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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 black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
BJC HEALTH SYSTEM

Doing Business As
BJC Healthcare

Number and street (or P O box if mail is not delivered to street address) | Room/suite
4444 FOREST PARK AVE MS 90-66-500

City or town, state or country, and ZIP + 4
ST LOUIS, MO 63110

D Employer identification number
43-1617558

E Telephone number
(314) 286-2057

G Gross receipts $ 280,839,227

F Name and address of principal officer
Kevin V Roberts
4444 Forest Park Ave
St Louis, MO 63110

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

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

H(c) Group exemption number ▶ 3844

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

J Website: ▶ WWW bjc org

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

L Year of formation 1993

M State of legal domicile MO

Part I Summary

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**	29
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	28
5	Total number of employees (Part V, line 2a)	**5**	2,438
6	Total number of volunteers (estimate if necessary)	**6**	4,192
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	**7a**	814,456
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	153,847	155,250
9	Program service revenue (Part VIII, line 2g)	238,375,959	280,900,879
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-6,445,396	-1,820,062
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,088,730	1,603,160
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	234,173,140	280,839,227
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,168,732	4,164,849
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	145,669,650	169,525,597
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	90,572,674	108,538,225
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	238,411,056	282,228,671
19	Revenue less expenses Subtract line 18 from line 12	-4,237,916	-1,389,444
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	1,293,093,383	1,489,190,860
21	Total liabilities (Part X, line 26)	1,170,629,943	1,243,289,611
22	Net assets or fund balances Subtract line 21 from line 20	122,463,440	245,901,249

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: 2010-11-15

Kevin V Roberts SENIOR VICE PRES, CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-empolyed ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4	ERNST & YOUNG US LLP 190 CARONDELET PLAZA STE 1300 CLAYTON, MO 63105		EIN ▶ Phone no ▶ (314) 290-1000

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

BJC HealthCare is the parent corporation of a nonprofit health care organization serving primarily the residents of metropolitan St Louis, mid-Missouri and southern Illinois in urban, suburban and rural communities BJC operates 13 hospitals and multiple community health locations which provide inpatient and outpatient care, rehabilitation, primary care, home care, hospice, long-term care, community mental health, workplace health and community health and wellness BJC also supports the training of future health professionals, advancement of medical research, regional health safety net services and emergency preparedness, community outreach and health literacy, and regional economic development

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 $ 84,918,009 including grants of $ 0) (Revenue $ 84,918,088)

BJC Medical Group employs 125 physicians with a range of medical and surgical specialties The physicians serve patients in the St Louis metropolitan region, Farmington, Mo , Sullivan, Mo , mid-Missouri and southern Illinois BJC Medical Group supports and grows physician practices affiliated with BJC hospitals BJC Medical Group also partners with BJC hospitals to recruit physicians to areas of community need Recruited physicians include both primary and specialty physicians The organizations had 405,610 patient visits

4b (Code) (Expenses $ 63,212,498 including grants of $) (Revenue $ 63,212,498)

BJC Information Services and Technology services department plans, develops and supports information technology and telecommunications initiatives throughout BJC The 600-person department maintains the organization's technology infrastructure and achieves specific strategic goals related to clinical care, patient safety and evidence-based medicine, process simplification and standardization, automation, education, workforce development, financial management and patient satisfaction BJC hospitals benefit from the centralized depth of information services knowledge and the commitment to innovative technology solutions

4c (Code) (Expenses $ 24,572,074 including grants of $) (Revenue $ 24,572,074)

BJC clinical engineering manages clinical assets across BJC, including operational support and maintenance management of diagnostic, treatment and patient support medical equipment such as biomedical equipment, clinical laboratory equipment and diagnostic imaging technology Service engineers are deployed across the 13 hospitals and other health service organizations as required to meet demand BJC Clinical engineering works in collaboration with other BJC departments concerning patient safety for maintenance and product recalls, pre-purchase evaluation and support cost analysis, asset management planning from acquisition through disposal, project planning and management, and environmental rounds

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**

(Expenses $ 53,956,080 including grants of $ 4,164,849) (Revenue $ 108,198,219)

4e **Total program service expenses** ▶ $ 226,658,661

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?	2		No
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? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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, 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 term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	• 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.*			
	• 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.*			
	• 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.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• 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? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional*	12A	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	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*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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 questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) 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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	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**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	2,133		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	2,438		
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 this return (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Yes	
b	If "Yes," enter the name of the foreign country ▶ UK See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
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, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	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?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, 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	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the 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			

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.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . .	1a 29		
b	Enter the number of voting members that are independent . .	1b 28		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	Yes	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does 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 a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

Larry Kayser
4444 Forest Park Ave
St Louis, MO 63108
(314) 286-0638

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

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 Use Schedule J-2 if additional space is needed

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

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

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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 HEALTH SYS GROUP RET See Schedule O	1 00			X				8,476,990	0	0
bJC HEALTH SYS GROUP RET see Schedule O	40 00					X		1,370,048	0	0
BJC HEALTH SYS GROUP RET see Schedule O	1 00						X	162,601	0	0

1b Total . . . . . ▶	10,009,639	0	0

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 271

			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 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

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

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

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 155,250				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		155,250			
Program Service Revenue			Business Code				
	2a	SVCS TO AFFILIATES	561,000	214,934,365	214,934,365		
	b	Program service revenu	621,110	64,306,764	64,306,764		
	c	Miscellaneous Revenue	900,099	861,609	852,319		9,290
	d	Billing Revenue	541,900	612,817		612,817	
	e	PROGRAM RENTAL INCOME	531,190	153,730	153,730		
	f	All other program service revenue		31,594		31,594	
	g	**Total.** Add lines 2a–2f		280,900,879			
	3	Investment income (including dividends, interest and other similar amounts)		-1,605,239		170,045	-1,775,284
	4	Income from investment of tax-exempt bond proceeds		-214,823			-214,823
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b	Less direct expenses b					
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See Part IV, line 19 a					
	b	Less direct expenses b					
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances a					
	b	Less cost of goods sold b					
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	c						
	d	All other revenue		1,603,160			1,603,160
	e	**Total.** Add lines 11a–11d		1,603,160			
	12	**Total revenue.** See Instructions		280,839,227	280,247,178	814,456	-377,657

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) but are not required to complete columns (B), (C), and (D).

