN ILLINOIS HEALTHCARE FOUNDATIONALTON BOYS AND GIRLS CLUBUNITED WAYMADISON COUNTY HEALTH DEPARTMENT
BARNES-JEWISH WEST COUNTY HOSPITAL	PART V, SECTION B, LINE 5: BARNES-JEWISH WEST COUNTY HOSPITAL (HOSPITAL) COLLABORATED WITH MISSOURI BAPTIST MEDICAL CENTER, MERCY HOSPITAL ST. LOUIS, MERCY HOSPITAL SOUTH (FORMERLY ST. ANTHONY'S MEDICAL CENTER), ST. LUKE'S HOSPITAL AND ST. LUKE'S DES PERES TO COMPLETE A FOCUS GROUP DISCUSSION WITH KEY LEADERS AND STAKEHOLDERS REPRESENTING THE COMMUNITY. MANY OF THESE HOSPITALS HAVE BEEN WORKING TOGETHER SINCE THE INITIAL STAKEHOLDER ASSESSMENT CONDUCTED IN 2013, FOLLOWED BY A SECOND IN 2016. HOSPITAL THEN ASSEMBLED AN INTERNAL WORK GROUP OF CLINICAL AND NONCLINICAL STAFF. THIS GROUP REVIEWED FOCUS GROUP RESULTS AS WELL AS FINDINGS FROM A SECONDARY DATA ANALYSIS TO FURTHER ASSESS IDENTIFIED NEEDS. THIS ANALYSIS USED DATA FROM MULTIPLE SOURCES, INCLUDING CONDUENT HEALTHY COMMUNITIES INSTITUTE AND TRUVEN HEALTH ANALYTICS. THE ANALYSIS IDENTIFIED UNIQUE HEALTH DISPARITIES AND TRENDS EVIDENT IN ST. LOUIS COUNTY WHEN COMPARED AGAINST STATE AND U.S. DATA. AT THE CONCLUSION OF THE COMPREHENSIVE ASSESSMENT PROCESS, HOSPITAL IDENTIFIED ONE HEALTH NEED WHERE FOCUS IS MOST NEEDED TO IMPROVE THE FUTURE HEALTH OF THE COMMUNITY IT SERVES: DIABETES. FOCUS GROUP PARTICIPANTS INCLUDED PARTICIPANTS REPRESENTING:AMERICAN HEART ASSOCIATIONINTEGRATED HEALTH NETWORKINTERNATIONAL INSTITUTE OF ST. LOUISST. LOUIS SUBURBAN SCHOOL NURSES ASSNNATIONAL COUNCIL ON ALCOHOLISM & DRUG ABUSEBETTY JEAN KERR PEOPLE HEALTH CENTER/HOPEWELL COMMUNITY MENTAL HEALTHALIVEBEHAVIORAL HEALTH NETWORKST. LOUIS COUNTY DEPARTMENT OF HEALTHUNITED WAY 211JEWISH FEDERATION OF ST. LOUISAMERICAN CANCER SOCIETYAMERICAN DIABETES ASSOCIATIONKIRKWOOD FIRE DEPARTMENTLIUNACITY OF OLIVETTEGATEWAY REGION YMCAST. LOUIS COUNSELING

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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
BARNES-JEWISH ST PETERS HOSPITAL, INC.	PART V, SECTION B, LINE 5: BARNES-JEWISH ST. PETERS HOSPITAL (HOSPITAL), PROGRESS WEST HOSPITAL AND THE SSM HEALTH ST. JOSEPH HOSPITALS IN ST. CHARLES, LAKE ST. LOUIS AND WENTZVILLE FIRST PARTNERED TO CONDUCT A STAKEHOLDER ASSESSMENT IN 2016 AND AGREED TO WORK TOGETHER AGAIN. HOSPITAL CONDUCTED ITS 2019 ASSESSMENT IN TWO PHASES. THE FIRST PHASE CONSISTED OF A FOCUS GROUP DISCUSSION WITH KEY LEADERS AND STAKEHOLDERS REPRESENTING THE COMMUNITY. THIS GROUP REVIEWED THE PRIMARY DATA AND COMMUNITY HEALTH NEED FINDINGS FROM 2016 AND DISCUSSED CHANGES THAT HAD OCCURRED SINCE 2016. ADDITIONALLY, THE FOCUS GROUP REVIEWED GAPS IN MEETING NEEDS, AS WELL AS IDENTIFIED POTENTIAL COMMUNITY ORGANIZATIONS FOR HOSPITAL TO COLLABORATE WITH IN ADDRESSING NEEDS. DURING PHASE TWO, FINDINGS FROM THE FOCUS GROUP MEETING WERE REVIEWED AND ANALYZED BY AN INTERNAL WORK GROUP OF CLINICAL AND NONCLINICAL HOSPITAL STAFF. USING MULTIPLE SOURCES, INCLUDING HEALTHY COMMUNITIES INSTITUTE AND CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)/STATE CANCER PROFILES, A SECONDARY DATA ANALYSIS WAS CONDUCTED TO FURTHER ASSESS THE IDENTIFIED NEEDS. THIS DATA ANALYSIS IDENTIFIED SOME UNIQUE HEALTH DISPARITIES AND TRENDS EVIDENT IN ST. CHARLES COUNTY WHEN COMPARED AGAINST DATA FOR THE STATE AND COUNTRY. AT THE CONCLUSION OF THE COMPREHENSIVE ASSESSMENT PROCESS, HOSPITAL WILL FOCUS ITS EFFORTS ON TWO HEALTH NEEDS TO IMPROVE THE HEALTH OF THE COMMUNITY IT SERVES: OBESITY AND DIABETES MANAGEMENT. FOCUS GROUP PARTICIPANTS INCLUDED PARTICIPANTS REPRESENTING:FORT ZUMWALT SCHOOL DISTRICT UNITED WAY OF GREATER ST. LOUIS ST. CHARLES CITY-COUNTY LIBRARY DISTRICTCRIDER HEALTH CENTER YOUTH IN NEEDMID-EAST AREA ON AGINGCRUSHST. CHARLES COUNTY AMBULANCE DISTRICT (SCCAD)VOLUNTEERS IN MEDICINECOMMUNITY COUNCIL UNITED SERVICESFELLOWSHIP OF CHRISTIAN ATHLETESSTS. JOACHIM & ANN CARE SERVICE LINDENWOOD UNIVERSITYCAVALRY CHURCHORCHARD FARM SCHOOL DISTRICTCRISIS NURSERYST. CHARLES CHAMBER OF COMMERCEST. CHARLES SCHOOL DISTRICTFRANCIS HOWELL SCHOOL DISTRICTFORT ZUMWALT SCHOOL DISTRICTST. CHARLES COUNTY DEPARTMENT OF HEALTH
PROGRESS WEST HEALTHCARE CENTER	PART V, SECTION B, LINE 5: PROGRESS WEST HEALTHCARE CENTER (HOSPITAL), BARNES-JEWISH ST. PETERS HOSPITAL AND THE SSM HEALTH ST. JOSEPH HOSPITALS IN ST. CHARLES, LAKE ST. LOUIS AND WENTZVILLE FIRST PARTNERED TO CONDUCT A STAKEHOLDER ASSESSMENT IN 2015 AND AGREED TO WORK TOGETHER AGAIN. HOSPITAL CONDUCTED ITS 2019 ASSESSMENT IN TWO PHASES. THE FIRST PHASE CONSISTED OF A FOCUS GROUP DISCUSSION WITH KEY LEADERS AND STAKEHOLDERS REPRESENTING THE COMMUNITY. THIS GROUP REVIEWED THE PRIMARY DATA AND COMMUNITY HEALTH NEED FINDINGS FROM 2016 AND DISCUSSED CHANGES THAT HAD OCCURRED SINCE 2016. ADDITIONALLY, THE FOCUS GROUP REVIEWED GAPS IN MEETING NEEDS, AS WELL AS IDENTIFIED POTENTIAL COMMUNITY ORGANIZATIONS FOR HOSPITAL TO COLLABORATE WITH IN ADDRESSING NEEDS. DURING PHASE TWO, FINDINGS FROM THE FOCUS GROUP MEETING WERE REVIEWED AND ANALYZED BY AN INTERNAL WORK GROUP OF CLINICAL AND NONCLINICAL HOSPITAL STAFF. USING MULTIPLE SOURCES, INCLUDING HEALTHY COMMUNITIES INSTITUTE AND CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)/STATE CANCER PROFILES, A SECONDARY DATA ANALYSIS WAS CONDUCTED TO FURTHER ASSESS THE IDENTIFIED NEEDS. THIS DATA ANALYSIS IDENTIFIED SOME UNIQUE HEALTH DISPARITIES AND TRENDS EVIDENT IN ST. CHARLES COUNTY WHEN COMPARED AGAINST DATA FOR THE STATE AND COUNTRY. AT THE CONCLUSION OF THE COMPREHENSIVE ASSESSMENT PROCESS, HOSPITAL WILL CONTINUE TO ADDRESS THE TWO HEALTH NEEDS FROM ITS 2016 PLAN WHERE FOCUS IS MOST NEEDED TO IMPROVE THE HEALTH OF THE COMMUNITY IT SERVES: OBESITY AND DIABETES MANAGEMENT. FOCUS GROUP PARTICIPANTS INCLUDED PARTICIPANTS REPRESENTING:FORT ZUMWALT SCHOOL DISTRICT UNITED WAY OF GREATER ST. LOUIS ST. CHARLES CITY-COUNTY LIBRARY DISTRICTCRIDER HEALTH CENTER YOUTH IN NEEDMID-EAST AREA ON AGINGCRUSHST. CHARLES COUNTY AMBULANCE DISTRICT (SCCAD) VOLUNTEERS IN MEDICINECOMMUNITY COUNCIL UNITED SERVICESFELLOWSHIP OF CHRISTIAN ATHLETESSTS. JOACHIM & ANN CARE SERVICE LINDENWOOD UNIVERSITYCAVALRY CHURCHORCHARD FARM SCHOOL DISTRICTST. CHARLES SCHOOL DISTRICTFRANCIS HOWELL SCHOOL DISTRICTFORT ZUMWALT SCHOOL DISTRICTST. CHARLES COUNTY DEPARTMENT OF HEALTHWENTZVILLE SCHOOL DISTRICT

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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
METRO-EAST SERVICES, INC.	PART V, SECTION B, LINE 5: METRO-EAST SERVICES DBA MEMORIAL HOSPITAL EAST (HOSPITAL), PROTESTANT MEMORIAL MEDICAL CENTER DBA MEMORIAL HOSPITAL BELLEVILLE, AND HSHS ST. ELIZABETH'S HOSPITAL CONDUCTED STAKEHOLDER ASSESSMENT TOGETHER IN 2018. MEMORIAL HOSPITAL BELLEVILLE AND MEMORIAL HOSPITAL EAST (HOSPITALS) BECAME MEMBERS OF BJC HEALTHCARE IN 2016 AND DECIDED TO UPDATE THEIR CHNAS IN 2019 TO BRING THEM ON THE SAME TIMELINE AS OTHER BJC HOSPITALS. MEMORIAL HOSPITAL BELLEVILLE AND MEMORIAL HOSPITAL EAST CONDUCTED AN ONLINE SURVEY OF COMMUNITY STAKEHOLDERS TO SOLICIT THEIR INPUT ABOUT CREATION OF THE 2019 CHNA AND THE PROPOSED IMPLEMENTATION STRATEGY THEN WORKED TOGETHER TO COMPLETE THE SECOND PHASE OF THE CHNA PROCESS. THE HOSPITALS ASSEMBLED AN INTERNAL WORKGROUP OF CLINICAL AND NONCLINICAL STAFF AND ONE BOARD MEMBER. THIS GROUP REVIEWED FOCUS GROUP RESULTS AS WELL AS FINDINGS FROM A SECONDARY DATA ANALYSIS TO FURTHER ASSESS IDENTIFIED NEEDS. AFTER COMPLETION OF THE COMPREHENSIVE ASSESSMENT PROCESS, MEMORIAL HOSPITAL EAST WILL FOCUS ON: NUTRITION EDUCATION AND HEART & VASCULAR STROKE.INDIVIDUALS WHO PARTICIPATED IN THE CHNA PROCESS WERE CHOSEN FROM MULTIPLE SECTORS AND REPRESENTED THE BROAD INTERESTS OF HOSPITAL COMMUNITY. THIRTEEN OF 37 INVITED PARTICIPANTS REPRESENTING VARIOUS ST. CLAIR COUNTY ORGANIZATIONS PARTICIPATED IN THE FOCUS GROUP. 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 ST. CLAIR COUNTY. THE DATA GATHERING PROCESS WAS CONDUCTED IN TWO PHASES WHICH INCLUDED A DISCUSSION OF 2018 CHNA RESULTS, GAPS IN PRIOR IMPLEMENTATION STRATEGIES AND WAYS TO IMPROVE ACCESS TO COVERAGE USING TECHNOLOGY. THE FOCUS GROUP INVITED PARTICIPANTS REPRESENTING:EASTSIDE ALIGNEDPROGRAMS AND SERVICES FOR OLDER PEOPLEYMCACITY OF O'FALLONCITY OF BELLEVILLEINTERFAITH FOOD PANTRYST. CLAIR COUNTY HEALTH DEPARTMENTESTL ST. VINCENT DE PAUL SOCIETYO'FALLON CHAMBER OF COMMERCEST. CLAIR COUNTYMCKENDREE UNIVERSITYABBOT EMSTOUCHETTE REGIONAL HOSPITALAGE SMARTST. CLAIR COUNTY AGENCY ON AGINGBELLEVILLE CHAMBER OF COMMERCEKARLA SMITH FOUNDATIONSCOTT AIR FORCE BASEBEACON MINISTRIESHEALTHIER TOGETHERSIU SCHOOL OF NURSINGEASTSIDE ALIGNED PROGRAMS AND SERVICES FOR OLDER PEOPLE (PSOP)SCHOOL DISTRICT 175PRESBYTERIAN MINSTERAMERICAN CANCER SOCIETYST. CLAIR COUNTY 708 MENTAL HEALTH BOARDSOUTHERN IL HEALTH FOUNDATIONSOUTHWEST ILLINOIS COLLEGEFIRST BAPTIST CHURCH, O'FALLON ILMEDSTAR HEALTH EAST SIDE HEALTH DISTRICTHOSPICE OF SOUTHERN ILLINOISREGIONAL SUPERINTENDENT OF SCHOOLSVILLAGE OF SHILOHINDEPENDENT CHURCHST. HENRY'S CATHOLIC CHURCH
MISSOURI BAPTIST HOSPITAL OF SULLIVAN	PART V, SECTION B, LINE 5: MISSOURI BAPTIST SULLIVAN HOSPITAL (HOSPITAL) CONDUCTED ITS 2019 ASSESSMENT IN TWO PHASES. THE FIRST PHASE CONSISTED OF A FOCUS GROUP DISCUSSION WITH KEY LEADERS AND STAKEHOLDERS REPRESENTING THE COMMUNITY. THIS GROUP REVIEWED THE PRIMARY DATA AND COMMUNITY HEALTH NEED FINDINGS FROM 2016 AND DISCUSSED CHANGES THAT HAD OCCURRED SINCE 2016. ADDITIONALLY, THE FOCUS GROUP REVIEWED GAPS IN MEETING NEEDS, AS WELL AS IDENTIFIED POTENTIAL COMMUNITY ORGANIZATIONS FOR HOSPITAL TO COLLABORATE WITH IN ADDRESSING NEEDS. DURING PHASE TWO, FINDINGS FROM THE FOCUS GROUP MEETING WERE REVIEWED AND ANALYZED BY A HOSPITAL INTERNAL WORK GROUP OF CLINICAL AND NONCLINICAL STAFF. USING MULTIPLE SOURCES, INCLUDING CONDUENT HEALTHY COMMUNITIES INSTITUTE AND TRUVEN HEALTH ANALYTICS, A SECONDARY DATA ANALYSIS WAS CONDUCTED TO FURTHER ASSESS THE IDENTIFIED NEEDS. THIS DATA ANALYSIS IDENTIFIED SOME UNIQUE HEALTH DISPARITIES AND TRENDS EVIDENT IN CRAWFORD COUNTY WHEN COMPARED AGAINST DATA FOR THE STATE AND COUNTRY. AT THE CONCLUSION OF THE COMPREHENSIVE ASSESSMENT PROCESS, HOSPITAL IDENTIFIED TWO HEALTH NEEDS WHERE FOCUS IS MOST NEEDED TO IMPROVE THE HEALTH OF THE COMMUNITY IT SERVES: HEART & VASCULAR/HEART HEALTH AND MENTAL HEALTH/SUBSTANCE ABUSE. FOCUS GROUP PARTICIPANTS INCLUDED PARTICIPANTS REPRESENTING:MERAMEC COMMUNITY MISSIONSULLIVAN SCHOOL DISTRICTDSFC/ABILITYDEVELOPMENTAL SERVICES OF FRANKLIN COUNTYSULLIVAN AREA CHAMBERS OF COMMERCECRAWFORD COUNTY R-1 AND R-2 SCHOOL DISTRICTSSTEELVILLE AMBULANCE DISTRICTCRAWFORD COUNTY HEALTH DEPARTMENTSULLIVAN SCHOOL DISTRICT

