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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- [x] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization
BJC HEALTH SYSTEM

Doing Business As
BJC HEALTHCARE

Number and street (or P O box if mail is not delivered to street address) | Room/suite
4901 FOREST PARK AVE SUITE 1200

City or town, state or country, and ZIP + 4
ST LOUIS, MO 63108

D Employer identification number
43-1617558

E Telephone number
(314) 286-2057

G Gross receipts $ 372,862,746

F Name and address of principal officer
KEVIN V ROBERTS
4901 FOREST PARK AVE
ST LOUIS, MO 63108

H(a) Is this a group return for affiliates? [ ] Yes [x] 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 [x] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW BJC ORG

K Form of organization [x] 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**	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	16
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	3,291
6	Total number of volunteers (estimate if necessary)	**6**	4,549
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	-2,467,387
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-3,038,891

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	41,320	0
9	Program service revenue (Part VIII, line 2g)	313,796,480	374,413,831
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-2,135,849	-2,302,414
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	174,994	751,329
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	311,876,945	372,862,746
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,590,184	893,388
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	191,341,815	226,328,833
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	120,427,046	147,784,343
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	313,359,045	375,006,564
19	Revenue less expenses Subtract line 18 from line 12	-1,482,100	-2,143,818

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,595,112,221	1,865,069,992
21	Total liabilities (Part X, line 26)	1,357,104,740	1,874,207,568
22	Net assets or fund balances Subtract line 21 from line 20	238,007,481	-9,137,576

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: 2012-11-15

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

Paid Preparer's Use Only

Preparer's signature | Date | Check if self-employed [ ] | Preparer's taxpayer identification number (see instructions) P00366526

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 ▶ 34-6565596

Phone no ▶ (314) 290-1000

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

BJC HEALTHCARE IS THE PARENT CORPORATION OF A NONPROFIT HEALTH CARE ORGANIZATION SERVING PRIMARILY THE RESIDENTS OF METROPOLITAN ST LOUIS, MID-MISSOURI AND SOUTHERN ILLINOIS IN URBAN, SUBURBAN AND RURAL COMMUNITIES 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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 121,516,175 including grants of $) (Revenue $ 12,155,385)

BJC MEDICAL GROUP - BJC MEDICAL GROUP EMPLOYS 179 PHYSICIANS WITH A RANGE OF MEDICAL AND SURGICAL SPECIALTIES THE PHYSICIANS SERVE PATIENTS IN ST LOUIS, FARMINGTON, MO , SULLIVAN, MO , MID-MISSOURI AND SOUTHERN ILLINOIS BJC MEDICAL GROUP SUPPORTS PHYSICIAN PRACTICES ASSOCIATED WITH BJC HEALTHCARE HOSPITALS AND HELPS THEM GROW THE MEDICAL GROUP ALSO PARTNERS WITH PRIVATE PHYSICIANS AND BJC HOSPITALS TO RECRUIT PHYSICIANS TO GROWING MARKETS PHYSICIAN RECRUITS INCLUDE BOTH PRIMARY AND SPECIALTY PHYSICIANS THE ORGANIZATION HAD 523,867 VISITS

4b (Code) (Expenses $ 79,964,772 including grants of $) (Revenue $ 79,964,772)

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 $ 30,993,201 including grants of $) (Revenue $ 30,993,201)

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

(Code) (Expenses $ 55,196,549 including grants of $ 893,388) (Revenue $ 250,766,673)

OTHER MISCELLANEOUS PROGRAM SERVICES

4d Other program services (Describe in Schedule O)

(Expenses $ 55,196,549 including grants of $ 893,388) (Revenue $ 250,766,673)

4e **Total program service expenses** ▶ $ 287,670,697

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2		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, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, 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 and IV*	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 and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

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 (or a family member thereof) 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	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		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

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	2,632		
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**	3,291		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b** Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a** Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," 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 or securities account)?			**4a** Yes	
b	If "Yes," enter the name of the foreign country ▶ CJ See instructions for 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?			**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 receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds 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**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**	
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the aggregate amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	19		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Did the organization have members or stockholders?		6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

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

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public 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
4901 FOREST PARK AV STE 1200
ST LOUIS, MO 63108
(314) 286-0638

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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☑

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, 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, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BJC HEALTH SYS GROUP RETURN SEE SCHEDULE O	40 00	X		X				9,798,907	0	0
(2) BJC HEALTH SYS GROUP RETURN SEE SCHEDULE O	40 00				X			799,885	0	0
(3) BJC HEALTH SYS GROUP RETURN SEE SCHEDULE O	40 00					X		3,189,956	0	0