	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 governments and organizations in the U S See Part IV, line 21	4,164,849	4,164,849		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	10,009,639		10,009,639	
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	127,251,918	102,915,347	24,336,571	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	7,114,143	6,642,045	472,098	
9	Other employee benefits	14,975,079	14,021,857	953,222	
10	Payroll taxes	10,174,818	8,319,229	1,855,589	
11	Fees for services (non-employees)				
a	Management	82	82		
b	Legal	2,063,848	39,585	2,024,263	
c	Accounting	629,634		629,634	
d	Lobbying	493,877		493,877	
e	Professional fundraising *See Part IV, line 17*				
f	Investment management fees				
g	Other	8,212,977	7,706,966	506,011	
12	Advertising and promotion	3,291,675	426,201	2,865,474	
13	Office expenses	35,362,615	34,438,045	924,570	
14	Information technology	25,221,106	23,201,269	2,019,837	
15	Royalties				
16	Occupancy	15,337,631	11,720,846	3,616,785	
17	Travel	1,119,724	852,466	267,258	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,093,231	927,176	166,055	
20	Interest	83,520	83,520		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,145,510	3,821,671	1,323,839	
23	Insurance	3,483,901	2,576,733	907,168	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	Bad Debt	2,115,419	2,115,419	0	
b	Repairs and Maintenance	848,446	848,446	0	
c	Service Contract Fees	773,322	579,766	193,556	
d	Dues and Subscriptions	593,474	225,356	368,118	
e	Recruitment	558,326	379,901	178,425	
f	All other expenses	2,109,907	651,886	1,458,021	
25	**Total functional expenses.** Add lines 1 through 24f	282,228,671	226,658,661	55,570,010	0
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		4,156	1	4,401
	2	Savings and temporary cash investments		38,211,246	2	19,158,148
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		5,258,446	4	5,498,380
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		459,530	8	668,518
	9	Prepaid expenses and deferred charges		15,856,363	9	21,314,855
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 199,267,822			
	b	Less accumulated depreciation	10b 81,344,490	97,590,418	10c	117,923,332
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		314,721,075	12	113,173,141
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		820,992,149	15	1,211,450,085
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,293,093,383	16	1,489,190,860
Liabilities	17	Accounts payable and accrued expenses		64,977,364	17	94,157,547
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		592,344,160	20	592,157,090
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		513,308,419	25	556,974,974
	26	**Total liabilities.** Add lines 17 through 25		1,170,629,943	26	1,243,289,611
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		122,463,440	27	245,901,249
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		122,463,440	33	245,901,249
	34	Total liabilities and net assets/fund balances		1,293,093,383	34	1,489,190,860

Part XI Financial Statements and Reporting

			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
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
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	

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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.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
BJC HEALTH SYSTEM

Employer identification number
43-1617558

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

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 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)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☑ 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 that describes the type of supporting organization and complete lines 11e through 11h

a ☑ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☑ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		No
(ii) a family member of a person described in (i) above? **11g(ii)**		No
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		No

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									226,658,662

Part II **Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
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 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2009.** 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—2008.** If the organization did not check the 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—2009.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2008.** 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 IV 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 IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 IV)						
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 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** 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—2008.** 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 **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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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. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, 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," to 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," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion 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 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made 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-

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable 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)).

		(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?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?	Yes		709
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		492,176
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		992
i	Other activities? If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			493,877
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 carryover 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) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible 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

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
BJC HEALTH SYSTEM

Employer identification number
43-1617558

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate 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 may 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" to 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 pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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 and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, 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 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items

a Revenues included in 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 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 XIV

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" to 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 XIV 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? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to 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 Investment earnings or 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 year end balance held as

- a Board designated or quasi-endowment ▶ %
- b Permanent endowment ▶ %
- c Term endowment ▶ %

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

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,474,672		2,474,672
b Buildings		2,514,998	1,703,247	811,751
c Leasehold improvements		21,721,100	18,557,073	3,164,027
d Equipment		67,125,566	59,855,294	7,270,272
e Other		105,431,486	1,228,876	104,202,610
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				117,923,332

Part VII Investments—Other Securities. 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
Financial derivatives		
Closely-held equity interests		
Other Other Board Designated	14,191,945	F
securities Lending Program Investments	61,773,802	F
under bond indenture agreement	534,191	F
Investment in Affiliates	18,948,726	F
Deffered comp - Investments	17,562,179	F
Self Insurance Trust	162,298	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	113,173,141	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Due from Related Parties	1,061,257,779
Investments Purchased	122,081,169
Property for Future Development	7,766,488
Other Receivables	1,220,443
Cash Surrender Value of Life Insurance	701,864
Interest Rate Swaps	18,422,342
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	1,211,450,085

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Payable Investment Purchased	82,120,247
Payable Security Lending Program	61,590,948
Interest Rate Swaps	25,380,448
Pension Liability	326,662,765
Other Current Liab	19,849,594
Other Long Term Liabilities	16,457,998
Self Funded Malpr	5,646,083
Interest Payable	1,377,954
Deferred Compensation Payable	17,888,937
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	556,974,974

2. Fin 48 Footnote In Part XIV, 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

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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 on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	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 XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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 XIV)	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 XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
		FOR 2009, THE NET ASSETS AND ACTIVITIES OF THE REPORTING ORGANIZATION ARE INCLUDED IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF BJC HEALTH SYSTEM AND AFFILIATES (BJC) THE AUDIT IS CONDUCTED IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES NO SEPARATE AUDITED FINANCIAL STATEMENTS ARE PREPARED FOR THE REPORTING ORGANIZATION ACCORDINGLY, FORM 990, SCHEDULE D, PART(S) XI, XII, AND XIII RECONCILIATION OF CHANGE IN NET ASSETS, REVENUE AND EXPENSES FROM FORM 990 TO AUDITED FINANCIAL STATEMENTS ARE NOT REQUIRED TO BE COMPLETED 2009 UNREALIZED GAINS AND LOSSES NOT INCLUDED IN THE INCOME OR EXPENSES REPORTED IN FORM 990 WERE LOSSES OF ($90,210,460) FOR BJC HEALTH SYSTEM

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
BJC HEALTH SYSTEM

Employer identification number
43-1617558

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

1 **For grantmakers.** 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 **For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA	0	0	INVESTING ACTIVITIES		618,340
CENTRAL AMERICA/CARIBBEAN	1	0	PROGRAM SERVICES	PROGRAM ADMINISTRATIVE EXPENSES RELATED TO ATG ASSURANCE CO, LTD INCLUDES PROFESSIONAL, MANAGEMENT AND TRAVEL EXPENSES INCURRED WHILE CONDUCTING ACTIVITIES OF THIS WHOLLY OWNED CAPTIVE INSURANCE COMPANY	108,857
CENTRAL AMERICA/CARIBBEAN	1	0	PROGRAM SERVICES	FOREIGN TRAVEL & MEETING EXPENSES RELATED TO ATG ASSURANCE CO, LTD INCURRED WHILE CONDUCTING ACTIVITIES OF THIS WHOLLY OWNED CAPTIVE INSURANCE COMPANY	6,121
EUROPE	0	0	PROGRAM SERVICES	FOREIGN TRAVEL & MEETING EXPENSES RELATED TO ATG ASSURANCE CO, LTD INCURRED WHILE CONDUCTING ACTIVITIES OF THIS WHOLLY OWNED CAPTIVE INSURANCE COMPANY	7,736
Totals . . . . . ▶	2	0			741,054

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Schedule F-1 (Form 990) 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 of non-cash assistance	**(h)** Description of non-cash 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" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

Identifier	ReturnReference	Explanation

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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," to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
BJC HEALTH SYSTEM

Employer identification number
43-1617558

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 17

3 Enter total number of other organizations . . . ▶ 2

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 DURING 2009, BJC HEALTH SYSTEM AND AFFILIATES MADE GRANTS TO OTHER SECTION 501(C)(3) PUBLIC CHARITIES OR SOCIAL WELFARE ORGANIZATIONS FOR GENERAL OPERATIONS AND TO BE USED IN FULFILLING THE EXEMPT PURPOSE OF THE GRANTEE CHARITABLE 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