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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PARKLAND HEALTH CENTER-BONNE TERRE	PART V, SECTION B, LINE 5: PARKLAND HEALTH CENTER OF FARMINGTON AND BONNE TERRE (HOSPITAL) CONDUCTED ITS 2019 ASSESSMENT IN COLLABORATION WITH THE ST. FRANCOIS COUNTY HEALTH DEPARTMENT. THE FIRST PHASE CONSISTED OF A FOCUS GROUP DISCUSSION WITH KEY LEADERS AND STAKEHOLDERS REPRESENTING THE COMMUNITY. THIS GROUP REVIEWED THE PRIMARY DATA AND COMMUNITY HEALTH NEED FINDINGS FROM 2016 AND DISCUSSED CHANGES THAT HAD OCCURRED SINCE 2016. ADDITIONALLY, THE FOCUS GROUP REVIEWED GAPS IN MEETING NEEDS, AS WELL AS IDENTIFIED POTENTIAL COMMUNITY ORGANIZATIONS FOR THE HOSPITAL AND HEALTH DEPARTMENT TO COLLABORATE WITH IN ADDRESSING NEEDS. DURING PHASE TWO, FINDINGS FROM THE FOCUS GROUP MEETING WERE REVIEWED AND ANALYZED BY A WORK GROUP OF CLINICAL AND NONCLINICAL STAFF FROM THE HOSPITAL AND THE HEALTH DEPARTMENT. USING MULTIPLE SOURCES, INCLUDING HEALTHY COMMUNITIES INSTITUTE AND TRUVEN HEALTH ANALYTICS, A SECONDARY DATA ANALYSIS WAS CONDUCTED TO FURTHER ASSESS THE IDENTIFIED NEEDS. THIS DATA ANALYSIS IDENTIFIED SOME UNIQUE HEALTH DISPARITIES AND TRENDS EVIDENT IN ST. FRANCOIS COUNTY WHEN COMPARED AGAINST DATA FOR THE STATE AND COUNTRY. AT THE CONCLUSION OF THE COMPREHENSIVE ASSESSMENT PROCESS, THE HOSPITAL AND HEALTH DEPARTMENT IDENTIFIED TWO HEALTH NEEDS WHERE FOCUS IS MOST NEEDED TO IMPROVE THE FUTURE HEALTH OF THE COMMUNITY IT SERVES: SUBSTANCE ABUSE (OPIOID) AND DIABETES. FOCUS GROUP PARTICIPANTS INCLUDED PARTICIPANTS REPRESENTING:SOUTHEAST MISSOURI BEHAVIORAL HEALTHST. FRANCOIS COUNTY HEALTH DEPARTMENTPARKLAND PREGNANCY RESOURCE CENTERFARMINGTON SCHOOL DISTRICTST. FRANCOIS COUNTY COMMUNITY PARTNERSHIPST. FRANCOIS COUNTY AMBULANCE DISTRICTUNITED WAY OF ST. FRANCOIS COUNTYFARMINGTON SENIOR CENTER
PARKLAND HEALTH CENTER-FARMINGTON	PART V, SECTION B, LINE 5: PARKLAND HEALTH CENTER OF FARMINGTON AND BONNE TERRE (HOSPITAL) CONDUCTED ITS 2019 ASSESSMENT IN COLLABORATION WITH THE ST. FRANCOIS COUNTY HEALTH DEPARTMENT. THE FIRST PHASE CONSISTED OF A FOCUS GROUP DISCUSSION WITH KEY LEADERS AND STAKEHOLDERS REPRESENTING THE COMMUNITY. THIS GROUP REVIEWED THE PRIMARY DATA AND COMMUNITY HEALTH NEED FINDINGS FROM 2016 AND DISCUSSED CHANGES THAT HAD OCCURRED SINCE 2016. ADDITIONALLY, THE FOCUS GROUP REVIEWED GAPS IN MEETING NEEDS, AS WELL AS IDENTIFIED POTENTIAL COMMUNITY ORGANIZATIONS FOR THE HOSPITAL AND HEALTH DEPARTMENT TO COLLABORATE WITH IN ADDRESSING NEEDS. DURING PHASE TWO, FINDINGS FROM THE FOCUS GROUP MEETING WERE REVIEWED AND ANALYZED BY A WORK GROUP OF CLINICAL AND NONCLINICAL STAFF FROM THE HOSPITAL AND THE HEALTH DEPARTMENT. USING MULTIPLE SOURCES, INCLUDING HEALTHY COMMUNITIES INSTITUTE AND TRUVEN HEALTH ANALYTICS, A SECONDARY DATA ANALYSIS WAS CONDUCTED TO FURTHER ASSESS THE IDENTIFIED NEEDS. THIS DATA ANALYSIS IDENTIFIED SOME UNIQUE HEALTH DISPARITIES AND TRENDS EVIDENT IN ST. FRANCOIS COUNTY WHEN COMPARED AGAINST DATA FOR THE STATE AND COUNTRY. AT THE CONCLUSION OF THE COMPREHENSIVE ASSESSMENT PROCESS, THE HOSPITAL AND HEALTH DEPARTMENT IDENTIFIED TWO HEALTH NEEDS WHERE FOCUS IS MOST NEEDED TO IMPROVE THE FUTURE HEALTH OF THE COMMUNITY IT SERVES: SUBSTANCE ABUSE (OPIOID) AND DIABETES. FOCUS GROUP PARTICIPANTS INCLUDED PARTICIPANTS REPRESENTING:SOUTHEAST MISSOURI BEHAVIORAL HEALTHST. FRANCOIS COUNTY HEALTH DEPARTMENTPARKLAND PREGNANCY RESOURCE CENTERFARMINGTON SCHOOL DISTRICTST. FRANCOIS COUNTY COMMUNITY PARTNERSHIPST. FRANCOIS COUNTY AMBULANCE DISTRICTUNITED WAY OF ST. FRANCOIS COUNTYFARMINGTON 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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
REHABILITATION INST OF ST. LOUIS (THE)	PART V, SECTION B, LINE 5: THE REHABILITATION INSTITUTE OF ST. LOUIS, LLC (TRISL) CONDUCTED ITS 2019 ASSESSMENT IN TWO PHASES. THE FIRST PHASE CONSISTED OF A FOCUS GROUP DISCUSSION WITH KEY LEADERS AND STAKEHOLDERS REPRESENTING THE COMMUNITIES. THIS GROUP REVIEWED THE PRIMARY DATA AND COMMUNITY HEALTH NEED FINDINGS FROM 2016 AND DISCUSSED CHANGES THAT HAD OCCURRED SINCE 2016. ADDITIONALLY, THE FOCUS GROUP REVIEWED GAPS IN MEETING NEEDS, AS WELL AS IDENTIFIED POTENTIAL COMMUNITY ORGANIZATIONS FOR TRISL TO COLLABORATE WITH IN ADDRESSING NEEDS. DURING PHASE TWO, FINDINGS FROM THE FOCUS GROUP MEETING WERE REVIEWED AND ANALYZED BY AN INTERNAL WORK GROUP OF CLINICAL AND NONCLINICAL HOSPITAL STAFF. USING MULTIPLE SOURCES, INCLUDING HEALTHY COMMUNITIES INSTITUTE AND MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES, A SECONDARY DATA ANALYSIS WAS CONDUCTED TO FURTHER ASSESS THE IDENTIFIED NEEDS. THIS DATA ANALYSIS IDENTIFIED SOME UNIQUE HEALTH DISPARITIES AND TRENDS EVIDENT IN ST. LOUIS CITY, ST. LOUIS COUNTY AND ST. CHARLES COUNTY WHEN COMPARED AGAINST DATA FROM THE STATE. AT THE CONCLUSION OF THE COMPREHENSIVE ASSESSMENT PROCESS, TRISL WILL FOCUS ITS EFFORTS ON TWO HEALTH NEEDS TO IMPROVE THE HEALTH OF THE COMMUNITY IT SERVES: STROKE EDUCATION AND PREVENTION AND BRAIN INJURY EDUCATION AND PREVENTION. FOCUS GROUP PARTICIPANTS INCLUDED PARTICIPANTS REPRESENTING:ABC BRIGADE NATIONAL MULTIPLE SCLEROSIS SOCIETY, GATEWAY CHAPTER MEDXCHANGEGATEWAY APOTHECARY WUSM OCCUPATIONAL PERFORMANCE LAB PARAQUAD MENTAL HEALTH SERVICESST. CHARLES COUNTY DEPARTMENT OF PUBLIC HEALTH
BARNES-JEWISH HOSPITAL NORTH/SOUTH	PART V, SECTION B, LINE 6A: SSM ST. LOUIS UNIVERSITY 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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
ST LOUIS CHILDREN'S HOSPITAL	PART V, SECTION B, LINE 6A: SSM CARDINAL GLENNON CHILDREN'S HOSPITALSHRINERS HOSPITALS
MISSOURI BAPTIST MEDICAL CENTER	PART V, SECTION B, LINE 6A: BARNES-JEWISH WEST COUNTY HOSPITAL, MERCY HOSPITAL ST. LOUIS, MERCY HOSPITAL SOUTH, ST. LUKE'S HOSPITAL AND ST. LUKE'S DES PERES.

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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
CHRISTIAN HOSPITAL NE-NW	PART V, SECTION B, LINE 6A: SSM DEPAUL HOSPITAL
PROTESTANT MEMORIAL MEDICAL CENTER, INC.	PART V, SECTION B, LINE 6A: METRO-EAST SERVICES, INC. DBA MEMORIAL HOSPITAL EAST

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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
BARNES-JEWISH WEST COUNTY HOSPITAL	PART V, SECTION B, LINE 6A: MISSOURI BAPTIST MEDICAL CENTERMERCY HOSPITAL ST. LOUIS,MERCY HOSPITAL SOUTH ST. LUKE'S HOSPITAL ST. LUKE'S DES PERES
BARNES-JEWISH ST PETERS HOSPITAL, INC.	PART V, SECTION B, LINE 6A: PROGRESS WEST HEALTHCARE CENTER DBA PROGRESS WEST HOSPITAL SSM HEALTH ST. JOSEPH HOSPITALS

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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PROGRESS WEST HEALTHCARE CENTER	PART V, SECTION B, LINE 6A: BARNES-JEWISH ST. PETERS HOSPITAL, INC.
METRO-EAST SERVICES, INC.	PART V, SECTION B, LINE 6A: PROTESTANT MEMORIAL MEDICAL CENTER, INC. DBA MEMORIAL HOSPITAL BELLEVILLE

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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

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

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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PARKLAND HEALTH CENTER-BONNE TERRE	PART V, SECTION B, LINE 6B: ST. FRANCOIS COUNTY HEALTH DEPARTMENT
PARKLAND HEALTH CENTER-FARMINGTON	PART V, SECTION B, LINE 6B: ST. FRANCOIS COUNTY HEALTH DEPARTMENT

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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
BARNES-JEWISH HOSPITAL NORTH/SOUTH	PART V, SECTION B, LINE 7D: SEE BARNESJEWISH.ORG/ABOUT-US/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT FOR THE COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY FOR THIS HOSPITAL. PART V, SECTION B, LINES 16 A-C: ALSO SEE BARNESJEWISH.ORG/PATIENTS-VISITORS/BILLING-AND-FINANCIAL-ASSISTANCE FOR FAP, FAP APPLICATION AND FAP PLAIN LANGUAGE SUMMARY.
ST LOUIS CHILDREN'S HOSPITAL	PART V, SECTION B, LINE 7D: SEE STLOUISCHILDRENS.ORG/COMMUNITY-HEALTH-NEEDS-ASSESSMENT FOR THE COMMUNITY HEALTH NEEDS ASSESMENT AND IMPLEMENTATION STRATEGY FOR THIS HOSPITAL.PART V, SECTION B, LINES 16 A-C: ALSO SEE BJC.ORG/FOR-PATIENTS-VISITORS/FINANCIAL-ASSISTANCE FOR FAP, FAP APPLICATION AND FAP PLAIN LANGUAGE SUMMARY.

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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MISSOURI BAPTIST MEDICAL CENTER	PART V, SECTION B, LINE 7D: SEE WWW.MISSOURIBAPTIST.ORG/COMMUNITY-HEALTH-NEEDS-ASSESSMENT FOR THE COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY FOR THIS HOSPITAL.PART V, SECTION B, LINES 16 A-C: ALSO SEE BJC.ORG/FOR-PATIENTS-VISITORS/FINANCIAL-ASSISTANCE FOR FAP, FAP APPLICATION AND FAP PLAIN LANGUAGE SUMMARY.
BOONE HOSPITAL CENTER	PART V, SECTION B, LINE 7D: SEE BOONE.ORG/ABOUT-US/COMMUNITY-HEALTH-NEEDS-ASSESSMENT FOR THE COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY FOR THIS HOSPITAL.PART V, SECTION B, LINES 16 A-C: ALSO SEE BJC.ORG/FOR-PATIENTS-VISITORS/FINANCIAL-ASSISTANCE FOR FAP, FAP APPLICATION AND FAP PLAIN LANGUAGE SUMMARY.

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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
CHRISTIAN HOSPITAL NE-NW	PART V, SECTION B, LINE 7D: SEE CHRISTIANHOSPITAL.ORG/COMMUNITY/COMMUNITY-HEALTH-NEEDS-ASSESSMENT FOR THE COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY FOR THIS HOSPITAL. PART V, SECTION B, LINES 16 A-C: ALSO SEE BJC.ORG/FOR-PATIENTS-VISITORS/FINANCIAL-ASSISTANCE FOR FAP, FAP APPLICATION AND FAP PLAIN LANGUAGE SUMMARY.
PROTESTANT MEMORIAL MEDICAL CENTER, INC.	PART V, SECTION B, LINE 7D: SEE WWW.MEMHOSP.COM/COMMUNITY-NEEDS-ASSESSMENT FOR THE COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY FOR THIS HOSPITAL.PART V, SECTION B, LINES 16 A-C: ALSO SEE BJC.ORG/FOR-PATIENTS-VISITORS/FINANCIAL-ASSISTANCE FOR FAP, FAP APPLICATION AND FAP PLAIN LANGUAGE SUMMARY.