Additional Data Return to Form

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST LOUIS CRISIS NURSERY REGIONAL ADMINISTRATIVE OFFICE 11710 ADMINISTRA ST LOUIS,MO 63146	43-1410297	501(c)3	6,000				Support Fundraiser of Children's Organization
MARCH OF DIMES2001 S HANLEY RD STE 510 ST LOUIS,MO 63144	13-1846366	501(c)3	7,500				Support the health of babies by preventing Birth Defects
MULTIPLE SCLEROSIS SOCIETY1867 LACKLAND HILL PARKWAY ST LOUIS,MO 63146	43-0718808	501(c)3	7,500				Contribution to Further Multiple Sclerosis research
AMERICAN DIABETES ASSOCIATION10820 SUNSET OFFICE DR STE 220 ST LOUIS,MO 63127	54-1734511	501(c)3	7,500				Contribution to further Diabetes research
ST LOUIS SYMPHONY ORCHESTRAPOWELL SYMPHONY HALL 718 NORTH GRAND ST LOUIS,MO 63103	43-0666769	501(c)3	9,000				Sponsorship of Saint Louis Symphony Orchestra
CITIZENS IN SUPPORT OF E91120 ROCLARE LANE ST LOUIS,MO 63131	27-1066962	501(c)4	10,000				support to strengthen the public safety communication system
COUNTY CITIZENS FOR CLEAN AIR7053 MARTHA BHATTACHARYA UNIVERSITY CITY,MO 63130	27-1083090	501(c)4	10,000				support to improve the health of all citizens by exposure to second hand smoke
TEACH FOR AMERICA815 OLIVE ST STE 14 ST LOUIS,MO 63101	13-3541913	501(c)3	10,000				support to improve the health of all citizens by exposure to second hand smoke
YWCA METRO OF ST LOUIS 3820 WEST PINE BLVD ST LOUIS,MO 63108	43-0653618	501(c)3	10,000				Support of CIRCLE OF WOMEN for eliminatin racism and empowering women
CENTRAL WEST END ASSOCIATION449 N EUCLID AVE ST LOUIS,MO 63108	43-1196545	501(c)3	12,000				Sponsorship of CWEA Dine Out event on March 24, 2009 in the Central West End

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ST LOUIS CHILDREN'S HOSPITALONE CHILDRENS PLACE ROOM 3N40 ST LOUIS,MO 63110	43-1626863	501(c)3	12,500				Sponsor of Charitable Fundrasier
WEBSTER UNIVERSITY BUSINESS OFFICE 470 E LOCKWOOD ST LOUIS,MO 631193194	43-0662529	501(c)3	15,000				Webster Works campaign to benefit nursing students
FAIR SAINT LOUIS FOUNDATION1141 SOUTH SEVENTH ST ST LOUIS,MO 63104	43-1218720	501(c)3	15,000				Health awareness sponsor of Fair St Louis
BJH FOUNDATION1001 Higlands Plaza Dr ST LOUIS,MO 63110	43-1648435	501(c)3	16,012				Funding of research for Atkins
JEWISH FEDERATION OF ST LOUIS12 MILLSTONE CAMPUS DR KOPOLOW BLDG ST LOUIS,MO 63146	43-0652643	501(c)3	25,000				Marketing/Communications for Jewish Fed of St Louis Project
UNITED WAY OF GREATER ST LOUISBOX 500280 ST LOUIS,MO 63150	43-0714167	501(c)3	39,310				Support the people in the St Louis community in need
ST LOUIS REGIONAL CHAMBER & GROWTH ASSOCIATIONPO Box 60696 ST LOUIS,MO 631600696	43-0975222	501(c)3	104,050				Support St Louis Economic Development
ST LOUIS REGIONAL HEALTH COMMISSION 1113 MISSISSIPPI AVE SUITE 113 ST LOUIS,MO 63104	43-1883638	501(c)3	1,000,000				Support NMPI PROJECT
WASHINGTON UNIVERSITY1 Brookings Drive ST LOUIS,MO 63130	43-0653611	501(c)3	2,677,584				Support SCHOOL OF PUBLIC HEALTH CONTRIBUTION

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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" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
BJC HEALTH SYSTEM

Employer identification number
43-1617558

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 in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☑ First-class or charter travel ☑ Housing allowance or residence for personal use ☑ Travel for companions ☐ Payments for business use of personal residence ☑ Tax idemnification and gross-up payments ☑ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ 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 in 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**	Yes	
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) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in 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," to line 5a or 5b, describe in Part III			
6	For persons listed in 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," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to 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 Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(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 reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
BJC HEALTH SYS GROUP RETURN	(i)	4,480,148	3,499,158	497,684	464,866	181,841	9,123,697	115,074
	(ii)	0	0	0	0	0	0	0
bJC HEALTH SYS GROUP RETURN	(i)	800,353	485,022	84,673	190,328	34,803	1,595,179	92,984
	(ii)	0	0	0	0	0	0	0
BJC HEALTH SYS GROUP RETURN	(i)	92,869	61,954	7,778	44,239	11,007	217,847	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
	Part I, Line 1a	PURSUANT TO TREASURY REG SECTION 1 6033-2(D)(5), BJC HEALTH SYSTEM HAS ELECTED TO REPORT INFORMATION ABOUT CONTRIBUTIONS, GIFTS & GRANTS, COMPENSATION AND OTHER INFORMATION ABOUT OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES, Former employees, CERTAIN OTHER HIGHLY PAID EMPLOYEES, CERTAIN PROFESSIONAL CONTRACTORS AND CERTAIN OTHER CONTRACTORS ON A CONSOLIDATED BASIS FOR ALL OF THE MEMBERS OF THE GROUP, INCLUDING THE PARENT ORGANIZATION, ON THE GROUP RETURN OF BJC HEALTH SYSTEM GROUP, EIN 75-3052953
	Part I, Line 4a	PURSUANT TO TREASURY REG SECTION 1 6033-2(D)(5), BJC HEALTH SYSTEM HAS ELECTED TO REPORT INFORMATION ABOUT CONTRIBUTIONS, GIFTS & GRANTS, COMPENSATION AND OTHER INFORMATION ABOUT OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES, Former employees, CERTAIN OTHER HIGHLY PAID EMPLOYEES, CERTAIN PROFESSIONAL CONTRACTORS AND CERTAIN OTHER CONTRACTORS ON A CONSOLIDATED BASIS FOR ALL OF THE MEMBERS OF THE GROUP, INCLUDING THE PARENT ORGANIZATION, ON THE GROUP RETURN OF BJC HEALTH SYSTEM GROUP, EIN 75-3052953

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
BJC HEALTH SYSTEM

Employer identification number
43-1617558

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased Yes	(g) Defeased No	(h) On Behalf of Issuer Yes	(h) On Behalf of Issuer No
A	HEALTH & EDUC FACILITIES AUTHORITY STATE OF MISSOURI	43-1178966	60635RD20	07-24-2003	224,654,570	SEE SCHEDULE O		X		X
B	HEALTH & EDUC FACILITIES AUTHORITY STATE OF MISSOURI	43-1178966	60635r2k2	04-22-2008	368,575,000	SEE SCHEDULE O		X		X

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	224,654,570	368,575,000			
2	Gross proceeds in reserve funds					
3	Proceeds in refunding or defeasance escrows					
4	Other unspent proceeds					
5	Issuance costs from proceeds	1,705,618	711,712			
6	Working capital expenditures from proceeds					
7	Capital expenditures from proceeds	228,657,061	124,788,186			
8	Year of substantial completion	2006	2009			

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
9	Were the bonds issued as part of a current refunding issue?		X	X							
10	Were the bonds issued as part of an advance refunding issue?		X		X						
11	Has the final allocation of proceeds been made?	X		X							
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X							

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?	X		X							
3b	Are there any research agreements with respect to the financed property which may result in private business use?	X		X							
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X							
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 500 %		0 200 %						
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 100 %		0 100 %						
6	Total of lines 4 and 5		0 600 %		0 300 %						
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X							

Part IV Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	X			X						
2	Is the bond issue a variable rate issue?		X	X							
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X		X						
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?		X		X						
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?		X		X						
6	Did the bond issue qualify for an exception to rebate?		X		X						

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
BJC HEALTH SYSTEM

Employer identification number
43-1617558

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		THE ORGANIZATION PREPARES DRAFT COPIES OF FORM 990 AND ATTACHMENTS FOR REVIEW BY MEMBERS OF MANAGEMENT AFTER RESOLVING ANY OPEN ITEMS, THE FINAL DRAFT RETURNS ARE MADE AVAILABLE TO THE BOARD AND TO TWO BOARD COMMITTEES FOR THEIR REVIEW QUESTIONS AND COMMENTS THAT ARISE FROM THE COMMITTEES OR INDIVIDUAL BOARD MEMBER REVIEWS ARE ADDRESSED IN ADVANCE OF SUBMISSION TO THE APPROPRIATE TAXING AUTHORITIES
Form 990, Part VI, Section B, line 12c		THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS COMPLIANCE WITH THE POLICY BY ISSUING ANNUALLY A CONFLICT OF INTEREST QUESTIONNAIRE REMINDING COVERED INDIVIDUALS OF THEIR OBLIGATIONS TO DISCLOSE POTENTIAL CONFLICTS AND REQUESTING THAT THEY COMPLETE A CONFLICTS OF INTEREST QUESTIONNAIRE THE QUESTIONNAIRE REQUIRES THE DISCLOSURE OF CONFLICTS AND AN ATTESTATION TO THEIR CONTINUING OBLIGATION TO DISCLOSE SAID CONFLICTS SHOULD THE NEED ARISE THE RESULTS OF THE CONFLICT OF INTEREST QUESTIONNAIRE ARE REVIEWED BY A CENTRALIZED COMPLIANCE DEPARTMENT AND APPROPRIATE ACTION TAKEN AS NECESSARY SHOULD THE ORGANIZATION BECOME AWARE OF A CONFLICT NOT PREVIOUSLY REPORTED, ITS GENERAL COUNSEL WOULD INVESTIGATE THE ISSUE AND RESPOND IN ACCORDANCE WITH THE POLICY
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 RESONABLENESS OF THE DATA THIS REVIEW IS DOCUMENTED IN THE MINUTES OF THE BOARD COMMITTEE MEETINGS
Form 990, Part VI, Section C, line 19		THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE FOR INSPECTION BY THE GENERAL PUBLIC UPON REQUEST AT THE ADMINISTRATIVE OFFICES
FORM 990, PART VII		PURSUANT TO TREASURY REG SECTION 1 6033-2(D)(5), BJC HEALTH SYSTEM HAS ELECTED TO REPORT INFORMATION ABOUT CONTRIBUTIONS, GIFTS & GRANTS, COMPENSATION & OTHER INFORMATION ABOUT OFFICERS,DIRECTORS, TRUSTEES, KEY EMPLOYEES, Former employees, CERTAIN OTHER HIGHLY PAID EMPLOYEES, CERTAIN PROFESSIONAL CONTRACTORS & CERTAIN OTHER CONTRACTORS ON A CONSOLIDATED BASIS FOR ALL OF THE MEMBERS OF THE GROUP, INCLUDING THE PARENT ORGANIZATION, ON THE BJC HEALTH SYSTEM GROUP RETURN EIN 75-3052953
SCHEDULE K PART I, COLUMN (F)		SERIES 2003 BONDS WERE ISSUED ON JULY 24, 2003 AT A FIXED RATE WITH PROCEEDS OF $221M USED TO FUND CAPITAL EXPENDITURES AT VARIOUS AFFILIATE HOSPITALS SERIES 2008 BONDS WERE ISSUED ON APRIL 22, 2008 AT A VARIABLE RATE WITH PROCEEDS OF $368 6M USED IN PART TO REFUND SERIES 2006 BONDS (ISSUED ON APRIL 4, 2006) AND TO FINANCE, IN PART, CAPITAL EXPENDITURES AT VARIOUS AFFILIATE HOSPITALS

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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" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
BJC HEALTH SYSTEM

Employer identification number
43-1617558

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Physician Groups LC 670 Mason Ridge Ctr Dr St Louis, MO 63141 43-1681957	Professional & Billing SVCS	MO	84,918,009	12,455,556	N/A
myHealthFolders LLC 4444 Forest Park Blvd St Louis, MO 63108 43-1617558	Health Awareness Communications	MO			N/A

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.)

(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

See Additional Data Table

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No
TWIN RIVERS MRI LLC ONE MEMORIAL DRIVE ALTON, IL62002 37-1400120	HEALTH SERVICES	IL	N/A								
THE HEART CARE INSTITUTE LLC 1020 NORTH MASON ROAD ST LOUIS, MO63141 43-1870517	MEDICAL SERVICES	MO	N/A								
GAMMA KNIFE CENTER AT BARNES JEWISH HOSP LLC 216 SOUTH KINGSHIGHWAY ST LOUIS, MO63110 43-1846941	OUTPATIENT CARE SERVICES	MO	N/A								
SURGERY CENTER OF FARMINGTON LLC 400 PARKLAND DRIVE FARMINGTON, MO63640 43-1811835	MEDICAL SERVICES	MO	N/A								
CHILDREN'S DISCOVERY INSTITUTE LLC 4444 FOREST PARK BLVD ST LOUIS, MO63108	SEARCH FOR CURES OF PEDIATRIC DISEASES	MO	N/A								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

See Additional Data Table

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

			Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV				
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 **(iv)** rent from a controlled entity	**1a**			**No**
b Gift, grant, or capital contribution to other organization(s)	**1b**		**Yes**	
c Gift, grant, or capital contribution from other organization(s)	**1c**		**Yes**	
d Loans or loan guarantees to or for other organization(s)	**1d**			**No**
e Loans or loan guarantees by other organization(s)	**1e**			**No**
f Sale of assets to other organization(s)	**1f**		**Yes**	
g Purchase of assets from other organization(s)	**1g**		**Yes**	
h Exchange of assets	**1h**		**Yes**	
i Lease of facilities, equipment, or other assets to other organization(s)	**1i**		**Yes**	
j Lease of facilities, equipment, or other assets from other organization(s)	**1j**		**Yes**	
k Performance of services or membership or fundraising solicitations for other organization(s)	**1k**		**Yes**	
l Performance of services or membership or fundraising solicitations by other organization(s)	**1l**		**Yes**	
m Sharing of facilities, equipment, mailing lists, or other assets	**1m**			**No**
n Sharing of paid employees	**1n**		**Yes**	
o Reimbursement paid to other organization for expenses	**1o**		**Yes**	
p Reimbursement paid by other organization for expenses	**1p**		**Yes**	
q Other transfer of cash or property to other organization(s)	**1q**		**Yes**	
r Other transfer of cash or property from other organization(s)	**1r**		**Yes**	

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1) See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

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) Are all partners section 501(c)(3) organizations? Yes	(d) No	(e) Share of end-of-year assets	(f) Disproprtionate allocations? Yes	(f) No	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) No