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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
ALTON MEMORIAL HOSPITAL	PART V, SECTION B, LINE 7D: SEE ALTONMEMORIALHOSPITAL.ORG/COMMUNITY-HEALTH-NEEDS-ASSESSMENT FOR THE COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY FOR THIS HOSPITAL.PART V, SECTION B, LINES 16 A-C: ALSO SEE BJC.ORG/FOR-PATIENTS-VISITORS/FINANCIAL-ASSISTANCE FOR FAP, FAP APPLICATION AND FAP PLAIN LANGUAGE SUMMARY.
BARNES-JEWISH WEST COUNTY HOSPITAL	PART V, SECTION B, LINE 7D: SEE BARNESJEWISHWESTCOUNTY.ORG/CHNA FOR THE COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY FOR THIS HOSPITAL.PART V, SECTION B, LINES 16 A-C: ALSO SEE BJC.ORG/FOR-PATIENTS-VISITORS/FINANCIAL-ASSISTANCE FOR FAP, FAP APPLICATION AND FAP PLAIN LANGUAGE SUMMARY.

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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
BARNES-JEWISH ST PETERS HOSPITAL, INC.	PART V, SECTION B, LINE 7D: SEE WWW.BJSPH.ORG/ABOUT-US/COMMUNITY-HEALTH-NEEDS-ASSESSMENT FOR THE COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY FOR THIS HOSPITAL.PART V, SECTION B, LINES 16 A-C: ALSO SEE BJC.ORG/FOR-PATIENTS-VISITORS/FINANCIAL-ASSISTANCE FOR FAP, FAP APPLICATION AND FAP PLAIN LANGUAGE SUMMARY.
PROGRESS WEST HEALTHCARE CENTER	PART V, SECTION B, LINE 7D: SEE PROGRESSWEST.ORG/ABOUT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT FOR THE COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY FOR THIS HOSPITAL. PART V, SECTION B, LINES 16 A-C: ALSO SEE BJC.ORG/FOR-PATIENTS-VISITORS/FINANCIAL-ASSISTANCE FOR FAP, FAP APPLICATION AND FAP PLAIN LANGUAGE SUMMARY.

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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
METRO-EAST SERVICES, INC.	PART V, SECTION B, LINE 7D: SEE WWW.MEMHOSPEAST.COM/COMMUNITY-NEEDS-ASSESSMENT FOR THE COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY FOR THIS HOSPITAL. PART V, SECTION B, LINES 16 A-C: ALSO SEE BJC.ORG/FOR-PATIENTS-VISITORS/FINANCIAL-ASSISTANCE FOR FAP, FAP APPLICATION AND FAP PLAIN LANGUAGE SUMMARY.
MISSOURI BAPTIST HOSPITAL OF SULLIVAN	PART V, SECTION B, LINE 7D: SEE MISSOURIBAPTISTSULLIVAN.ORG/ABOUT-US/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/CHNA FOR THE COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY FOR THIS HOSPITAL. PART V, SECTION B, LINES 16 A-C: ALSO SEE BJC.ORG/FOR-PATIENTS-VISITORS/FINANCIAL-ASSISTANCE FOR FAP, FAP APPLICATION AND FAP PLAIN LANGUAGE SUMMARY.

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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PARKLAND HEALTH CENTER-BONNE TERRE	PART V, SECTION B, LINE 7D: SEE PARKLANDHEALTHCENTER.ORG/ABOUT-US/COMMUNITY-HEALTH-NEEDS-ASSESSMENT FOR THE COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY FOR THIS HOSPITAL. PART V, SECTION B, LINES 16 A-C: ALSO SEE BJC.ORG/FOR-PATIENTS-VISITORS/FINANCIAL-ASSISTANCE FOR FAP, FAP APPLICATION AND FAP PLAIN LANGUAGE SUMMARY.
PARKLAND HEALTH CENTER-FARMINGTON	PART V, SECTION B, LINE 7D: SEE PARKLANDHEALTHCENTER.ORG/ABOUT-US/COMMUNITY-HEALTH-NEEDS-ASSESSMENT FOR THE COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY FOR THIS HOSPITAL. PART V, SECTION B, LINES 16 A-C: ALSO SEE BJC.ORG/FOR-PATIENTS-VISITORS/FINANCIAL-ASSISTANCE FOR FAP, FAP APPLICATION AND FAP PLAIN LANGUAGE SUMMARY.

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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
REHABILITATION INST OF ST. LOUIS (THE)	PART V, SECTION B, LINE 7D: SEE ENCOMPASSHEALTH.COM/-/MEDIA/HEALTHSOUTH/PROJECT/HEALTHSOUTH/LOCATIONS/REHABINSTITUTESTL-03015900/2019_TRISL_CHNA_IMPLEMENTATION_STRATEGY_FINAL.PDF?LA=EN&HASH=BB7E2062F4203753A6E152242CCC3267ED73AEF3 FOR THE COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY FOR THIS HOSPITAL. PART V, SECTION B, LINES 16 A-C: ALSO SEE WWW.ENCOMPASSHEALTH.COM/LOCATIONS/REHABINSTITUTESTL/FINANCIAL-ASSISTANCE FOR FAP, FAP APPLICATION AND FAP PLAIN LANGUAGE SUMMARY.
BARNES-JEWISH HOSPITAL NORTH/SOUTH	PART V, SECTION B, LINE 11: AT THE CONCLUSION OF THE COMPREHENSIVE ASSESSMENT PROCESS, BARNES-JEWISH HOSPITAL (HOSPITAL) IDENTIFIED TWO HEALTH NEEDS WHERE FOCUS IS MOST NEEDED TO IMPROVE THE HEALTH OF THE COMMUNITY IT SERVES. MENTAL HEALTH AND SUBSTANCE ABUSE. 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.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:ACCESS TO COVERAGEACCESS END STAGE RENAL DISEASE ACCESS SERVICES/CARE COORDINATION ACCESS TO TRANSPORTATIONCANCER RESEARCH AND SUPPORTDENTAL CAREDIABETES RESEARCH AND SUPPORTHEALTH LITERACYHEALTHY LIFESTYLESHEART DISEASE AND STROKE RESEARCH AND SUPPORTIMMUNIZATIONS & INFECTIOUS DISEASE PROGRAMSMATERNAL & CHILD HEALTHPUBLIC SAFETY: FATAL INJURIESREPRODUCTIVE & SEXUAL HEALTH PROGRAMSRESPIRATORY DISEASES RESEARCH AND PROGRAMSSMOKING & TOBACCO EDUCATIONVIOLENCE

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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
ST LOUIS CHILDREN'S HOSPITAL	PART V, SECTION B, LINE 11: AT THE CONCLUSION OF THE COMPREHENSIVE ASSESSMENT PROCESS, THE HOSPITAL ASSEMBLED AN INTERNAL WORK GROUP OF CLINICAL AND NONCLINICAL STAFF. THIS GROUP REVIEWED FOCUS GROUP RESULTS AS WELL AS FINDINGS FROM A SECONDARY DATA ANALYSIS TO FURTHER ASSESS IDENTIFIED NEEDS. THIS ANALYSIS IDENTIFIED UNIQUE HEALTH DISPARITIES AND TRENDS EVIDENT IN ST. LOUIS CITY WHEN COMPARED AGAINST STATE AND U.S. DATA. THE 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 BY SETTING GOALS AND MEASURING THE RESULTS OF HOSPITAL EFFORTS. GOALS WERE SET AND OBJECTIVES WERE DRAFTED WITH ACTION PLANS PUT INTO PLACE. 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:ASTHMADENTAL HEALTHMATERNAL/CHILD HEALTHHEALTH LITERACYHEALTHY LIFESTYLESOBESITYMENTAL/BEHAVIORAL HEALTHALLERGY (FOOD)DIABETESPUBLIC SAFETYACCESS TO HEALTHCAREBLOOD DISEASESCANCERINFECTIOUS DISEASESSEXUALLY TRANSMITTED INFECTIONSWHILE 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:CANCER
MISSOURI BAPTIST MEDICAL CENTER	PART V, SECTION B, LINE 11: AT THE CONCLUSION OF THE COMPREHENSIVE ASSESSMENT PROCESS, MISSOURI BAPTIST MEDICAL CENTER IDENTIFIED TWO HEALTH NEEDS WHERE FOCUS IS MOST NEEDED TO IMPROVE THE FUTURE HEALTH OF THE COMMUNITY IT SERVES: 1) HEART HEALTH/STROKE AND 2) DIABETES. 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.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: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

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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
BOONE HOSPITAL CENTER	PART V, SECTION B, LINE 11: AT THE CONCLUSION OF THE COMPREHENSIVE 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/VASCULAR DISEASE AND 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:ACCESS TO COVERAGECANCER (BREAST, LUNG, SKIN, PROSTATE/COLORECTAL)COORDINATION OF CARECULTURAL LITERACYHEALTHY LIFESTYLESHEALTH LITERACYMENTAL HEALTH/SUBSTANCE ABUSEASTHMA/COPDREPRODUCTIVE AND SEXUAL HEALTHINJURY AND VIOLENCEMENTAL HEALTH/SUBSTANCE ABUSEDENTAL CARE
CHRISTIAN HOSPITAL NE-NW	PART V, SECTION B, LINE 11: AT THE CONCLUSION OF THE COMPREHENSIVE ASSESSMENT PROCESS, HOSPITAL IDENTIFIED FOUR HEALTH NEEDS WHERE FOCUS IS MOST NEEDED TO IMPROVE THE FUTURE HEALTH OF THE COMMUNITY IT SERVES: HEART HEALTH, DIABETES, ACCESS TO CARE/CARE COORDINATION , AND SUBSTANCE ABUSE AND OPIOID USAGE DISORDER (OUD). 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.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:CANCERCHILD WELFAREDENTAL HEALTHHEART & VASCULAR (HEART)HEART & VASCULAR (STROKE)INFECTIOUS DISEASEMENTAL/BEHAVIORAL HEALTH REPRODUCTIVE HEALTH OBESITYSOCIO-ECONOMIC FACTORSSMOKING/TOBACCO USESENIOR HEALTH CAREVIOLENCE

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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PROTESTANT MEMORIAL MEDICAL CENTER, INC.	PART V, SECTION B, LINE 11: AT THE CONCLUSION OF THE COMPREHENSIVE ASSESSMENT PROCESS, PROTESTANT MEMORIAL MEDICAL CENTER, INC. (HOSPITAL), ASSEMBLED AN INTERNAL WORK GROUP OF CLINICAL AND NONCLINICAL STAFF. THIS GROUP REVIEWED FOCUS GROUP RESULTS AS WELL AS FINDINGS FROM A SECONDARY DATA ANALYSIS TO FURTHER ASSESS IDENTIFIED NEEDS. THIS ANALYSIS IDENTIFIED UNIQUE HEALTH DISPARITIES AND TRENDS EVIDENT IN ST. CLAIR COUNTY WHEN COMPARED AGAINST STATE AND U.S. DATA. THE 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 BY SETTING GOALS AND MEASURING THE RESULTS OF HOSPITAL EFFORTS. GOALS WERE SET AND OBJECTIVES WERE DRAFTED WITH ACTION PLANS PUT INTO PLACE. 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:MENTAL/BEHAVIORAL HEALTH SUBSTANCE ABUSENUTRITION EDUCATIONHEART AND VASCULAR STROKEWHILE 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 COVERAGECOPDDIABETESFOOD AVAILABILITYINFANT MORTALITYLUNG CANCER RESEARCH AND SUPPORTOBESITY RESEARCH AND PROGRAMSPOVERTYTEEN PREGNANCYTOBACCO ACCESS TO TRANSPORTATIONSEXUALLY TRANSMITTED INFECTIONSVIOLENT CRIME MENTAL HEALTH
ALTON MEMORIAL HOSPITAL	PART V, SECTION B, LINE 11: AT THE CONCLUSION OF THE COMPREHENSIVE 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:ACCESS TO CAREAIR QUALITYSEXUALLY TRANSMITTED DISEASESDENTAL CAREHOUSING/HOMELESSNESSHEART AND VASCULAR HEALTH (HEART)HEART AND VASCULAR HEALTH (STROKE)CANCER (BREAST, LUNG, SKIN)HEALTH EDUCATIONMENTAL/BEHAVIORAL HEALTH (MENTAL HEALTH)MENTAL/BEHAVIORAL HEALTH (SUBSTANCE ABUSE)

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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
BARNES-JEWISH WEST COUNTY HOSPITAL	PART V, SECTION B, LINE 11: AT THE CONCLUSION OF THE COMPREHENSIVE 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: DIABETES. 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.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:ACCESS: HEALTH INSURANCE COVERAGEACCESS: SERVICES BEHAVIORAL/MENTAL HEALTH AND DISORDERSCULTURAL LITERACYHEALTH LITERACYHEART AND VASCULAR DISEASEMATERNAL/CHILD HEALTH OBESITYSENIOR HEALTH CARESEXUALLY TRANSMITTED INFECTIONSOBESITYHEART AND VASCULAR HEALTHCANCER (BREAST, LUNG, SKIN, COLON AND RECTAL, HEAD AND NECK)VIOLENCE
BARNES-JEWISH ST PETERS HOSPITAL, INC.	PART V, SECTION B, LINE 11: AT THE CONCLUSION OF THE COMPREHENSIVE 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: OBESITY AND DIABETES MANAGEMENT. 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.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:BEHAVIORAL/MENTAL HEALTH & SUBSTANCE ABUSEDENTAL HEALTHPEDIATRIC HEALTHACCESS: COVERAGEACCESS: TRANSPORTATIONASTHMAHEALTH LITERACYCANCER (BREAST, COLORECTAL AND LUNG)

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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PROGRESS WEST HEALTHCARE CENTER	PART V, SECTION B, LINE 11: AT THE CONCLUSION OF THE COMPREHENSIVE 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: OBESITY AND DIABETES. 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.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:BEHAVIORAL/MENTAL HEALTH ALCOHOL AND SUBSTANCE ABUSEDENTAL HEALTH PEDIATRIC HEALTH ACCESS: COVERAGEACCESS: TRANSPORTATIONASTHMAHEALTH LITERACYCANCER (BREAST, COLORECTAL, AND LUNG)
METRO-EAST SERVICES, INC.	PART V, SECTION B, LINE 11: AT THE CONCLUSION OF THE COMPREHENSIVE ASSESSMENT PROCESS, METRO-EAST SERVICES, INC. (HOSPITAL), ASSEMBLED AN INTERNAL WORK GROUP OF CLINICAL AND NONCLINICAL STAFF. THIS GROUP REVIEWED FOCUS GROUP RESULTS AS WELL AS FINDINGS FROM A SECONDARY DATA ANALYSIS TO FURTHER ASSESS IDENTIFIED NEEDS. THIS ANALYSIS IDENTIFIED UNIQUE HEALTH DISPARITIES AND TRENDS EVIDENT IN ST. CLAIR COUNTY WHEN COMPARED AGAINST STATE AND U.S. DATA. THE 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 BY SETTING GOALS AND MEASURING THE RESULTS OF HOSPITAL EFFORTS: NUTRITION EDUCATION; HEART AND VASCULAR STROKE. GOALS WERE SET AND OBJECTIVES WERE DRAFTED WITH ACTION PLANS PUT INTO PLACE. 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.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:ACCESS TO COVERAGECOPDDIABETESFOOD AVAILABILITYINFANT MORTALITYLUNG CANCER RESEARCH AND SUPPORTOBESITY RESEARCH AND PROGRAMSPOVERTYTEEN PREGNANCYTOBACCO TRANSPORTATION (ACCESS TO)SEXUALLY TRANSMITTED INFECTIONSVIOLENT CRIME MENTAL 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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MISSOURI BAPTIST HOSPITAL OF SULLIVAN	PART V, SECTION B, LINE 11: AT THE CONCLUSION OF THE COMPREHENSIVE 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: HEART & VASCULAR/HEART HEALTH AND MENTAL HEALTH/SUBSTANCE ABUSE. 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. 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/BEHAVIORAL HEALTH: MENTAL HEALTHMENTAL/BEHAVIORAL HEALTH: PEDIATRICINFANT/MATERNAL HEALTHPEDIATRIC CAREHEALTH LITERACYHEALTH EDUCATIONPHYSICAL ACTIVITY/OUTREACHACCESS: COVERAGEACCESS: SERVICESACCESS: TRANSPORTATIONCANCER: BREASTCANCER: PROSTATE
PARKLAND HEALTH CENTER-BONNE TERRE	PART V, SECTION B, LINE 11: AT THE CONCLUSION OF THE COMPREHENSIVE 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: SUBSTANCE ABUSE (OPIOID) AND DIABETES. 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: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:BEHAVIORAL/MENTAL HEALTH REPRODUCTIVE HEALTHOBESITYCANCER (BREAST, COLORECTAL, LUNG)SMOKINGHEART HEALTH & VASCULAR DISEASESACCESS: SERVICESSENIOR HEALTHHEALTH LITERACYACCESS: TRANSPORTATION