Additional Data Return to Form

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

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
ALTON MEMORIAL HEALTH SERVICES FOUNDATION 1109 N OXFORDSHIRE LANE EDWARDSVILLE, IL62025 37-1177053	SUPPORT TO AMH	IL	501(c)(3)	11a	ALTON MEMORIAL HOSPITAL
BARNES-JEWISH HOSPITAL FOUNDATION 1001 HIGHLANDS PLAZA DR WEST SUITE ST LOUIS, MO63110 43-1648435	SUPPORT TO BJH	MO	501(c)(3)	7	BARNES-JEWISH HOSPITAL
BARNES JEWISH HOSP AUXILIARY PARKVIEW CHAPTER 216 SO KINGSHIGHWAY CAB 140 ST LOUIS, MO63110 23-7000410	SUPPORT TO BJH	MO	501(c)(3)	11c	BARNES-JEWISH HOSPITAL
BARNES-JEWISH ST PETERS HOSPITAL AUXILIARY 10 HOSPITAL DRIVE ST PETERS, MO63376 43-1232811	SUPPORT TO BJSP HOSPITAL	MO	501(c)(3)	3	BARNES-JEWISH ST PETERS HOSPITAL
BOONE HOSPITAL CENTER'S VISITING NURSES INC 601 BUSINESS LOOP 70 W SUITE 280 COLUMBIA, MO65203 43-0998347	HEALTHCARE SERVICES	MO	501(c)(3)	9	CH ALLIED SERVICES INC
CHRISTIAN HOSPITAL FOUNDATION 11155 DUNN ROAD SUITE 300 N ST LOUIS, MO63136 43-1947644	SUPPORT TO CHNE	MO	501(c)(3)	11a	CHRISTIAN HOSPITAL NORTHEAST-NORTHWEST
FAIRVIEW HEIGHTS MEDICAL GROUP SC 670 MASON RIDGE CENTER DR SUITE 300 ST LOUIS, MO63141 36-4147189	HEALTHCARE SERVICES	IL	501(c)(3)	3	N/A
MISSOURI BAPTIST HEALTHCARE FOUNDATION 3015 N BALLAS ROAD ST LOUIS, MO63131 43-1472026	SUPPORT TO MBMC	MO	501(c)(3)	7	MISSOURI BAPTIST MEDICAL CENTER
PARKLAND HEALTH CENTER FOUNDATION 1101 WEST LIBERTY ST FARMINGTON, MO63640 90-0424964	SUPPORT TO PHC	MO	501(c)(3)	7	PARKLAND HEALTH CENTER
ST LOUIS CHILDREN'S HOSPITAL FOUNDATION ONE CHILDRENS PLACE ST LOUIS, MO63110 43-1626863	SUPPORT TO SLCH	MO	501(c)(3)	7	ST LOUIS CHILDREN'S HOSPITAL
MISSOURI BAPTIST HOSPITAL OF SULLIVAN AUXILIARY 751 SAPPINGTON BRIDGE SULLIVAN, MO63080 43-1349641	SUPPORT TO MBHS	MO	501(c)(3)	3	MISSOURI BAPTIST HOSPITAL OF SULLIVAN

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Percentage ownership
ATG ASSURANCE COMPANY LTD PO BOX 1109 GRAND CAYMAN Cayman Island CJ 98-0599167	INSURANCE	UK	BJC Health System	C	132,687	17,535,141	100 000 %
PF SERVICES INC 11155 DUNN ROAD ST LOUIS, MO 63136 43-1237767	MANAGEMENT SERVICES	MO		C			
INTEGRATED HEALTHCARE MGMT SOLUTIONS INC 11155 DUNN ROAD ST LOUIS, MO 63136 43-1423316	INACTIVE	MO		C			
MB MEDICAL SERVICES INC 3015 N BALLAS ROAD ST LOUIS, MO 63131 43-1437404	HEALTHCARE SERVICES	MO		C			
MISSOURI BAPTIST HOME HEALTH CARE INC 3015 N BALLAS ROAD ST LOUIS, MO 63131 43-1460430	INACTIVE	MO		C			
MB PHARMACY INC 3015 N BALLAS ROAD ST LOUIS, MO 63131 43-1640730	INACTIVE	MO		C			
ST PETERS MED OFFICE BLDG A CONDO ASSN INC 1040 N MASON SUITE 109 ST LOUIS, MO 63141 43-1472188	CONDOMINIUM ASSOCIATION	MO		T			
DMP MIDWEST INC ONE METROPOLITAN SQ 2600 ST LOUIS, MO 63102 27-1943910	INACTIVE	MO		C			