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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PARKLAND HEALTH CENTER-FARMINGTON	PART V, SECTION B, LINE 11: AT THE CONCLUSION OF THE COMPREHENSIVE 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: SUBSTANCE ABUSE (OPIOID) AND DIABETES. 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: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:BEHAVIORAL/MENTAL HEALTH REPRODUCTIVE HEALTHOBESITYCANCER (BREAST, COLORECTAL, LUNG)SMOKINGHEART HEALTH & VASCULAR DISEASESACCESS: SERVICESSENIOR HEALTHHEALTH LITERACYACCESS: TRANSPORTATION
REHABILITATION INST OF ST. LOUIS (THE)	PART V, SECTION B, LINE 11: AT THE CONCLUSION OF THE COMPREHENSIVE ASSESSMENT PROCESS, THE TRISL 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: STROKE EDUCATION AND PREVENTION AND BRAIN INJURY EDUCATION AND PREVENTION. 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.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:ACCESS TO HEALTH CAREACCESS TO HEALTH CARE: TRANSPORTATIONEXERCISE/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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

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.
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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
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.
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.

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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

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.
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.

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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
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.
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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

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.
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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
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.
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.

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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

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.
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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

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.
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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

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 INCOM
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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

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. THE FINANCIAL RESPONSIBILITY OF ANY UNINSURED PATIENT WILL BE LIIMITED TO 25 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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

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.
REHABILITATION INST OF ST. LOUIS (THE)	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 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	1 - BJH SITEMAN CANCER CENTER (CAM) 4921 PARKVIEW PLACE ST LOUIS, MO 63110	OUTPATIENT CANCER CENTER
1	2 - BJH SITEMAN CANCER CENER (SCSC) 5225 MIDAMERICA PLAZA ST LOUIS, MO 63129	OUTPATIENT CANCER CENTER
2	3 - BARNES-JEWISH EXTENDED CARE (BJEC) 401 CORPORATE PARK DRIVE ST LOUIS, MO 63105	SKILLED NURSING FACILITY
3	4 - BJH CENTER FOR OUTPATIENT HEALTH 4901 FOREST PARK AVE ST LOUIS, MO 63108	OUTPATIENT CLINICS
4	5 - BJH CENTER FOR ADVANCED MED (CAM) 4921 PARKVIEW PLACE ST LOUIS, MO 63110	OUTPATIENT CLINICS
5	6 - BJH CENTER FOR ADVANCED MED (SOUTH) 5201 MIDAMERICA PLAZA ST LOUIS, MO 63129	OUTPATIENT CLINIC & PROF SVCS
6	7 - BJH ORTHOPEDIC CENTER (OC) 14532 SO OUTER FORTY RD 100 CHESTERFIELD, MO 63017	ORTHOPED SURGERY CTR & PROF SVCS
7	8 - BJH GOLDFARB SCHOOL OF NURSING 4483 DUNCAN AVE ST LOUIS, MO 63110	CLINICAL INSTRUCTION
8	9 - BJH PSYCHIATRIC SUPPORT CTR (PSC) 5355 DELMAR BLVD ST LOUIS, MO 63112	IP / OP PSYCH SERVICES & SUPPORT CENTER
9	10 - BJH RADIOLOGYLAB AT HIGHLANDS 1110 HIGHLANDS PLZ EAST RM325 ST LOUIS, MO 63110	RADIOLOGY AND LAB SERVICES OFF SITE
10	11 - BARNES-JEWISH HOSP INPATOUTPAT 1 PARKVIEW PLACE ST LOUIS, MO 63110	IP/OP SERVICES
11	12 - FOREST PARK KIDNEY CENTER 4205 FOREST PARK AVE ST LOUIS, MO 63108	BJH/WU OP KIDNEY SERVICES
12	13 - THE REHABILITATION INST OF ST LOUIS LLC 4455 DUNCAN AVE ST LOUIS, MO 63110	REHABILITATION HOSPITAL SVCS
13	14 - BJH INVITRO FERTILITY CLIN (IFC) 4444 FOREST PARK BLVD ST LOUIS, MO 63108	INFERTILITY OUTPATIENT PROCEDURES
14	15 - THE HEART CARE INSTITUTE LLC 1020 NORTH MASON ROAD ST LOUIS, MO 63141	DIAGNOSTIC CARDIOLOGY

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	16 - BREAST HEALTH CENTER AT MBMC 3023 N BALLAS ROAD STE 630 ST LOUIS, MO 63131	RADIOLOGY SERVICES
1	17 - THE CHILD BIRTH CENTER AT MBMC 3023 N BALLAS ROAD STE 300 ST LOUIS, MO 63131	WOMEN'S REPRODUCTIVE HEALTH SVCS
2	18 - MBMC GIENDOSCOPY 3023 N BALLAS ROAD 550 ST LOUIS, MO 63131	GI/ENDOSCOPY SERVICES
3	19 - MBMC ULTRASOUND 3023 N BALLAS ROAD 450 ST LOUIS, MO 63131	ULTRASOUND SERVICES
4	20 - MBMC FAMILY CARE PHARMACY 3023 N BALLAS ROAD 100 ST LOUIS, MO 63131	PHARMACY SERVICES
5	21 - MBMC MRI 3023 N BALLAS ROAD 150 ST LOUIS, MO 63131	MRI/RADIOLOGY SERVICES
6	22 - MBMC CARDIOVASCULAR DIAGNOSTICS 3023 N BALLAS ROAD 220 ST LOUIS, MO 63131	CARDIAC DIAGNOSTIC SERVICES
7	23 - MBMC SURGICAL PRE TEST LAB & RAD 3009 N BALLAS ROAD 112 ST LOUIS, MO 63131	OUTPATIENT SERVICES
8	24 - MBMC OUTPATIENT CARDIAC TESTING 3009 N BALLAS ROAD 262 ST LOUIS, MO 63131	OUTPATIENT CARDIAC TESTING
9	25 - MBMC OUTPATIENT CTR AT SUNSET HILLS 3844 LINDBERGH BLVD STE 100 130 140 ST LOUIS, MO 63127	OP, RADIOLOGY, CANCER, INFUSION SVCS
10	26 - MBMC OUTPATIENT LAB 3844 LINDBERGH BLVD STE 110 ST LOUIS, MO 63127	OP, RADIOLOGY, CANCER, INFUSION SVCS
11	27 - MBMC EMPLOYED PHYS GROUP PRACTICE 3844 LINDBERGH BLVD ST LOUIS, MO 63127	PROFESSIONAL SERVICES
12	28 - MBMC EMPLOYED PHYS GROUP PRACTICE 7245 RAIDER ROAD BONNE TERRE, MO 63628	PROFESSIONAL SERVICES
13	29 - MBMC CANCER & INFUSION CENTER 800 ST GENEVIEVE DRIVE ST GENEVIEVE, MO 63670	PROFESSIONAL SERVICES, ONCOLOGY
14	30 - MBMC EMPLOYED PHYS GROUP PRACTICE 751 SAPPINGTON BRIDGE RD SULLIVAN, MO 63080	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	31 - MBMC EMPLOYED PHYS GROUP PRACTICE 1103 W LIBERTY STE 4020 FARMINGTON, MO 63640	PROFESSIONAL SERVICES
1	32 - MBMC PHYS SERVICES LLC GROUP PRAC 3009 N BALLAS ROAD STE 359 C ST LOUIS, MO 63131	PROFESSIONAL SERVICES
2	33 - MBMC PHYS SERVICES LLC GROUP PRAC 3009 N BALLAS ROAD STE 315A 323A ST LOUIS, MO 63131	PROFESSIONAL SERVICES
3	34 - MBMC PHYS SERVICES LLC GROUP PRAC 3009 N BALLAS RD 315A ST LOUIS, MO 63131	PROFESSIONAL SERVICES
4	35 - MBMC PHYS SERVICES LLC GROUP PRAC 3023 N BALLAS ROAD STE 150 D ST LOUIS, MO 63131	PROFESSIONAL SERVICES
5	36 - MBMC PROF BILL SERVICES ADV SPINE INST 3009 N BALLAS ROAD STE 320A 269C ST LOUIS, MO 63131	PROFESSIONAL SERVICES
6	37 - MBMC PHYS SERVICES LLC GROUP PRAC INCL SU 555 N NEW BALLAS ROAD STE 265 ST LOUIS, MO 63141	PROFESSIONAL SERVICES
7	38 - MBMC PHYS SERVICES LLC STL ORTHO & SPOR 675 OLD BALLAS ROAD STE 100 ST LOUIS, MO 63141	PROFESSIONAL SERVICES INCL OP SURG
8	39 - BREAST HEALTHCARE CENTER MBMC 9450 MANCHESTER RD STE 206 ST LOUIS, MO 63119	MAMMOGRAPHY AND LAB SERVICES
9	40 - BJC EMPLOYEE PHARMACY AT MBMC 3844 LINDBERGH BLVD STE 150 ST LOUIS, MO 63127	PHARMACY SERVICES
10	41 - MO BAP CANCER & INFUSION CENTER 11652 STUDT AVENUE ST LOUIS, MO 63141	OUTPATIENT RADIATION & INFUSION CENTER
11	42 - MO BAP PHYSICIAN SERVICES 11652 STUDT AVENUE ST LOUIS, MO 63141	PHYSICIAN SERVICES
12	43 - NORTHWEST HEALTHCARE (CHNENW) 1225 GRAHAM ROAD FLORISSANT, MO 63031	PROF SVCS, HOME CARE PHARMACY
13	44 - CHNENW OUTPATIENT 1255 GRAHAM ROAD FLORISSANT, MO 63031	IP/OP LAB AND PHYSICIAN SERVICES
14	45 - GRAHAM MED CENTER I-(VAR) 1150 GRAHAM ROAD FLORISSANT, MO 63031	PT,OT & ST, SLEEP STUDY

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	46 - PAUL F DIETRICH BLDG - VAR 11125 DUNN ROAD ST LOUIS, MO 63136	OP SENIOR PSYCHIATRIC SERVICES
1	47 - CH POB #2 - VAR SUITES 11125 DUNN ROAD ST LOUIS, MO 63136	OP CANCER, WOUND CARE, RETAIL PHARMACY
2	48 - CH POB #1 - VAR SUITES 11155 DUNN ROAD ST LOUIS, MO 63136	OP PAIN MGMT, RAD ONC, DIABETES CENTER
3	49 - CHRISTIAN HOSPITAL OP LAB DRAW SITE 163 E BETHALTO DR BETHALTO, IL 62010	LAB DRAW SITE
4	50 - CHRISTIAN EXTENDED CARE & REHAB 11160 VILLAGE NORTH DRIVE ST LOUIS, MO 63136	SKILLED NURSING FACILITY
5	51 - BELLEVILLE HEALTH & SPORTS CTR 1001 SOUTH 74TH STREET BELLEVILLE, IL 62223	SPORTS FITNESS FACILITY
6	52 - PROTESTANT MEMORIAL MED CENTER 310 N SEVEN HILLS ROAD OFALLON, IL 62269	OP THERAPY
7	53 - PROTESTANT MEMORIAL MED CENTER 200 ADMIRAL TROST ROAD STE 1B COLUMBIA, IL 62236	OP LAB / RADIOLOGY
8	54 - PROTESTANT MEMORIAL MED CENTER 3701 MEMORIAL DRIVE BELLEVILLE, IL 62226	OP LAB DRAW SITE
9	55 - PROTESTANT MEMORIAL MED CENTER 4017 STATE ROUTE 159 STE 103 SMITHTON, IL 62285	OP LAB DRAW SITE
10	56 - MEMORIAL CARE CENTER 4315 MEMORIAL DRIVE BELLEVILLE, IL 62226	SKILLED NURSING FACILITY
11	57 - METRO-EAST SERVICES INC BREAST HEALTH CT 1414 CROSS STREET STE 220 SHILOH, IL 62269	BREAST HEALTH SERVICES
12	58 - METRO-EAST SERVICES INC DIAG IMAGING 1414 CROSS STREET STE 130 SHILOH, IL 62269	DIAGNOSTIC IMAGING
13	59 - METRO-EAST SERVICES INC OP LAB 1414 CROSS STREET STE 120 SHILOH, IL 62269	LABORATORY TESTING SVCS
14	60 - METRO-EAST SERVICES INC OP REHAB 1414 CROSS STREET STE 310 SHILOH, IL 62269	REHABILITATION 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)
61	61 - METRO-EAST SERVICES INC RAD ONC 1418 CROSS STREET STE 160 SHILOH, IL 62269	RADIATION ONCOLOGY
1	62 - METRO-EAST SERVICES INC OP LAB 1418 CROSS STREET STE 170 SHILOH, IL 62269	LABORATORY TESTING SVCS
2	63 - SOUTHWEST ILL HEALTH SVCS LLP SITEMAN 4000 N ILLINOIS LN STE B SHILOH, IL 62269	CANCER TREATMENT SERVICES
3	64 - SOUTHWEST ILL HEALTH SVCS LLP SITEMAN 4000 N ILLINOIS LN STE A SHILOH, IL 62269	PET, CT IMAGING SERVICES
4	65 - BOONE HOSP CARDIAC DIAGNOSTIC 1605 E BROADWAY STE 400 COLUMBIA, MO 65201	OP DIAGNOSTIC CARDIOLOGY
5	66 - BOONE HOSP OUTPATIENT CLINICS 1701 E BROADWAY LL101102 COLUMBIA, MO 65201	CARD REHAB, WOUND CARE, DIABETES
6	67 - BOONE HOSPITAL RADIOLOGY 303 N KEENE ST STE 102 COLUMBIA, MO 65201	OUTPATIENT RADIOLOGY SVCS
7	68 - BOONE HOSPITAL OUTPATIENT 900 W NIFONG BLVD COLUMBIA, MO 65203	PHARMACY & OUTPATIENT SVCS
8	69 - BOONE HOSPITAL OUTPATIENT 1705 E BROADWAY STE 380 COLUMBIA, MO 65201	OUTPATIENT SVCS
9	70 - BOONE HOSP CTR'S VISIT NURSES INC 1605 E BROADWAY STE 250 COLUMBIA, MO 65201	HOME HEALTH & HOSPICE
10	71 - BOONE PHYSICIAN SERVICES LLC 1705 E BROADWAY STE 280 COLUMBIA, MO 65201	PULMONARY DIAGNOSTIC TESTING
11	72 - BOONE PHYSICIAN SERVICES LLC 305 N KEENE ST STE 107 COLUMBIA, MO 65201	PROFESSIONAL PRACTICE GROUP SERVICES
12	73 - CHAS PHYSICIAN SERVICES LLC 1241 W STADIUM BLVD JEFFERSON CITY, MO 65109	PROFESSIONAL PRACTICE GROUP SERVICES
13	74 - BOONE PHYSICIAN SERVICES LLC MID MO NEUROL 1605 E BROADWAY STE 100 COLUMBIA, MO 65201	PROFESSIONAL PRACTICE GROUP - NEUROLOGY
14	75 - CHAS PHYSICIAN SERVICES LLC 1605 E BROADWAY STE 220300 COLUMBIA, MO 65201	PROFESSIONAL PRACTICE GROUP 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)
76	76 - CHAS PHYSICIAN SERVICES LLC 2305 S HIGHWAY 65 MARSHALL, MO 65340	PROFESSIONAL PRACTICE GROUP SERVICES
1	77 - CHAS PHYSICIAN SERVICES LLC 300 N MORLEY STREET STE A-CD-H MOBERLY, MO 65270	PROFESSIONAL PRACTICE GROUP SERVICES
2	78 - CHAS PHYSICIAN SERVICES LLC 404 PROVIDENCE ROAD MACON, MO 63552	PROFESSIONAL PRACTICE GROUP SERVICES
3	79 - CHAS PHYSICIAN SERVICES LLC 509 W 18TH STREET HERMAN, MO 65041	PROFESSIONAL PRACTICE GROUP SERVICES
4	80 - CHAS PHYSICIAN SERVICES LLC 606 E SPRING ST BOONEVILLE, MO 65233	PROFESSIONAL PRACTICE GROUP SERVICES
5	81 - CHAS PHYSICIAN SERVICES LLC 130 E LOCKLING ST BROOKFIELD, MO 64628	PROFESSIONAL PRACTICE GROUP SERVICES
6	82 - ST LOUIS CHILD HOSP AFTER HOURS 12436 TESSON FERRY RD ST LOUIS, MO 63128	OP SERVICES, LAB & RADIOLOGY
7	83 - ST LOUIS CHILD HOSP AFTER HOURS 12436 TESSON FERRY RD ST LOUIS, MO 63128	PHYSICIAN SERVICES
8	84 - ST LOUIS CHILD HOSP PSYCHOL SVCS 13001 NORTH OUTER FORTY RD CHESTERFIELD, MO 63017	PEDIATRIC MENTAL HEALTH
9	85 - ST LOUIS CHILD SPEC CARE CENTER 13001 NORTH OUTER FORTY RD CHESTERFIELD, MO 63017	MULTIPLE OUTPATIENT SVCS
10	86 - ST LOUIS CHILD PHARMACY 13001 NORTH OUTER FORTY RD CHESTERFIELD, MO 63017	OUTPATIENT PHARMACY
11	87 - ST LOUIS CHILD DENTAL CENTER 13001 NORTH OUTER FORTY RD CHESTERFIELD, MO 63017	DENTAL SERVICES
12	88 - ALTON MEMORIAL REHAB & THERAPY (FKA EUNICE 1251 COLLEGE AVE ALTON, IL 62002	SKILLED NURSING FACILITY
13	89 - ALTON NORTH REHABILITATION 226 REGIONAL DRIVE ALTON, IL 62002	ORTHO/SPORTS REHAB
14	90 - BETHALTO REHABILITATION 155 E BETHALTO DRIVE BETHALTO, IL 62010	OP REHAB

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)
91	91 - ALTON MEMORIAL HOSP OP CANCER FOUR MEMORIAL DRIVE SUITE 132 ALTON, IL 62002	ONCOLOLGY/RADIATION ONCOLOGY SVCS
1	92 - ALTON MEMORIAL HOSP OP RAD SIX MEMORIAL DRIVE ALTON, IL 62002	OUTPATIENT RADIATION ONC
2	93 - ALTON MEMORIAL OP PAIN MGMT TWO MEMORIAL DRIVE ALTON, IL 62002	OUTPATIENT PAIN MGMT
3	94 - ST LOUIS CARDIOLOGY CONSULTANTS 2 MEMORIAL DRIVE ALTON, IL 62002	PROFESSIONAL PRACTICE
4	95 - ALTON MEMORIAL HOSPITAL FOUR MEMORIAL DRIVE ALTON, IL 62002	PROFESSIONAL PRACTICE GROUP SERVICES
5	96 - ALTON MEMORIAL HOSPITAL FOUR MEMORIAL DRIVE SUITE 230 ALTON, IL 62002	OUTPATIENT NEURODIAGNOSTICS
6	97 - ALTON PHYSICIAN MULTISPECIALISTS ONE PROFESSIONAL DR VAR SUITES ALTON, IL 62002	PROFESSIONAL PRACTICE GROUP SERVICES
7	98 - PARKLAND THERAPY SERVICES 1280 DOCTORS DRIVE FARMINGTON, MO 63640	PHY, OCC AND SPEECH THERAPY
8	99 - PARKLAND BONNE TERRE WELL LIFE CTR (CLOSED 118 EAST SCHOOL RD BONNE TERRE, MO 63628	PHYSICAL THERAPY SERVICES
9	100 - BJSPH OP THERAPY 70 JUNGERMAN CIR SUITE 304 ST PETERS, MO 63376	OUTPATIENT THERAPY
10	101 - BJSPH SLEEP LAB 70 JUNGERMAN CIR SUITE 303 ST PETERS, MO 63376	SLEEP LAB
11	102 - BJSPH INFUSION 70 JUNGERMAN CIR SUITE 102 ST PETERS, MO 63376	SLEEP LAB
12	103 - BJSPH ST LOUIS UROLOGICAL 2 PROGRESS POINT PKWY ST PETERS, MO 63376	PROFESSIONAL SERVICES - UROLOGY
13	104 - BJSPH ST LOUIS UROLOGICAL 20 PROGRESS POINT PKWY SUITE 108 ST PETERS, MO 63376	PROFESSIONAL SERVICES - UROLOGY
14	105 - SITEMAN CANCER CENTER AT BJSPH 150 ENTRANCE WAY ST PETERS, MO 63376	OUTPAT RADIATION & ONCOL

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	106 - BENRUS SURGICAL AT BJSPH 6 JUNGERMANN CIRCLE STE 205 ST PETERS, MO 63376	OP SERVICES
1	107 - SPORTS THERAPY & REHAB (STAR) 1020 N MASON STE 220 ST LOUIS, MO 63141	PHYSICAL THERAPY
2	108 - SPORTS THERAPY & REHAB (STAR) 14532 S OUTER FORTY SUITE 120 CHESTERFIELD, MO 63017	PHYSICAL THERAPY
3	109 - SPORTS THERAPY & REHAB (STAR) 5201 MIDAMERICA PLAZA SUITE 2100 ST LOUIS, MO 63129	PHYSICAL THERAPY
4	110 - BJWC SLEEP DISORDERS LAB 969 N MASON STE 260 ST LOUIS, MO 63141	SLEEP LAB
5	111 - BJWC PAIN MANAGEMENT CENTER 1044 N MASON RD STE 130 ST LOUIS, MO 63141	PAIN MANAGEMENT
6	112 - BJWC OUTPATIENT RADIOLOGY 1044 N MASON RD STE 120 ST LOUIS, MO 63141	OUTPATIENT RADIOLOGY
7	113 - BJWC OUTPATIENT THERAPY 1044 N MASON RD STE 220 ST LOUIS, MO 63141	OUTPATIENT RADIOLOGY
8	114 - BJWC NUTRITION COUNSELING 1040 N MASON STE 212 ST LOUIS, MO 63141	NUTRITION COUNSELING
9	115 - BJWC LABORATORY 1020 N MASON STE 120 ST LOUIS, MO 63141	OUTPATIENT LABORATORY
10	116 - BJWC RAD ONCOLOGY (SITEMAN) 10 BARNES WEST DRIVE STE 101 ST LOUIS, MO 63141	RADIATION ONCOLOGY
11	117 - BJWC LABORATORY 10 BARNES WEST DRIVE STE 102 ST LOUIS, MO 63141	OUTPATIENT LABORATORY
12	118 - BJWC RADIOLOGY 10 BARNES WEST DRIVE STE 202 ST LOUIS, MO 63141	OUTPATIENT RADIOLOGY
13	119 - BJWC OUTPATIENT SVCS 10 BARNES WEST DRIVE STE 201 ST LOUIS, MO 63141	OUTPATIENT SVCS
14	120 - PROGRESS WEST HOSP OUTPATIENT CTR 2630 HIGHWAY K OFALLON, MO 63366	OP RAD, PT, WOUND CARE

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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)
121	121 - PROGRESS WEST HOSP OUTPATIENT CTR 20 PROGRESS POINT PKWY STE 108 OFALLON, MO 63366	PHYSICIAN SERVICES
1	122 - MO BAP SULLIVAN SPORTS FIT REHAB (CLOSED 1 216 W MAIN SULLIVAN, MO 63080	PT, OT & ST
2	123 - MO BAP SULL SPORTS FIT REHAB CUBA (CLOSED 314 E WASHINGTON CUBA, MO 65453	PT & OT
3	124 - MO BAPTIST BOURBON MEDICAL OFFICE 240 COLLEGE BOURBON, MO 65441	RURAL HEALTH CLINIC
4	125 - MO BAPTIST BOURBON MEDICAL OFFICE 240 COLLEGE BOURBON, MO 65441	NON-RURAL HEALTH CLINIC
5	126 - MO BAPTIST CUBA MEDICAL OFFICE 102 OZARK STREET STE B CUBA, MO 65453	RURAL HEALTH CLINIC
6	127 - MO BAPTIST CUBA MEDICAL OFFICE 102 OZARK STREET STE B CUBA, MO 65453	NON-RURAL HEALTH CLINIC
7	128 - MO BAPTIST STEELEVILLE MED OFFICE 510 W MAIN STREET STEELEVILLE, MO 65565	RURAL HEALTH CLINIC
8	129 - MO BAPTIST STEELEVILLE MED OFFICE 510 W MAIN STREET STEELEVILLE, MO 65565	NON-RURAL HEALTH CLINIC
9	130 - MO BAPTIST SULLIVAN MED OFFICE 965 MATTOX DR SULLIVAN, MO 63080	RURAL HEALTH CLINIC
10	131 - MO BAPTIST SULLIVAN MED OFFICE 965 MATTOX DR SULLIVAN, MO 63080	NON-RURAL HEALTH CLINIC
11	132 - MO BAPTIST SULLIVAN EMS 1230 N CHURCH SULLIVAN, MO 63080	TRAUMA AND AMBULANCE SERVICES
12	133 - BJC HOME CARE SVCS - ALTON 3535 COLLEGE AVE ALTON, IL 62002	HOME HEALTH
13	134 - BJC HOME CARE SERVICES-ST LOUIS 1935 BELTWAY DRIVE ST LOUIS, MO 63114	HOME HEALTH
14	135 - BJC HOME CARE SERVICES (CLOSED 43019) 4249 CLAYTON AVE ST LOUIS, MO 63110	HOME CARE SERVICES

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(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)
136	136 - BJC HOME CARE SERVICES 1000 N MASON ROAD ST LOUIS, MO 63141	HOSPICE SVCS
1	137 - BJC HOME CARE SERVICES 330A 5TH STREET CARROLLTON, IL 62016	HOSPICE SVCS
2	138 - BJC HOME MEDICAL EQUIP 1935 BELTWAY DRIVE ST LOUIS, MO 63114	DURABLE MEDICAL EQUIP; SUPPLIES
3	139 - BJC HOME MED EQUIP - FARMINGTON 301 N WASHINGTON STREET FARMINGTON, MO 63640	DURABLE MEDICAL EQUIP; SUPPLIES
4	140 - BJC HOME CARE SVCS - PHARMACY 1935 BELTWAY DRIVE ST LOUIS, MO 63114	HOME INFUSION
5	141 - BJC HOSPICE ST LOUIS 1935 BELTWAY DRIVE ST LOUIS, MO 63114	HOSPICE SVCS
6	142 - BJC HOSPICE SULLIVAN 113 PROGRESS PARKWAY SULLIVAN, MO 63080	HOME HEALTH & HOSPICE
7	143 - BJC HOSPICE - FARMINGTON 757 WEBER RD FARMINGTON, MO 63640	DURABLE MEDICAL EQUIP, HOSPICE
8	144 - BJC HOSPICE - ALTON ONE PROFESSIONAL DR STE 180 ALTON, IL 62002	HOSPICE SVCS
9	145 - BJC BEHAVIORAL HEALTH STL 6763 PAGE AVE ST LOUIS, MO 63133	MENTAL HEALTH SUBS ABUSE COUNSEL
10	146 - BJC BEHAVIORAL HEALTH CENTRAL 1430 OLIVE ST STE 500 ST LOUIS, MO 63103	MENTAL HEALTH & PHARMACY SVCS
11	147 - BJC BEHAVIORAL HEALTH NORTH (CLOSED 2819 3165 MCKELVEY ROAD STE 200 BRIDGETON, MO 63044	MENTAL HEALTH SUBS ABUSE COUNSEL
12	148 - BJC BEHAVIORAL HEALTH NORTH 1150 GRAHAM ROAD ST LOUIS, MO 63031	MENTAL HEALTH SUBS ABUSE COUNSEL
13	149 - BJC BEHAVIORAL HEALTH SOUTH 11102 LINDBERGH BUS COURT ST LOUIS, MO 63123	MENTAL HEALTH EMPL ASSIST COUNSEL
14	150 - BJC BEHAVIORAL HEALTH SOUTHEAST 1085 MAPLE FARMINGTON, MO 63640	MENTAL HEALTH AND PHARMACY SVCS

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

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(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)
151	151 - BJC BEHAVIORAL HEALTH SOUTHEAST 109 NORTH MAIN IRONTON, MO 63650	MENTAL HEALTH SUBS ABUSE SVCS
1	152 - BJC BEHAVIORAL HEALTH SOUTHEAST 326 EAST HIGH STREET POTOSI, MO 63664	MENTAL HEALTH SUBS ABUSE SVCS
2	153 - BJC BEHAVIORAL HEALTH SOUTHEAST 657 WALTON DRIVE FARMINGTON, MO 63640	MENTAL HEALTH SVCS FRIENDS IN ACTION
3	154 - BJC BEHAVIORAL HEALTH PARKLAND 1101 W LIBERTY STREET FARMINGTON, MO 63640	MENTAL HEALTH SUBS ABUSE SVCS
4	155 - BARNESCARE (WESTPORT) 11501 PAGE SERVICE DR ST LOUIS, MO 63146	OCC MED & AMBULATORY CARE CTR
5	156 - BARNESCARE (ST PETERS) 1901 TRADE CENTER DR ST PETERS, MO 63376	OCC MED & AMBULATORY CARE CTR
6	157 - BJC CORP HEALTH SERVICES 5000 MANCHESTER AVENUE ST LOUIS, MO 63110	OCC MED & AMBULATORY CARE CTR

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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.**

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

OMB No. 1545-0047

2019

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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 44