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)
(1)	Alton Memorial Hospital	B	15,574
(2)	Alton Memorial Hospital	C	15,574
(3)	Alton Memorial Hospital	H	29,670,719
(4)	Alton Memorial Hospital	I	430,141
(5)	Alton Memorial Hospital	K	2,500,446
(6)	Alton Memorial Hospital	L	2,591,710
(7)	Alton Memorial Hospital	N	19,033,872
(8)	Alton Memorial Hospital	O	23,777,991
(9)	Alton Memorial Hospital	P	58,869,280
(10)	Alton Memorial Hospital	Q	207,503,977
(11)	Alton Memorial Hospital	R	45,280,955
(12)	Barnes Jewish St Peters Hospital	H	26,646,763
(13)	Barnes Jewish St Peters Hospital	I	885,048
(14)	Barnes Jewish St Peters Hospital	K	11,331
(15)	Barnes Jewish St Peters Hospital	L	2,765,022
(16)	Barnes Jewish St Peters Hospital	N	17,774,610
(17)	Barnes Jewish St Peters Hospital	O	6,030,000
(18)	Barnes Jewish St Peters Hospital	P	23,245,868
(19)	Barnes Jewish St Peters Hospital	Q	146,957,911
(20)	Barnes Jewish St Peters Hospital	R	24,509,520
(21)	Barnes Jewish West County Hospital	H	7,818,810
(22)	Barnes Jewish West County Hospital	I	3,993,083
(23)	Barnes Jewish West County Hospital	J	16,494
(24)	Barnes Jewish West County Hospital	K	493,670
(25)	Barnes Jewish West County Hospital	L	2,366,407
(26)	Barnes Jewish West County Hospital	N	13,947,991
(27)	Barnes Jewish West County Hospital	O	3,670,095
(28)	Barnes Jewish West County Hospital	P	14,175,062
(29)	Barnes Jewish West County Hospital	Q	134,688,279
(30)	Barnes Jewish West County Hospital	R	20,311,744
(31)	Barnes-Jewish Hospital	B	13,813,314
(32)	Barnes-Jewish Hospital	C	3,241,000
(33)	Barnes-Jewish Hospital	H	155,497,237
(34)	Barnes-Jewish Hospital	I	936,859
(35)	Barnes-Jewish Hospital	J	21,810
(36)	Barnes-Jewish Hospital	K	10,312,641
(37)	Barnes-Jewish Hospital	L	18,639,365
(38)	Barnes-Jewish Hospital	N	301,085,007
(39)	Barnes-Jewish Hospital	O	109,780,642
(40)	Barnes-Jewish Hospital	P	314,718,425
(41)	Barnes-Jewish Hospital	Q	1,957,477,776
(42)	Barnes-Jewish Hospital	R	1,067,076,115
(43)	BJC Behavioral Health	H	1,321,647
(44)	BJC Behavioral Health	K	692,284
(45)	BJC Behavioral Health	L	548,750
(46)	BJC Behavioral Health	N	8,085,418
(47)	BJC Behavioral Health	O	2,218,388
(48)	BJC Behavioral Health	P	4,392,546
(49)	BJC Behavioral Health	Q	49,897,289
(50)	BJC Behavioral Health	R	12,922,542
(51)	BJC Corp Health	G	56,112
(52)	BJC Corp Health	H	117,131
(53)	BJC Corp Health	K	1,445,408
(54)	BJC Corp Health	L	230,486
(55)	BJC Corp Health	N	3,109,169
(56)	BJC Corp Health	O	1,407,806
(57)	BJC Corp Health	P	1,761,106
(58)	BJC Corp Health	Q	17,025,063
(59)	BJC Corp Health	R	4,015,117
(60)	BJC Home Care	F	697
(61)	BJC Home Care	H	101,948
(62)	BJC Home Care	J	111,688
(63)	BJC Home Care	K	262
(64)	BJC Home Care	L	188,240
(65)	BJC Home Care	N	16,955,171
(66)	BJC Home Care	O	2,845,875
(67)	BJC Home Care	P	5,173,235
(68)	BJC Home Care	Q	117,594,049
(69)	BJC Home Care	R	26,947,771
(70)	BJH Foundation	B	5,395,580
(71)	BJH Foundation	C	11,222,400
(72)	BJH Foundation	I	11,514,810
(73)	BJH Foundation	J	6,614,873
(74)	BJH Foundation	K	12,000
(75)	BJH Foundation	N	226
(76)	BJH Foundation	O	4,368,303
(77)	BJH Foundation	P	3,464,911
(78)	BJH Foundation	Q	5,980,810
(79)	BJH Foundation	R	6,690,705
(80)	Boone Home Health Care	L	9
(81)	Boone Hospital	H	523,572
(82)	Boone Hospital	L	5,748
(83)	Boone Hospital	N	1,091,319
(84)	Boone Hospital	O	8,223,656
(85)	Boone Hospital	P	6,353,017
(86)	Boone Hospital	R	250,000
(87)	CH ALLIED SERVICES	H	177,466
(88)	CH ALLIED SERVICES	I	19,532
(89)	CH ALLIED SERVICES	O	23,346,969
(90)	CH ALLIED SERVICES	P	7,795,611
(91)	CH ALLIED SERVICES	Q	35,319,696
(92)	CH-Illinois Services	H	528,953
(93)	CH-Illinois Services	K	4,062
(94)	CH-Illinois Services	L	46
(95)	CH-Illinois Services	N	14,918
(96)	CH-Illinois Services	O	39,209
(97)	CH-Illinois Services	P	28,743
(98)	CH-Illinois Services	Q	32,470
(99)	CH-Illinois Services	R	3,256,598
(100)	Children's Foundation	B	7,500,697
(101)	Children's Foundation	C	11,295,911
(102)	Children's Foundation	H	2,134,538
(103)	Children's Foundation	I	3,865,298
(104)	Children's Foundation	J	4,678,522
(105)	Children's Foundation	K	98,499
(106)	Children's Foundation	L	62,743
(107)	Children's Foundation	N	1,915,662
(108)	Children's Foundation	O	3,076,930
(109)	Children's Foundation	P	1,256,853
(110)	Children's Foundation	Q	33,621,148
(111)	Children's Foundation	R	19,499,553
(112)	Children's Health Network	L	27
(113)	Children's Health Network	O	307,540
(114)	Children's Health Network	P	7,389
(115)	Children's Health Network	R	4,878,245
(116)	CHRISTIAN HEALTH SERVICES Development Corp	H	2,237,530
(117)	CHRISTIAN HEALTH SERVICES Development Corp	I	525,679
(118)	CHRISTIAN HEALTH SERVICES Development Corp	J	52,992
(119)	CHRISTIAN HEALTH SERVICES Development Corp	N	178,556
(120)	CHRISTIAN HEALTH SERVICES Development Corp	O	485,146
(121)	CHRISTIAN HEALTH SERVICES Development Corp	P	1,599,224
(122)	CHRISTIAN HEALTH SERVICES Development Corp	Q	55,191,496
(123)	CHRISTIAN Hosptial	H	29,484,042
(124)	CHRISTIAN Hosptial	I	4,052,906
(125)	CHRISTIAN Hosptial	J	894,395
(126)	CHRISTIAN Hosptial	K	30,116,118
(127)	CHRISTIAN Hosptial	L	7,103,061
(128)	CHRISTIAN Hosptial	N	133,738,681
(129)	CHRISTIAN Hosptial	O	92,792,965
(130)	CHRISTIAN Hosptial	P	128,442,879
(131)	CHRISTIAN Hosptial	Q	260,453,291
(132)	CHRISTIAN Hosptial	R	171,648,518
(133)	CHRISTIAN Hosptial Foundation	J	78,102
(134)	CHRISTIAN Hosptial Foundation	O	80,059
(135)	CHRISTIAN Hosptial Foundation	P	1,988
(136)	Fariview Height Med Group	H	533,558
(137)	Fariview Height Med Group	J	168,996
(138)	Fariview Height Med Group	K	980,930
(139)	Fariview Height Med Group	L	2,067,967
(140)	Fariview Height Med Group	N	5,710,036
(141)	Fariview Height Med Group	O	6,848,293
(142)	Fariview Height Med Group	P	3,217,236
(143)	Fariview Height Med Group	Q	13,562,141
(144)	Fariview Height Med Group	R	10,106,030
(145)	MBMC Foundation	J	190,145
(146)	MBMC Foundation	O	233,266
(147)	MBMC Foundation	P	43,121
(148)	Missouri Baptist Medical Center	B	48
(149)	Missouri Baptist Medical Center	H	15,845,064
(150)	Missouri Baptist Medical Center	I	5,418,425
(151)	Missouri Baptist Medical Center	J	1,749,555
(152)	Missouri Baptist Medical Center	K	883,473
(153)	Missouri Baptist Medical Center	L	532,684
(154)	Missouri Baptist Medical Center	N	81,265,517
(155)	Missouri Baptist Medical Center	O	16,722,456
(156)	Missouri Baptist Medical Center	P	98,344,359
(157)	Missouri Baptist Medical Center	Q	565,490,905
(158)	Missouri Baptist Medical Center	R	98,985,172
(159)	Missouri Baptist Sullivan	H	4,422,161
(160)	Missouri Baptist Sullivan	K	5,708
(161)	Missouri Baptist Sullivan	L	799,174
(162)	Missouri Baptist Sullivan	N	7,977,760
(163)	Missouri Baptist Sullivan	O	1,176,944
(164)	Missouri Baptist Sullivan	P	5,235,343
(165)	Missouri Baptist Sullivan	Q	30,063,999
(166)	Missouri Baptist Sullivan	R	22,823,237
(167)	Parkland Health Care	C	75,000
(168)	Parkland Health Care	H	4,060,490
(169)	Parkland Health Care	I	304,846
(170)	Parkland Health Care	J	27,718
(171)	Parkland Health Care	K	4,030
(172)	Parkland Health Care	L	842,187
(173)	Parkland Health Care	N	10,460,835
(174)	Parkland Health Care	O	1,830,371
(175)	Parkland Health Care	P	8,981,923
(176)	Parkland Health Care	Q	92,415,753
(177)	Parkland Health Care	R	17,033,588
(178)	Parkland Health Care Foundation	J	23,441
(179)	Parkland Health Care Foundation	O	513,844
(180)	Parkland Health Care Foundation	P	376,733
(181)	PF SERVICES INC	H	231,149
(182)	PF SERVICES INC	L	446,737
(183)	PF SERVICES INC	O	260,524
(184)	PF SERVICES INC	Q	75,707
(185)	PF SERVICES INC	R	8,940
(186)	Progress East Health Care	P	38,557
(187)	Progress East Health Care	Q	17,804
(188)	Progress West Health Care	H	4,783,254
(189)	Progress West Health Care	I	439,664
(190)	Progress West Health Care	K	70,767
(191)	Progress West Health Care	L	911,667
(192)	Progress West Health Care	N	7,127,254
(193)	Progress West Health Care	O	72,308,462
(194)	Progress West Health Care	P	81,000,759
(195)	Progress West Health Care	Q	30,879,529
(196)	Progress West Health Care	R	51,951,520
(197)	St Louis Children's Hospital	B	7,024,218
(198)	St Louis Children's Hospital	C	1,080,000
(199)	St Louis Children's Hospital	H	215,436,654
(200)	St Louis Children's Hospital	J	2,400
(201)	St Louis Children's Hospital	K	2,959,285
(202)	St Louis Children's Hospital	L	6,624,127
(203)	St Louis Children's Hospital	N	33,327,561
(204)	St Louis Children's Hospital	O	25,309,497
(205)	St Louis Children's Hospital	P	91,859,459
(206)	St Louis Children's Hospital	Q	611,602,736
(207)	St Louis Children's Hospital	R	524,984,063
(208)	TWIN RIVERS MRI LLC	H	4,945,609
(209)	TWIN RIVERS MRI LLC	K	19,144,417
(210)	TWIN RIVERS MRI LLC	L	19,922,877
(211)	TWIN RIVERS MRI LLC	N	448,580
(212)	TWIN RIVERS MRI LLC	O	272,686
(213)	TWIN RIVERS MRI LLC	P	2,819,841
(214)	TWIN RIVERS MRI LLC	Q	6,815,480
(215)	TWIN RIVERS MRI LLC	R	2,551,040
(216)	Villiage North Inc	H	338,318
(217)	Villiage North Inc	K	1
(218)	Villiage North Inc	L	333
(219)	Villiage North Inc	N	1,494,340
(220)	Villiage North Inc	O	1,467,135
(221)	Villiage North Inc	P	3,028,399
(222)	Villiage North Inc	Q	4,846,236
(223)	Villiage North Inc	R	6,922,046

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Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2009

Attachment Sequence No **67**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
BJC HEALTH SYSTEM	Form 990 Page 10	43-1617558

Part I **Election To Expense Certain Property Under Section 179**

Note: *If you have any listed property, complete Part V before you complete Part I.*

1 Maximum amount See the instructions for a higher limit for certain businesses	1	250,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6			

7 Listed property Enter the amount from line 29	7	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction Enter the **smaller** of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 ▶	13	

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V.*

Part II **Special Depreciation Allowance and Other Depreciation (Do not** include listed property **)** (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	6,074,439

Part III **MACRS Depreciation (Do not** include listed property.**)** (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2009	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV **Summary** (see instructions)

21 Listed property Enter amount from line 28	21	
22 **Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	6,074,439
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V **Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* ***only*** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A—Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles.***)**

24a Do you have evidence to support the business/investment use claimed? ☐ **Yes** ☐ **No** | **24b** If "Yes," is the evidence written? ☐ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						**25**		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						**28**		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							**29**	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2009 tax year (see instructions)					
43 Amortization of costs that began before your 2009 tax year				**43**	
44 Total. Add amounts in column (f) See the instructions for where to report				**44**	

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TY 2009 Recognize Income Under Temporary Regulations Statement

Name: BJC HEALTH SYSTEM

EIN: 43-1617558

Statement: 1) TRANSFEROR: BJC HEALTH SYSTEM EIN: 43-1617558 4444 FOREST PARK AVENUE ST. LOUIS, MO 63108-22592) TRANSFER: (I) TRANSFEREE FOREIGN CORPORATION OCH-ZIFF OVERSEAS FUND II, LTD PO BOX 896GT HARBOUR CENTRE GRAND CAYMAN, CAYMAN ISLANDS CJ EIN: FOREIGNUS (II) IN DECEMBER 2009, BJC HEALTH SYSTEM (DBA BJC HEALTHCARE) CONTRIBUTED CASH TOTALING $1,500,000 TO OCH-ZIFF OVERSEAS FUND II, LTD3) CONSIDERATION RECEIVED: NO ORDINARY SHARES4) PROPERTY TRANSFERRED: (I) ACTIVE BUSINESS PROPERTY: CASH TOTALING $1,500,000 (II) (III) (IV) (V) (VI) (VII) (VIII) & (IX): N/A5) TRANSFER TO FOREIGN BRANCH LOSS WITH PREVIOUSLY DEDUCTED LOSSES: N/A6) APPLICATION OF SECTION 367(A)(5): N/A

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Name: BJC HEALTH SYSTEM

EIN: 43-1617558

Statement: 1) TRANSFEROR: BJC HEALTH SYSTEM EIN: 43-1617558 4444 FOREST PARK AVENUE ST. LOUIS, MO 63108-22592) TRANSFER: (I) TRANSFEREE FOREIGN CORPORATION CANERA RESOURCES INC 1800, 407-2ND STREET SW CALGARY, ALBERTA, CANADA EIN: FOREIGNUS(II) IN DECEMBER 2009, BJC HEALTH SYSTEM (DBA BJC HEALTHCARE) INDIRECTLY CONTRIBUTED CASH TOTALING $313,288 TO CANERA RESOURCES INC.3) CONSIDERATION RECEIVED: NO ORDINARY SHARES4) PROPERTY TRANSFERRED: (I) ACTIVE BUSINESS PROPERTY: CASH TOTALING $313,288 (II) (III) (IV) (V) (VI) (VII) (VIII) & (IX): N/A5) TRANSFER TO FOREIGN BRANCH LOSS WITH PREVIOUSLY DEDUCTED LOSSES: N/A6) APPLICATION OF SECTION 367(A)(5): N/A

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TY 2009 Recognize Income Under Temporary Regulations Statement

Name: BJC HEALTH SYSTEM

EIN: 43-1617558

Statement: 1) TRANSFEROR: BJC HEALTH SYSTEM EIN: 43-1617558 4444 FOREST PARK AVENUE ST. LOUIS, MO 63108-22592) TRANSFER: (I) TRANSFEREE FOREIGN CORPORATION FCOF SECURITIES LTD 1345 AVENUE OF THE AMERICAS, 46TH FLOOR NEW YORK, NY 10105 EIN: 98-0575416(VI) IN DECEMBER 2009, BJC HEALTH SYSTEM (DBA BJC HEALTHCARE) INDIRECTLY CONTRIBUTED CASH TOTALING $1,708,442 TO FCOF SECURITIES LTD.3) CONSIDERATION RECEIVED: NO ORDINARY SHARES4) PROPERTY TRANSFERRED: (I) ACTIVE BUSINESS PROPERTY: CASH TOTALING $1,708,442 (II) (III) (IV) (V) (VI) (VII) (VIII) & (IX): N/A5) TRANSFER TO FOREIGN BRANCH LOSS WITH PREVIOUSLY DEDUCTED LOSSES: N/A6) APPLICATION OF SECTION 367(A)(5): N/A

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TY 2009 Recognize Income Under Temporary Regulations Statement

Name: BJC HEALTH SYSTEM

EIN: 43-1617558

Statement: 1) TRANSFEROR: BJC HEALTH SYSTEM EIN: 43-1617558 4444 FOREST PARK AVENUE ST. LOUIS, MO 63108-22592) TRANSFER: (I) TRANSFEREE FOREIGN CORPORATION FCOF UB HOLDINGS LTD 1345 AVENUE OF THE AMERICAS, 46TH FLOOR NEW YORK, NY 10105 EIN: 98-0664201(VII) IN DECEMBER 2009, BJC HEALTH SYSTEM (DBA BJC HEALTHCARE) INDIRECTLY CONTRIBUTED CASH TOTALING $10,048,981 TO FCOF UB HOLDINGS LTD.3) CONSIDERATION RECEIVED: NO ORDINARY SHARES4) PROPERTY TRANSFERRED: (I) ACTIVE BUSINESS PROPERTY: CASH TOTALING $10,048,981 (II) (III) (IV) (V) (VI) (VII) (VIII) & (IX): N/A5) TRANSFER TO FOREIGN BRANCH LOSS WITH PREVIOUSLY DEDUCTED LOSSES: N/A6) APPLICATION OF SECTION 367(A)(5): N/A