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 5

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) FEDERAL GRANTS - PELL GRANTS & FSEOG & SCHOLARSHIPS	450	2,653,472			
(2) MEDICAL TRANSPORTATION-SW AIRLINES	322		64,400	FMV	AIRLINE TICKET VOUCHERS FOR PATIENT TRANSPORTATION
(3) COLLEGE SCHOLARSHIPS FOR NURSING	17	85,000			
(4) NATIONAL BIOTERRORISM HOSPITAL PREPAREDNESS PROGRAM	36		29,827	FMV	2018 HPP EQUIPMENT & SUPPLIES
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	DURING 2019, BJC HEALTH SYSTEM AND AFFILIATES MADE GRANTS TO OTHER SECTION 501(C)(3) PUBLIC CHARITIES OR OTHER ORGANIZATIONS IN SUPPORT OF THE COMMUNITIES WE SERVE AND TO BE USED IN FULFILLING THE EXEMPT PURPOSE OF THE GRANTEE ORGANIZATION. WHILE IMMEDIATE OVERSIGHT OF THE CHARITY IS NOT CONSIDERED NECESSARY, GRANT MATERIALS PROVIDE STRICT GUIDELINES FOR USE OF ALL GRANTS OR AWARDS AS WELL AS RECOVERY OF GRANT MONIES NOT USED FOR STATED PURPOSES. 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
WASHINGTON UNIVERSITY SCHOOL OF MEDICINE 660 S EUCLID AVENUE CAMPUS BOX 8092 8092 ST LOUIS, MO 63110	43-1519670	501(C)(3)	5,000,000				SUPPORT MEDICAL EDUCATION, RESEARCH, & PATIENT CARE NEEDS IN THE BJH COMMUNITIES
BIOSTL 4340 DUNCAN AVENUE ST LOUIS, MO 63110	45-2137574	501(C)(3)	2,770,000				SUPPORT OF ADVANCED RESEARCH IN BIOMEDICAL SCIENCES

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BOONE COUNTY TREASURER 801 E WALNUT ST COLUMBIA, MO 65201	43-6000349		2,519,948				SUPPORT COMMUNITY PROGRAMS WITHIN BOONE COUNTY
WASHINGTON UNIVERSITY 4400 CHOUTEAU AVE ST LOUIS, MO 63110	43-0653611	501(C)(3)	875,238				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
AMERICAN HEART ASSOCIATION INC P O BOX 4002902 DES MOINES, IA 50340	13-5613797	501(C)(3)	102,500				SPONSOR RESEARCH OF HEART DISEASES
JEWISH COMMUNITY CENTER ASSOCIATION 2 MILLSTONE CAMPUS DRIVE ST LOUIS, MO 63146	43-0681477	501(C)(3)	51,000				SUPPORT OF JEWISH COMMUNITY EVENTS FOR MEN AND WOMEN

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
CHESTER MEMORIAL HOSPITAL 1900 STATE STREET CHESTER, IL 62233	37-6020801	501(C)(3)	37,131				SUPPORT COMMUNITY PROGRAMS WITH HOSPITAL PREPAREDNESS
MARCH OF DIMES INC PO BOX 18819 ATLANTA, GA 31126	13-1846366	501(C)(3)	29,975				SUPPORT FOR SERVICES ON PREGNANCY, PREMATURITY AND BIRTH DEFECTS

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
ALTON ATHLETICS ASSOCIATION 1854 EAST BROADWAY ALTON, IL 62002	37-1089883	501(C)(3)	23,000				SUPPORT TO THE COMMUNITY TO PROVIDE ACCESS TO HEALTHCARE
BETHALTO COMMUNITY UNIT SCHOOL 610 TEXAS BLVD BETHALTO, IL 62010	37-6006341	501(C)(3)	22,000				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
ASTHMA AND ALLERGY FOUNDATION OF AMERICA 1500 BIG BEND SUITE 1S ST LOUIS, MO 63117	43-1484316	501(C)(3)	19,000				SUPPORT THOSE AFFECTED BY ASTHMA AND ALLERGIES THROUGH EDUCATION, SUPPORT, AND MEDICAL RESOURCES
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVE 3RD FLOOR NEW YORK, NY 10017	13-5661935	501(C)(3)	18,094				SUPPORT FOR SERVICES FOR MULTIPLE SCLEROSIS

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

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ST LOUIS CRISIS NURSERY 11710 ADMINISTRATIVE DR STE 18 ST LOUIS, MO 63146	43-1410297	501(C)(3)	16,100				SUPPORT KEEPING KIDS SAFE AND BUILDING STRONG FAMILIES
JERSEY COMMUNITY UNIT SCHOOL 100 LINCOLN AVE JERSEYVILLE, IL 62052	37-6003496	501(C)(3)	16,000				SUPPORT BEHAVIORAL HEALTH FOR CHILDREN AND FAMILIES IN THE COMMUNITY

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

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CALHOUN COUNTY HEALTH DEPARTMENT 210 FRENCH ST PO BOX 158 HARDIN, IL 62047	37-6000437		15,671				SUPPORT COMMUNITY PROGRAMS WITH HOSPITAL PREPAREDNESS
THOMAS H BOYD MEMORIAL HOSPITAL 800 SCHOOL STREET CARROLITON, IL 62016	37-0673461	501(C)(3)	15,396				SUPPORT COMMUNITY PROGRAMS WITH HOSPITAL PREPAREDNESS

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 CANCER SOCIETY 5 SCHIBER COURT MARYVILLE, IL 62062	13-1788491	501(C)(3)	15,000				SUPPORT PROGRAMS FOR PEOPLE AFFECTED BY CANCER
NATIONAL KIDNEY FOUNDATION INC 1001 CRAIG ROAD SUITE 480 ST LOUIS, MO 63146	13-1673104	501(C)(3)	15,000				SUPPORT THE RESEARCH AND PROGRAMS OF KIDNEY DISEASES

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
SUSAN G KOMEN BREAST CANCER FOUNDATION 9288 DIELMAN INDUSTRIAL DRIVE ST LOUIS, MO 63132	76-2844650	501(C)(3)	15,000				SUPPORT PROGRAMS AND RESEARCH FOR BREAST CANCER
GENERATE HEALTH STL 1300 HAMPTON AVE SUITE 111 ST LOUIS, MO 63139	41-2139772	501(C)(3)	15,000				SUPPORT IMPROVING BIRTH OUTCOMES, PROMOTE HEALTHY FAMILIES, AND BUILD HEALTHY 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
JERSEY COUNTY HEALTH DEPARTMENT 1307 STATE HIGHWAY 109 JERSEYVILLE, IL 62052	37-0948226		13,948				SUPPORT COMMUNITY PROGRAMS WITH HOSPITAL PREPAREDNESS
ANDERSON HOSPITAL 6800 STATE ROUTE 162 MARYVILLE, IL 62062	37-0662561	501(C)(3)	13,598				SUPPORT COMMUNITY PROGRAMS WITH HOSPITAL PREPAREDNESS

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

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ST CLAIR COUNTY HEALTH DEPARTMENT 19 PUBLIC SQUARE SUITE 150 BELLEVILLE, IL 62220	37-6001924		13,164				SUPPORT COMMUNITY PROGRAMS WITH HOSPITAL PREPAREDNESS
THE MARFAN FOUNDATION INC 22 MANHASSET AVE PORT WASHINGTON, NY 11050	52-1265361	501(C)(3)	12,500				SUPPORT PROGRAMS AND RESEARCH FOR MARFAN SYNDROME

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

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MISSOURI STATE MEDICAL ASSOC PHYSICIANS HEALTH FOUNDATION 680 CRAIG ROAD SUITE 308 ST LOUIS, MO 63141	43-1572458	501(C)(3)	12,000				SUPPORT PROGRAM FOR MENTAL ILLNESS, SUBSTANCE ABUSE, SUICIDE, ETC.
BELLEVILLE TOWNSHIP HIGH SCHOOL DISTRICT 201 920 N ILLINOIS ST BELLEVILLE, IL 62220	37-1406949	501(C)(3)	10,300				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.

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ST CHARLES CITY COUNTY LIBRARY FOUNDATION PO BOX 529 ST PETERS, MO 63376	43-1860793	501(C)(3)	10,000				SUPPORT PROGRAMS WITH COUNTY LIBRARY
SAINT LOUIS UNIVERSITY 3545 LAFAYETTE AVENUE - SALUS 502 ST LOUIS, MO 63104	43-0654872	501(C)(3)	10,000				SUPPORT RESEARCH OF PEDIATRIC BIOETHICS

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

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MEMORY CARE HOME SOLUTIONS 4389 WEST PINE BLVD ST LOUIS, MO 63108	02-0641248	501(C)(3)	10,000				SUPPORT, EXTEND AND IMPROVE TIME AT HOME FOR PEOPLE WITH MEMORY LOSS
SAINT CHARLES COMMUNITY COLLEGE 4601 MID RIVERS MALL DRIVE COTTLEVILLE, MO 63376	43-1408103	501(C)(3)	10,000				SUPPORT PROMOTING EDUCATIONAL SUCCESS FOR COLUMBIA PUBLIC SCHOOLS STUDENTS

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

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ST LOUIS FIRE DEPARTMENT LIFESAVING FOUN 4625 LINDELL BLVD SUITE 210 ST LOUIS, MO 63108	20-0512259	501(C)(3)	10,000				SUPPORT ST LOUIS FIRE DEPARTMENT TO PROMOTE SAVING LIFES
FAYETTE COUNTY HOSPITAL DISTRICT 650 WEST TAYLOR STREET VANDALIA, IL 62471	37-6012895	501(C)(3)	9,655				SUPPORT COMMUNITY PROGRAMS WITH HOSPITAL PREPAREDNESS

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

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DIVERSITY AWARENESS PARTNERSHIP 40 N ROCK HILL ROAD WEBSTER GROVES, MO 63119	31-1787746	501(C)(3)	9,000				SUPPORT COMMUNITY PROGRAMS FOR DIVERSITY
SOUTHWESTERN COMMUNITY UNIT SCHOOL PO BOX 728 BRIGHTON, IL 62012	37-6003713	501(C)(3)	8,000				TO SUPPORT THE ATHLETIC TRAINER PROGRAM

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

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MARQUETTE CATHOLIC HIGH SCHOOL 219 E 4TH ST ALTON, IL 62002	37-1122740	501(C)(3)	8,000				SUPPORT TO THE COMMUNITY TO PROVIDE ACCESS TO HEALTHCARE
ROXANA COMMUNITY UNIT SCHOOL 401 CHAFFER AVE ROXANA, IL 62084	37-6006171	501(C)(3)	8,000				TO SUPPORT THE ATHLETIC TRAINER PROGRAM

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

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EAST ALTON - WOOD RIVER COMMUNITY HIGH SCHOOL 777 N WOOD RIVER AVE WOOD RIVER, IL 62095	37-6003816	501(C)(3)	8,000				TO PREPARE STUDENTS TO BECOME PRODUCTIVE, RESPONSIBLE, AND KNOWLEDGEABLE CITIZENS WITHIN OUR COMMUNITY.
CYSTIC FIBROSIS FOUNDATION 8251 MARYLAND AVENUE SUITE 12 ST LOUIS, MO 63105	13-1930701	501(C)(3)	8,000				SUPPORT PROGRAMS AND RESEARCH FOR CYSTIC FIBROSIS

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
COMMUNITY COUNCIL OF ST CHARLES COUNTY PO BOX 219 COTTLEVILLE, MO 63338	43-6051722	501(C)(3)	7,500				SUPPORT TO THE COMMUNITY TO PROVIDE ACCESS TO HEALTHCARE
BOYS AND GIRLS CLUBS OF SAINT CHARLES 1211 LINDENWOOD AVENUE ST CHARLES, MO 63301	43-0714369	501(C)(3)	7,500				SUPPORT CHILDREN AND FAMILIES WITH VARIOUS LEVELS OF ADVERSITY.

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

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GATEWAY REGIONAL MEDICAL CENTER 2100 MADISON AVENUE GRANITE CITY, IL 62040	36-4460628	501(C)(3)	7,262				SUPPORT COMMUNITY PROGRAMS WITH HOSPITAL PREPAREDNESS
ST LOUIS AMERICAN FOUNDATION 2315 PINE STREET ST LOUIS, MO 63103	43-1686282	501(C)(3)	6,700				SUPPORT PROGRAMS IN EDUCATION SCHOLARSHIP & AWARDS GALA

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

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BOND COUNTY HEALTH DEPARTMENT 1520 SOUTH FOURTH STREET GREENVILLE, IL 62246	37-6000405		6,604				SUPPORT COMMUNITY PROGRAMS WITH HOSPITAL PREPAREDNESS
ST LOUIS REGIONAL EDUCATIONAL & PUBLIC TELEVISION COMMISSION KETC 3655 OLIVE ST ST LOUIS, MO 63108	43-0685345	501(C)(3)	6,500				SUPPORT COMMUNITY PROGRAMS WITH EDUCATION

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

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AMERICAN LUNG ASSOCIATION IN MISSOURI 7745 CARONDELET AVE SUITE 305 CLAYTON, MO 63105	13-1632524	501(C)(3)	6,000				SPONSOR RESEARCH OF LUNG DISEASES
JUVENILLE DIABETES RESEARCH FOUNDATION GREATER MISSOURI AND SOUTHERN ILLINO 50 CRESTWOOD EXECUTIVE CENTER SUITE 401 CRESTWOOD, MO 63126	23-1907729	501(C)(3)	5,750				SUPPORT RESEARCH OF JUVENILLE DIABETES

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

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THE LEUKEMIA & LYMPHOMA SOCIETY 1972 INNERBELT BUSINESS CENTER DR ST LOUIS, MO 63114	13-5644916	501(C)(3)	5,500				SUPPORT RESEARCH OF LEUKEMIA AND LYMPHOMA
ATHENA LEADERSHIP FOUNDATION 4140 OLD MILL PARKWAY ST PETERS, MO 63376	43-1870092	501(C)(3)	5,434				SUPPORT, INSPIRE, AND DELEVOP WOMEN LEADERS

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

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GREAT CIRCLE 330 NORTH GORE ST LOUIS, MO 63119	43-0681471	501(C)(3)	5,250				GOLD SPONSORSHIP - STARRY STARRY NIGHT

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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.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
BJC HEALTH SYSTEM 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 on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☑ 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 nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or 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 2019, 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 2019 WERE: $14,900. 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 2019, 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. HOUSING ALLOWANCE - CURRENT EXPENSE POLICY OF THE ORGANIZATION PROHIBITS PAYMENT OF (OR REIMBURSEMENT FOR) HOUSING ALLOWANCE OR RESIDENCE FOR PAYMENTS PURSUANT TO A RELOCATION PLAN MUST BE APPROVED BY THE SENIOR HUMAN RESOURCE OFFICER AT THE RELEVANT ORGANIZATION. DURING 2019 THE ORGANIZATION PROVIDED TEMPORARY HOUSING TO THE CHIEF FINANCIAL OFFICER OF BJC HEALTH SYSTEM (BJC) RECRUITED TO THE ST. LOUIS AREA. HOUSING ALLOWANCE BENEFITS PROVIDED TO THIS BJC OFFICER WERE $267,628 DURING 2019. THESE PAYMENTS WERE APPROVED AND INCLUDED IN THE REPORTABLE COMPENSATION OF THE INDIVIDUAL. 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 2019, THE ORGANIZATION PROVIDED TOTAL REIMBURSEMENTS OF $2,610 INCLUDING $793 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 $17,884 FOR 2019.
PART I, LINE 3	THE COMPENSATION AND BENEFIT AMOUNTS OF THE ORGANIZATION'S OFFICERS AND TOP MANAGEMENT OFFICIALS ARE DETERMINED BY AN INDEPENDENT COMMITTEE OF BJC HEALTH SYSTEM. THE COMMITTEE IS COMPRISED OF INDEPENDENT PERSONS AND USES INDEPENDENT COMPENSATION STUDIES AND BENCHMARKING DATA TO ESTABLISH COMPENSATION AMOUNTS AND GUIDELINES. ALL AMOUNTS ARE APPROVED BY THE COMPENSATION COMMITTEE. THE ORGANIZATION RECONCILES THE AGGREGATE AMOUNTS PAID TO THE APPROVAL AMOUNTS SHORTLY AFTER THE CLOSE OF EACH CALENDAR YEAR.
PART I, LINE 4B	DURING 2019, 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): LIEKWEG, RICHARD $301,914 VAN TREASE, SANDRA $152,097 CANNON, ROBERT $143,109 KRIEGER, MARK $128,117 MAGRUDER, JOAN $122,951 FOX, JEROME $108,608 DEHAVEN, MICHAEL $106,637 BEATTY, JOHN $99,125 APLINGTON, DAVID $98,542 BARTO, NICK $90,750 DAVIS, JAMES $81,695 ROTHERY, DANIEL $80,895 TURNER, MARK $78,775 FETTER, LEE $73,267 POGUE, DOUGLAS $61,464 ANTES, JOHN $47,763 CASPERSON, WILLIAM $47,021 WATTS, CHRISTOPHER $44,602 SINEK, JIM $43,551 TERRACE, SARAH $42,141 MCMANUS, MICHAEL $41,365 LOLLO, TRISHA $40,970 STEVENS, RICK $40,699 PATTERSON, GREGORY $37,911 BLOUNT, ROBIN $35,340 MCKEE, MICHELE $34,941 BRAASCH, DAVID $33,826 SCHREINER, LORI $32,581 BLACK, CHARLES $32,537 CONKLIN, RICHARD $30,627 KARL, THOMAS $30,198 KOESTERER, SUSAN $27,722 SMITH, MONICA $27,508 DESART, AMY $26,752 THOMAS, JOSEPH $26,700 PETERS LEWIS, ANGELLEEN $26,345 PATTERSON, NANCY $25,471 KARL, BARBARA $25,224 SCHWARM, TONY $25,191 LAWSON, ELIZABETH $24,942 HALLORAN, TERESA $24,854 ABAD, ANN $21,512 OLINGER, STACY $19,105 SHEN, MARK $17,034 GUSMANO, JANE $15,737