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TY 2009 Recognize Income Under Temporary Regulations Statement

Name: BJC HEALTH SYSTEM

EIN: 43-1617558

Statement: 1) TRANSFEROR: BJC HEALTH SYSTEM EIN: 43-1617558 4444 FOREST PARK AVENUE ST. LOUIS, MO 63108-22592) TRANSFER: (I) TRANSFEREE FOREIGN CORPORATION ATG ASSURANCE COMPANY, LTD PO BOX 1109 GRAND CAYMAN, CAYMAN ISLANDS CJ EIN: 98-0599167(II) DURING 2009, BJC HEALTH SYSTEM (DBA BJC HEALTHCARE) CONTRIBUTED NET CASH TOTALING $132,687 TO ATG ASSURANCE COMPANY, LTD FOR PREMIUMS.3) CONSIDERATION RECEIVED: NO ORDINARY SHARES4) PROPERTY TRANSFERRED: (I) ACTIVE BUSINESS PROPERTY: CASH TOTALING $132,687 (II) (III) (IV) (V) (VI) (VII) (VIII) & (IX): N/A5) TRANSFER TO FOREIGN BRANCH LOSS WITH PREVIOUSLY DEDUCTED LOSSES: N/A6) APPLICATION OF SECTION 367(A)(5): N/A

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TY 2009 Recognize Income Under Temporary Regulations Statement

Name: BJC HEALTH SYSTEM

EIN: 43-1617558

Statement: 1) TRANSFEROR: BJC HEALTH SYSTEM EIN: 43-1617558 4444 FOREST PARK AVENUE ST. LOUIS, MO 63108-22592) TRANSFER: (I) TRANSFEREE FOREIGN CORPORATION O'CONNOR GLOBAL FUNDAMENTAL LONG/SHORT, LTD PO BOX 852GT, 227 ELGIN AVE GEORGE TOWN, GRAND CAYMAN CAYMAN ISLANDS EIN: FOREIGNUS(II) IN OCTOBER 2009, BJC HEALTH SYSTEM (DBA BJC HEALTHCARE) CONTRIBUTED CASH TOTALING $12,000,000 TO O'CONNOR GLOBAL FUNDAMENTAL LONG/SHORT, LTD. AND IN DECEMBER 2009, BJC HEALTHCARE CONTRIBUTED ANOTHER $4,000,000 TO THIS FUND.3) CONSIDERATION RECEIVED: NO ORDINARY SHARES4) PROPERTY TRANSFERRED: (I) ACTIVE BUSINESS PROPERTY: CASH TOTALING $16,000,000 (II) (III) (IV) (V) (VI) (VII) (VIII) & (IX): N/A5) TRANSFER TO FOREIGN BRANCH LOSS WITH PREVIOUSLY DEDUCTED LOSSES: N/A6) APPLICATION OF SECTION 367(A)(5): N/A

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TY 2009 Recognize Income Under Temporary Regulations Statement

Name: BJC HEALTH SYSTEM

EIN: 43-1617558

Statement: 1) TRANSFEROR: BJC HEALTH SYSTEM EIN: 43-1617558 4444 FOREST PARK AVENUE ST. LOUIS, MO 63108-22592) TRANSFER: (I) TRANSFEREE FOREIGN CORPORATION BREVAN HOWARD FUND, LTD 113 SOUTH CHURCH ST, PO BOX 309 GRAND CAYMAN, CAYMAN ISLANDS KY1-1104 BRITISH WEST INDIES EIN: FOREIGNUS(II) IN DECEMBER 2009, BJC HEALTH SYSTEM (DBA BJC HEALTHCARE) CONTRIBUTED CASH TOTALING $17,000,000 TO BREVAN HOWARD FUND, LTD. 3) CONSIDERATION RECEIVED: NO ORDINARY SHARES4) PROPERTY TRANSFERRED: (I) ACTIVE BUSINESS PROPERTY: CASH TOTALING $17,000,000 (II) (III) (IV) (V) (VI) (VII) (VIII) & (IX): N/A5) TRANSFER TO FOREIGN BRANCH LOSS WITH PREVIOUSLY DEDUCTED LOSSES: N/A6) APPLICATION OF SECTION 367(A)(5): N/A

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TY 2009 Category 3 filer statement

Name: BJC HEALTH SYSTEM

EIN: 43-1617558

Amount Of Indebtedness	Type Of Indebtedness	Name	Address	Identifying Number	Number Of Shares
0	Com Stk & Pd N Cap B	BJC Health System	4444 Forest Park St Louis, MO 63108	43-1617558	

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TY 2009 Earnings and Profits Other Adjustments Statement

Name: BJC HEALTH SYSTEM

EIN: 43-1617558

Description	Amount
REV PREMIUM EARNED	-132,687

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TY 2009 Itemized Other Assets Schedule

Name: BJC HEALTH SYSTEM

EIN: 43-1617558

Corporation Name	Corporation EIN	Other Assets Description	Beginning Amount	Ending Amount
ATG ASSURANCE COMPANY LTD	98-0599167	DEFERRED INSURANCE COSTS	3,667,857	3,255,875
		RECOVERABLE LOSSES FROM INSURERS	15,201,796	14,025,414

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TY 2009 Other Deductions Schedule

Name: BJC HEALTH SYSTEM

EIN: 43-1617558

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
ADMINISTRATIVE EXPENSES		108,857

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TY 2009 Itemized Other Liabilities Schedule

Name: BJC HEALTH SYSTEM

EIN: 43-1617558

Corporation Name	Corporation EIN	Other Liabilities Description	Beginning Amount	Ending Amount
ATG ASSURANCE COMPANY LTD	98-0599167	RESERVES FOR LOSSES & LOSS ADJ EXPENSES	15,201,796	14,025,414
		UNEARNED PREMIUMS	3,783,532	3,374,963
		ACCRUED EXPENSES	48,973	50,866

Additional Data

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

Form 990, Schedule A, Part I, Line 11h - Provide the following information about the organizations the organization supports.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section)	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Barnes-Jewish Hospital	237309937	3	Yes						111981517
Christian Health Svcs Dev Corp	431230583	11	Yes						47197435
St Louis Children's Hospital	430654870	3	Yes						28821479
Missouri Baptist Medical Center	430652656	3	Yes						38658231

Additional Data

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

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 53,956,080 including grants of $ 4,164,849) (Revenue $ 108,198,219)
OTHER MISCELLANEOUS PROGRAM SERVICES

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
SVCS TO AFFILIATES	561,000	214,934,365	214,934,365		
Program service revenu	621,110	64,306,764	64,306,764		
Miscellaneous Revenue	900,099	861,609	852,319		9,290
Billing Revenue	541,900	612,817		612,817	
PROGRAM RENTAL INCOME	531,190	153,730	153,730		

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Bad Debt	2,115,419	2,115,419	0	
Repairs and Maintenance	848,446	848,446	0	
Service Contract Fees	773,322	579,766	193,556	
Dues and Subscriptions	593,474	225,356	368,118	
Recruitment	558,326	379,901	178,425	

Additional Data

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

Form 990, Schedule D, Part X, - Other Liabilities

1	**(a)** Description of Liability	**(b)** Amount
	Payable Investment Purchased	82,120,247
	Payable Security Lending Program	61,590,948
	Interest Rate Swaps	25,380,448
	Pension Liability	326,662,765
	Other Current Liab	19,849,594
	Other Long Term Liabilities	16,457,998
	Self Funded Malpr	5,646,083
	Interest Payable	1,377,954
	Deferred Compensation Payable	17,888,937