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			(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				
1BJC-LIEKWEG RICHARD PRESIDENT, DIRECTOR	(i)	1,082,727	1,010,076	262,658	100,299	231,490	2,687,250	109,793
	(ii)	0	0	0	0	0	0	0
1 CHAS-VAN TREASE SANDRA DIRECTOR	(i)	677,591	480,949	87,219	149,331	100,208	1,495,298	76,776
	(ii)	0	0	0	0	0	0	0
2BJH-CANNON ROBERT W PRESIDENT, DIRECTOR	(i)	712,303	430,517	82,282	174,243	109,545	1,508,890	64,692
	(ii)	0	0	0	0	0	0	0
3BJC-GRIMSHAW CHARLES PHYSICIAN	(i)	1,047,305	59,609	21,398	39,839	31,168	1,199,319	0
	(ii)	0	0	0	0	0	0	0
4BJC-BARTO NICK SR VP, CFO, TREASURER	(i)	823,993	267,628	2,663	0	96,846	1,191,130	0
	(ii)	0	0	0	0	0	0	0
5MRHS-TURNER MARK J PRESIDENT, DIRECTOR	(i)	568,028	468,874	52,684	0	52,392	1,141,978	44,370
	(ii)	0	0	0	0	0	0	0
6AMH-MAGRUDER JOAN DIRECTOR	(i)	613,611	366,463	73,947	179,543	100,205	1,333,769	55,358
	(ii)	0	0	0	0	0	0	0
7BJC-PAUL MICHAEL J PHYSICIAN	(i)	805,116	223,990	9,203	97,747	30,661	1,166,717	0
	(ii)	0	0	0	0	0	0	0
8MESI-MOOSA HANS MD DIRECTOR	(i)	42,000	0	0	0	0	42,000	0
	(ii)	910,398	41,499	3,564	0	23,872	979,333	0
9BJSPH-FOX JERRY DIRECTOR	(i)	532,677	299,974	144,304	48,520	90,061	1,115,536	48,657
	(ii)	0	0	0	0	0	0	0
10BJC-HALL LANNIS E PHYSICIAN	(i)	834,307	122,730	4,002	131,984	25,691	1,118,714	0
	(ii)	0	0	0	0	0	0	0
11BJC-KRAINIK ANDREW J PHYSICIAN	(i)	848,041	90,754	810	81,467	30,383	1,051,455	0
	(ii)	0	0	0	0	0	0	0
12BJC-OCHIENG MILTON O PHYSICIAN	(i)	847,056	72,891	15,486	46,227	27,353	1,009,013	0
	(ii)	0	0	0	0	0	0	0
13BJC-APLINGTON DAVID SR. VP,GENERAL COUNSEL,SEC'Y	(i)	504,978	240,790	57,841	121,147	89,014	1,013,770	38,170
	(ii)	0	0	0	0	0	0	0
14BJCWC-BEATTY JOHN TREASURER, DIRECTOR	(i)	448,856	214,002	72,313	79,922	83,353	898,446	45,357
	(ii)	0	0	0	0	0	0	0
15 PMMCI-DOTHAGER DOUG MD DIRECTOR	(i)	7,183	0	0	0	33	7,216	0
	(ii)	644,137	65,862	3,564	0	30,254	743,817	0
16SLCH-SHEN MARK MD PRESIDENT, DIRECTOR TERM 3/2019	(i)	188,683	0	522,761	0	22,403	733,847	0
	(ii)	0	0	0	0	0	0	0
17 PGLC-POGUE DOUGLAS MD PRESIDENT & MANAGER	(i)	520,912	152,537	33,500	173,546	53,547	934,042	30,421
	(ii)	0	0	0	0	0	0	0
18BJC-THOMAS JOSEPH VP/CHIEF INVEST OFFICER EFF 8/2018	(i)	437,902	213,521	2,655	118,567	55,881	828,526	0
	(ii)	0	0	0	0	0	0	0
19 MBMC-MARTIN R SCOTT MD DIRECTOR	(i)	600,018	50,000	3,179	227,919	30,752	911,868	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			(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				
21BJSPH-WATTS CHRIS PRESIDENT, DIRECTOR	(i)	396,731	233,482	20,417	106,971	40,852	798,453	18,810
	(ii)	0	0	0	0	0	0	0
1BJH-KRIEGER MARK VP, CFO, TREASURER	(i)	420,458	113,813	111,340	115,052	36,478	797,141	102,513
	(ii)	0	0	0	0	0	0	0
2BJC-LIPSTEIN STEVEN FORMER CEO, DIRECTOR TERM 12/17	(i)	0	612,306	18,889	0	0	631,195	0
	(ii)	0	0	0	0	0	0	0
3MBMC-ANTES JOHN PRESIDENT, DIRECTOR	(i)	399,950	196,084	25,352	127,686	46,992	796,064	23,162
	(ii)	0	0	0	0	0	0	0
4AMH-FETTER LEE FORMER PRES/DIR TERM 10/16	(i)	15,918	494,255	73,968	0	279	584,420	73,267
	(ii)	0	0	0	0	0	0	0
5BJCHOME-ROTHERY DAN PRESIDENT, DIRECTOR	(i)	378,820	124,010	54,233	78,910	69,083	705,056	38,507
	(ii)	0	0	0	0	0	0	0
6PMMCI-BEATTY ADRIENA DIRECTOR	(i)	465,082	57,048	22,010	0	34,552	578,692	0
	(ii)	0	0	0	0	0	0	0
7MESI-BAUMER KEVIN MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	519,105	19,381	2,322	0	25,635	566,443	0
8BJWCH-LOLLO TRISH PRESIDENT, DIRECTOR	(i)	413,615	97,185	22,381	68,500	36,205	637,886	20,260
	(ii)	0	0	0	0	0	0	0
9CH-STEVENS RICK L PRESIDENT, DIRECTOR	(i)	332,299	154,417	22,135	47,745	43,424	600,020	20,129
	(ii)	0	0	0	0	0	0	0
10 PHC-KIRKLEY SCOTT D MD DIRECTOR	(i)	496,864	9,114	576	91,024	23,030	620,608	0
	(ii)	0	0	0	0	0	0	0
11BJC BH-TERRACE SARAH SECRETARY, DIRECTOR	(i)	361,599	106,595	23,481	99,452	46,725	637,852	19,733
	(ii)	0	0	0	0	0	0	0
12CHAS-SINEK JIM PRESIDENT, DIRECTOR	(i)	354,000	102,863	27,264	74,275	53,441	611,843	21,536
	(ii)	0	0	0	0	0	0	0
13 BJCHOME-PETERS LEWIS ANGELLEEN DIRECTOR	(i)	347,142	112,125	11,224	32,309	38,397	541,197	8,836
	(ii)	0	0	0	0	0	0	0
14SLCH-MCKEE MICHELE VICE PRESIDENT, FINANCE	(i)	314,309	110,771	17,519	118,795	34,985	596,379	15,863
	(ii)	0	0	0	0	0	0	0
15 BJWCH-BLACK CHARLES DOUGLAS FORMER PRES/DIR TERM 1/16	(i)	291,488	118,526	17,774	133,073	32,158	593,019	15,649
	(ii)	0	0	0	0	0	0	0
16 MMG-CASPERSON WILLIAM MD DIRECTOR	(i)	340,854	43,497	31,997	0	41,502	457,850	25,969
	(ii)	0	0	0	0	0	0	0
17 AMH-BRAASCH DAVID ALAN PRESIDENT, DIRECTOR	(i)	269,753	111,905	21,522	5,589	48,786	457,555	16,820
	(ii)	0	0	0	0	0	0	0
18 MBHS-JACKSON THOMAS MD DIRECTOR	(i)	350,992	26,036	18,685	72,364	31,657	499,734	0
	(ii)	0	0	0	0	0	0	0
19BJH-PATTERSON GREG FORMER SECR, DIR TERM 3/18	(i)	291,599	80,027	21,834	107,654	39,841	540,955	19,913
	(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			(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				
41CHAS-BLOUNT ROBIN SECRETARY, DIRECTOR	(i)	313,326	57,867	21,110	64,565	32,981	489,849	16,387
	(ii)	0	0	0	0	0	0	0
1MBHS-BAKER ALISON MD DIRECTOR	(i)	317,113	19,181	39,714	56,540	31,325	463,873	0
	(ii)	0	0	0	0	0	0	0
2 BJCHOME-SCHREINER LORI DIRECTOR	(i)	256,968	80,898	18,083	209,517	48,013	613,479	16,534
	(ii)	0	0	0	0	0	0	0
3 MRHS-MCMANUS MICHAEL FORMER SEC, DIRECTOR TERM 6/17	(i)	290,993	37,255	26,298	0	38,790	393,336	23,212
	(ii)	0	0	0	0	0	0	0
4CHAS-FOWLER ROSELLA FORMER VICE CHAIRMAN TERM 4/17	(i)	105,036	235,481	285	41,543	8,678	391,023	0
	(ii)	0	0	0	0	0	0	0
5PMMCI-GUSMANO JANE VP FINANCE, SECRETARY	(i)	259,897	72,217	3,015	182,008	35,749	552,886	0
	(ii)	0	0	0	0	0	0	0
6PHC-KARL THOMAS PRESIDENT, DIRECTOR	(i)	247,789	58,220	18,755	285,558	29,267	639,589	14,933
	(ii)	0	0	0	0	0	0	0
7 PWHC-SANDBERG STEPHANIE MD DIRECTOR	(i)	294,482	23,071	540	80,058	23,841	421,992	0
	(ii)	0	0	0	0	0	0	0
8PHC-GRIX GARY MD DIRECTOR	(i)	293,797	15,870	6,858	98,360	23,528	438,413	0
	(ii)	0	0	0	0	0	0	0
9CH-KOESTERER SUSAN VICE PRESIDENT, FINANCE	(i)	230,332	70,193	14,902	167,281	35,592	518,300	13,468
	(ii)	0	0	0	0	0	0	0
10MBMC-DESART AMY VICE PRESIDENT, FINANCE	(i)	225,715	73,252	14,253	173,684	29,638	516,542	12,642
	(ii)	0	0	0	0	0	0	0
11 BJCHOME-KADLEC-PATTERSON NANCY DIRECTOR	(i)	224,735	74,574	12,820	240,866	31,283	584,278	11,607
	(ii)	0	0	0	0	0	0	0
12 CHC-THOMAS MICHELE MD DIRECTOR	(i)	270,682	37,258	1,242	121,371	21,816	452,369	0
	(ii)	0	0	0	0	0	0	0
13 BHHC-JAMES DAVID TREY MD DIRECTOR	(i)	292,096	14,862	1,030	58,813	27,004	393,805	0
	(ii)	0	0	0	0	0	0	0
14BJWCH-ABAD ANN PRESIDENT, DIRECTOR BEG 12/19	(i)	210,487	70,459	16,841	132,073	44,357	474,217	10,638
	(ii)	0	0	0	0	0	0	0
15 CHAS-SMITH MONICA RN VICE CHAIRMAN, DIRECTOR	(i)	236,190	44,277	15,969	126,623	46,943	470,002	11,504
	(ii)	0	0	0	0	0	0	0
16 PMMCI-RAMOS-PARDO BEATRIZ MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	271,308	17,508	2,322	0	27,790	318,928	0
17 MBMC-WEINSTEIN DAVID L MD DIRECTOR	(i)	234,870	45,884	2,080	87,313	23,070	393,217	0
	(ii)	0	0	0	0	0	0	0
18 PWHC-LAWSON ELIZABETH VICE PRESIDENT, FINANCE	(i)	199,225	68,076	13,769	14,499	43,855	339,424	12,334
	(ii)	0	0	0	0	0	0	0
19BJWCH-OLINGER STACY DIRECTOR	(i)	209,849	58,856	9,904	30,676	30,922	340,207	8,073
	(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			(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				
61MBHS-SCHWARM TONY PRESIDENT	(i)	203,474	37,440	16,300	142,431	36,721	436,366	12,458
	(ii)	0	0	0	0	0	0	0
1BJH-REID SARA SECRETARY	(i)	219,062	35,921	1,915	121,545	28,501	406,944	0
	(ii)	0	0	0	0	0	0	0
2 BJCHOME-HALLORAN TERESA DIRECTOR	(i)	199,960	25,371	16,371	98,182	22,622	362,506	12,561
	(ii)	0	0	0	0	0	0	0
3BJC BH-KARL BARBARA PRESIDENT, DIRECTOR	(i)	184,295	27,909	16,249	169,288	20,482	418,223	13,878
	(ii)	0	0	0	0	0	0	0
4CHC-WARD CHRIS SECRETARY, TREASURER	(i)	155,390	25,256	4,521	151,026	21,756	357,949	0
	(ii)	0	0	0	0	0	0	0
5 BJC CHS-VENDITTI PATRICK VICE PRESIDENT & SECRETARY, DIRECTOR	(i)	139,648	20,131	8,894	43,402	22,702	234,777	0
	(ii)	0	0	0	0	0	0	0
6MMG-DAVIS JAMES B EXECUTIVE DIRECTOR, SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	25,455	31,902	104,665	0	4,118	166,140	0
7BJC-DEHAVEN MICHAEL FORMER SR VP,GEN COUN,SEC TERM 12/16	(i)	0	0	106,637	0	0	106,637	0
	(ii)	0	0	0	0	0	0	0
8BHHC-EIKEL LIZ SECRETARY, DIRECTOR	(i)	85,979	2,328	5,057	84,928	17,499	195,791	0
	(ii)	0	0	0	0	0	0	0

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
BJC HEALTH SYSTEM GROUP RETURN

Employer identification number
75-3052953

Part I **Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 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 the 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
(1) KATHY FERGUSON	FAMILY MEMBER. RELATED TO BOARD MEMBER BUNCH OF PHC	97,285	EMPLOYMENT AGREEMENT WITH PHC		No
(2) LINDSAY SELNER	FAMILY MEMBER. RELATED TO BOARD MEMBER WEDDLE OF BJC	123,321	EMPLOYMENT AGREEMENT WITH BJC		No
(3) LISA MCDONALD	FAMILY MEMBER. RELATED TO FORMER BOARD MEMBER ECKERT OF PMMCI	70,696	EMPLOYMENT AGREEMENT WITH PMMCI		No
(4) TARLTON CORPORATION	ENTITY >35% OWNED BY SLCH BOARD MEMBER HART.	19,285,475	SERVICES - CONSTRUCTION & DESIGN		No

Part V Supplemental Information

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

Return Reference	Explanation

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

OMB No. 1545-0047

2019

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 ▶ (AIRLINE VOUCHERS)	X	322	64,400	SELLING PRICE
26	Other ▶ (MHA PREP EQUIP)	X	36	29,827	FAIR MARKET VALUE
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

		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 isn't 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 nonstandard 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 didn't 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):	RECEIVED 36 CONTRIBUTION IN TOTAL FROM MHA PREPAREDNESS EQUIPMENT TOTALING A VALUE OF $29,827 RECEIVED 322 AIRLINE VOUCHERS TOTALING A VALUE OF $64,400

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

OMB No. 1545-0047

2019

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 MEMBERS OF OFFICERS, DIRECTORS OR KEY EMPLOYEES MAY, DURING THE NORMAL COURSE OF BUSINESS YET CONSISTENT 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 PERSONS DISCLOSE THESE POTENTIAL CONFLICTS TO BJC HEALTH SYSTEM ANNUALLY AND DO NOT PARTICIPATE 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 MARKET VALUE OF THE GOODS AND SERVICES RECEIVED BY THE REPORTING ORGANIZATION. DURING 2019, STEVENS, OFFICER OF CHRISTIAN HOPSPITAL, HAD A BUSINESS RELATIONSHIP WITH BOARD MEMBER RATLIFF. THIS RELATIONSHIP WAS REVIEWED BY BJC TO ENSURE PAYMENTS MADE DID NOT EXCEED THE FAIR MARKET VALUE OF THE GOOD SAND SERVICES RECEIVED BY THE BOARD MEMBER.

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND CONFLICT OF 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 HSDC - CHRISTIAN HEALTH SERVICES DEVELOPMENT CORPORATION MBHS - MISSOURI BAPTIST HOSPITAL - SULLIVAN MBMC - MISSOURI BAPTIST MEDICAL CENTER MESI - METRO-EAST SERVICES INC. MMG - ME MORIAL MEDICAL GROUP INC. MRHS - MEMORIAL REGIONAL HEALTH SERVICES INC. PEHC - PROGRESS EA ST HEALTHCARE CENTER PGLC - PHYSICIAN GROUPS, LC (DBA BJC MEDICAL GROUP) PHC - PARKLAND HE ALTH CENTER PMMCI - PRTESTANT MEMORIAL MEDICAL CENTER, INC. PWHC - PROGRESS WEST HEALTHCAR E CENTER SLCH - ST LOUIS CHILDREN'S HOSPITAL SOME OF THE INDIVIDUALS LISTED AS DIRECTORS O R OFFICERS OF THE ABOVE CORPORATIONS SERVE AS FULL TIME EMPLOYEES OF RELATED ORGANIZATIONS . EACH RECEIVE COMPENSATION FOR AN AVERAGE OF 40 HOURS PER WEEK WITHOUT REGARD TO THEIR PO SITION AS DIRECTOR OR OFFICER FOR THE RELATED ORGANIZATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	OTHER PURCHASED SERVICES: PROGRAM SERVICE EXPENSES 190,820,961. MANAGEMENT AND GENERAL EXPENSES 12,429,642. TOTAL EXPENSES 203,250,603. WASHINGTON UNIVERSITY PURCH SERV AND PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES 174,356,720. MANAGEMENT AND GENERAL EXPENSES 9,015,441. TOTAL EXPENSES 183,372,161. TEMP AGENCY PURCHASE SERVICE: PROGRAM SERVICE EXPENSES 80,383,457. MANAGEMENT AND GENERAL EXPENSES 154,360. TOTAL EXPENSES 80,537,817. PURCHASED PHYSICIAN FEES: PROGRAM SERVICE EXPENSES 75,811,232. MANAGEMENT AND GENERAL EXPENSES 966,620. TOTAL EXPENSES 76,777,852. ORGAN ACQUISITION-EXT SVC: PROGRAM SERVICE EXPENSES 26,680,866. TOTAL EXPENSES 26,680,866.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	EQUITY TRANSFERS FROM AFFILIATES 52,204,308. NET ASSETS RELEASED FROM RESTRICTIONS 13,794,319.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
BJC HEALTH SYSTEM 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.

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) 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) Disproprtionate allocations? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? No	(k) Percentage ownership

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) Section 512 (b)(13) controlled entity? No
(1)ATG ASSURANCE COMPANY LTD PO BOX 1109 GEORGETOWN, GR CAYMAN KY1-1002 CJ 98-0599167	INSURANCE	CJ	N/A	C					No
(2)DMP MIDWEST INC ONE METROPOLITAN SQ 2600 ST LOUIS, MO 63102 27-1943910	INACTIVE	MO	N/A	C					No
(3)MB MEDICAL SERVICES INC 3015 N BALLAS ROAD ST LOUIS, MO 63131 43-1437404	HEALTHCARE SERVICES	MO	MISSOURI BAPTIST MEDICAL CENTER	C		482	100.000 %		No
(4)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	11,074,453	41,837,630	100.000 %		No
(5)PF SERVICES INC 11155 DUNN ROAD ST LOUIS, MO 63136 43-1237767	MANAGEMENT SERVICES	MO	CHRISTIAN HEALTH SERVICES DEV CORP	C		76,441	100.000 %		No
(6)WLA INVESTMENT LTD PO BOX 178 OKOTOKS, ALBERTA T1S A15 CA	INVESTMENT HOLDINGS	CA	N/A	C					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
ALTON MEMORIAL PHYSICIAN BILLING SERVICES LLC ONE MEMORIAL DR ALTON, IL 62002 61-1628092	ADMIN & BILLING SERV	IL	-1,992,494	822,133	ALTON MEMORIAL HOSPITAL
BJSPH PHYSICAN BILLING SERVICE LLC 10 HOSPITAL DR ST PETERS, MO 63367 45-4482673	ADMIN & BILLING SERV	MO	3,039,456	724,281	BARNES JEWISH ST PETERS HOSPITAL
BOONE PHYSICIAN SERVICES LLC 1600 EAST BROADWAY COLUMBIA, MO 65201 46-0552280	PHYSICIAN SERVICES	MO	3,724,257	643,422	CH ALLIED SERVICES INC
CHAS PHYSICIAN SERVICES LLC 1600 E BROADWAY COLUMBIA, MO 65201 32-0275207	PHYSICIAN SERVICES	MO	12,941,399	2,688,694	CH ALLIED SERVICES INC
CHRISTIAN HOSPITAL PHYSICIAN BILLING SERVICES LLC 11155 DUNN ROAD ST LOUIS, MO 63136 94-3448764	BILLING SERVICES	MO	-208,661	215,597	CHRISTIAN HOSPITAL NE-NW
HEALTHCARE REAL ESTATE MANAGEMENT LLC 4901 FOREST PARK AVE STLOUIS, MO 63108 46-0782034	REAL ESTATE HOLDINGS	MO	3,840,185	31,765,561	CH ALLIED SERVICES INC
MB PROFESSIONAL BILLING SERVICES LLC 3015 N BALLAS ROAD ST LOUIS, MO 63131 11-3794837	BILLING SERVICES	MO			MISSOURI BAPTIST MEDICAL CENTER
MISSOURI BAPTIST PHYSICIAN SVCS LLC 3015 N BALLAS ROAD ST LOUIS, MO 63131 34-2028972	PHYSICIAN SERVICES	MO	3,226,775	17,176,724	MISSOURI BAPTIST MEDICAL CENTER
PC ASSOCIATES LLC 4500 MEMORIAL DRIVE BELLEVILLE, IL 62226 37-1595406	HEALTH SERVICES	IL			MEMORIAL MEDICAL GROUP LLC
CA GROUP LLC 4500 MEMORIAL DRIVE BELLEVILLE, IL 62226 38-3810259	HEALTH SERVICES	IL			MEMORIAL MEDICAL GROUP LLC
OA ASSOCIATES LLC 4500 MEMORIAL DRIVE BELLEVILLE, IL 62226 27-2025002	HEALTH SERVICES	IL			MEMORIAL MEDICAL GROUP LLC
MSA ALLIANCE LLC 4500 MEMORIAL DRIVE BELLEVILLE, IL 62226 27-2019538	HEALTH SERVICES	IL			MEMORIAL MEDICAL GROUP LLC
OB PRACTICE LLC 4500 MEMORIAL DRIVE BELLEVILLE, IL 62226 27-2795665	HEALTH SERVICES	IL			MEMORIAL MEDICAL GROUP LLC
MEMORIAL MEDICAL GROUP LLC 4500 MEMORIAL DRIVE BELLEVILLE, IL 62226 27-2019352	HEALTH SERVICES	IL	0	0	MEMORIAL REGIONAL HEALTH SERVICES INC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
1109 N OXFORDSHIRE LANE EDWARDSVILLE, IL 62025 37-1177053	SUPPORT TO AMH	IL	501(C)(3)	LINE 12C, III-FI	ALTON MEMORIAL HOSPITAL	Yes	
PO BOX 0634 MILWAUKEE, WI 53201 37-6039185	SUPPORT TO AMH	IL	501(C)(3)	LINE 12D, III-O	ALTON MEMORIAL HOSPITAL	Yes	
ONE BARNES-JEWISH HOSPITAL PLZ ST LOUIS, MO 63110 23-7000410	SUPPORT TO BJH	MO	501(C)(3)	LINE 12C, III-FI	BARNES-JEWISH HOSPITAL	Yes	
10 HOSPITAL DRIVE ST PETERS, MO 63376 45-4471497	SUPPORT TO BJSPH & PWHC	MO	501(C)(3)	LINE 7	BJSP HOSPITAL & PROGRESS WEST	Yes	
10 HOSPITAL DRIVE ST PETERS, MO 63376 43-1232811	SUPPORT TO BJSP HOSPITAL	MO	501(C)(3)	LINE 3	BARNES-JEWISH STPETERS HOSPITAL	Yes	
11155 DUNN ROAD SUITE 300 N ST LOUIS, MO 63136 43-1947644	SUPPORT TO CHNE	MO	501(C)(3)	LINE 7	CHRISTIAN HOSPITAL NENW	Yes	
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	
1001 HIGHLANDS PLAZA DR WEST SUITE ST LOUIS, MO 63110 43-1648435	SUPPORT TO BJH	MO	501(C)(3)	LINE 7	BARNES-JEWISH HOSPITAL	Yes	
4500 MEMORIAL DRIVE BELLEVILLE, IL 62226 37-1186034	SUPPORT TO PMMCI	IL	501(C)(3)	LINE 7	MEMORIAL REGIONAL HEALTH SVCS INC	Yes	
4500 MEMORIAL DRIVE BELLEVILLE, IL 62226 37-1186035	SUPPORT TO MFI & MRHSI	IL	501(C)(3)	LINE 12C, III-FI	N/A		No
4500 MEMORIAL DRIVE BELLEVILLE, IL 62226 37-1064809	PROVIDE MED MAL INSURANCE	IL	501(C)(3)	LINE 12C, III-FI	MEMORIAL REGIONAL HEALTH SVCS INC	Yes	
3015 N BALLAS ROAD ST LOUIS, MO 63131 43-1472026	SUPPORT TO MBMC	MO	501(C)(3)	LINE 7	MISSOURI BAPTIST MEDICAL CENTER	Yes	
751 SAPPINGTON BRIDGE RD SULLIVAN, MO 63080 43-1349641	SUPPORT TO MBHS	MO	501(C)(3)	LINE 3	MISSOURI BAPTIST HOSP OF SULLIVAN	Yes	
1101 WEST LIBERTY ST FARMINGTON, MO 63640 90-0424964	SUPPORT TO PHC	MO	501(C)(3)	LINE 12A, I	PARKLAND HEALTH CENTER	Yes	
4500 MEMORIAL DRIVE BELLEVILLE, IL 62226 37-1413286	SUPPORT TO PMMCI	IL	501(C)(3)	LINE 12A, I	MEMORIAL REGIONAL HEALTH SVCS INC	Yes	
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	
THE HEART CARE INSTITUTE LLC 1020 NORTH MASON ROAD ST LOUIS, MO 63141 43-1870517	MEDICAL SERVICES	MO	BARNES-JEWISH HOSPITAL	RELATED	872,355	900,646		No		Yes		25.000 %
THE HEART CARE INSTITUTE LLC 1020 NORTH MASON ROAD ST LOUIS, MO 63141 43-1870517	MEDICAL SERVICES	MO	BARNES-JEWISH WEST COUNTY HOSPITAL	RELATED	872,355	900,646		No		Yes		25.000 %
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	3,172,633	953,727		No		Yes		50.000 %
THE REHABILITATION INSTITUTE OF ST LOUIS LLC 3660 GRANDVIEW PKWY BIRMINGHAM, AL 35243 63-1254288	MEDICAL SERVICES	AL	BARNES-JEWISH HOSPITAL	RELATED	-176,592	11,634,559		No		Yes		50.000 %
CHILDREN'S DISCOVERY INSTITUTE LLC 4901 FOREST PARK AVE ST LOUIS, MO 63108	SEARCH FOR CURES OF PEDIATRIC DISEASES	MO	N/A									
Y-SIHVI LLC 4500 MEMORIAL DRIVE BELLEVILLE, IL 62226 37-1385862	PHYSICAL THERAPY & FITNESS	IL	MEMORIAL REGIONAL HEALTH SERVICES INC	RELATED	-42,475	3,199,761		No		Yes		50.000 %
SOUTHWEST ILLINOIS HEALTH SERVICES LLP 4500 MEMORIAL DRIVE BELLEVILLE, IL 62226 37-1312961	MEDICAL SERVICES	IL	SOUTHWEST ILLINOIS HEALTH VENTURES INC	RELATED	-78,960	1,254,508		No			No	50.000 %
SOUTHWEST ILLINOIS HEALTH SERVICES REAL ESTATE LLP 4500 MEMORIAL DRIVE BELLEVILLE, IL 62226 82-3633320	COMMERCIAL REAL ESTATE	IL	SOUTHWEST ILLINOIS HEALTH VENTURES INC	RELATED	282,559	1,355,078		No			No	50.000 %

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
ALTON MEMORIAL HEALTH SERVICES FOUNDATION	C	693,370	
ALTON MEMORIAL HEALTH SERVICES FOUNDATION	B	899,476	
BARNES-JEWISH ST PETERS & PROGRESS WEST FOUNDATION	O	50,456	
BARNES-JEWISH ST PETERS & PROGRESS WEST FOUNDATION	C	109,653	
CHRISTIAN HOSPITAL FOUNDATION	O	100,492	
CHRISTIAN HOSPITAL FOUNDATION	C	319,773	
MEMORIAL FOUNDATION INC	C	12,363,306	
MISSOURI BAPTIST HEALTHCARE FOUNDATION	O	46,047,421	
MISSOURI BAPTIST HEALTHCARE FOUNDATION	C	2,173,047	
PARKLAND HEALTH CARE FOUNDATIONS	C	245,250	
ST LOUIS CHILDREN'S HOSPITAL FOUNDATION	O	2,104,078	
ST LOUIS CHILDREN'S HOSPITAL FOUNDATION	C	12,443,074	
THE FOUNDATION FOR BARNES JEWISH HOSPITAL	O	2,026,704	
THE FOUNDATION FOR BARNES JEWISH HOSPITAL	C	5,536,106	