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								13,788,748	0	0

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 362

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

Section B. Independent Contractors

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

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

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

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				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f . . . . . ▶				
		Business Code				
Program Service Revenue	2a	SVCS TO AFFILIATES 561000	290,353,997	290,353,997		
	b	PROGRAM SVC REVENUE 621110	82,509,783	82,509,783		
	c	MISC REVENUE 900099	760,005	760,005		
	d	BILLING REVENUE 541900	514,533		514,533	
	e	PROGRAM RENTAL INCOME 531190	256,246	256,246		
	f	All other program service revenue	19,267		19,267	
	g	**Total.** Add lines 2a–2f . . . . . ▶	374,413,831			
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	-2,302,673		-3,001,187	698,514
	4	Income from investment of tax-exempt bond proceeds . . ▶	259			259
	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	751,329			751,329
	e	**Total.** Add lines 11a–11d . . . . . ▶	751,329			
	12	**Total revenue.** See Instructions . . . ▶	372,862,746	373,880,031	-2,467,387	1,450,102

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)
Check if Schedule O contains a response to any question in this Part IX . . . . . .

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	893,388	893,388		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	13,788,747		13,788,747	
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	167,601,142	133,188,289	34,412,853	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	13,211,522	10,006,357	3,205,165	
9	Other employee benefits	18,455,977	13,935,145	4,520,832	
10	Payroll taxes	13,271,445	10,302,360	2,969,085	
11	Fees for services (non-employees)				
a	Management	17	17		
b	Legal	1,359,369	35,694	1,323,675	
c	Accounting	637,663	8,418,255	-7,780,592	
d	Lobbying	499,026		499,026	
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees				
g	Other	20,116,375	9,824,481	10,291,894	
12	Advertising and promotion	2,952,153	441,927	2,510,226	
13	Office expenses	13,334,580	11,259,105	2,075,475	
14	Information technology	28,551,384	25,153,708	3,397,676	
15	Royalties . .				
16	Occupancy	19,906,482	14,084,294	5,822,188	
17	Travel	1,665,462	1,420,085	245,377	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	1,437,801	1,074,524	363,277	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	11,858,761	9,392,841	2,465,920	
23	Insurance	4,382,697	3,909,089	473,608	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	REPAIRS AND MAINTENANCE	27,232,141	26,824,330	407,811	
b	BAD DEBT	4,428,083	4,428,083		
c	SERVICE CONTRACT FEES	2,197,834	1,768,647	429,187	
d	DUES AND SUBSCRIPTIONS	863,780	363,697	500,083	
e					
f	All other expenses	6,360,735	946,381	5,414,354	
25	**Total functional expenses.** Add lines 1 through 24f	375,006,564	287,670,697	87,335,867	0
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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	4,763	1	5,214
	2	Savings and temporary cash investments	19,234,799	2	-24,339,302
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	5,898,132	4	7,421,472
	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	683,970	8	831,254
	9	Prepaid expenses and deferred charges	22,085,374	9	24,740,560
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D* — 10a: 274,954,767			
	b	Less accumulated depreciation — 10b: 98,813,690	99,511,693	10c	176,141,077
	11	Investments—publicly traded securities	218,228,896	11	333,760,736
	12	Investments—other securities See Part IV, line 11	19,123,720	12	19,875,049
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	1,210,340,874	15	1,326,633,932
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	1,595,112,221	16	1,865,069,992
Liabilities	17	Accounts payable and accrued expenses	97,488,126	17	87,351,449
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	591,996,218	20	791,835,346
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	667,620,396	25	995,020,773
	26	**Total liabilities.** Add lines 17 through 25	1,357,104,740	26	1,874,207,568
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	238,007,481	27	-9,137,576
	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	238,007,481	33	-9,137,576
	34	Total liabilities and net assets/fund balances	1,595,112,221	34	1,865,069,992

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	372,862,746
2	Total expenses (must equal Part IX, column (A), line 25)	2	375,006,564
3	Revenue less expenses Subtract line 2 from line 1	3	-2,143,818
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	238,007,481
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-245,001,240
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	-9,137,576

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
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 separate basis, consolidated 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

2011

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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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?
(A) BARNES-JEWISH HOSPITAL	237309937	3	Yes						140,922,161
(B) CHRISTIAN HEALTH SVCS DEV CORP	431230583	11	Yes						55,441,781
(C) ST LOUIS CHILDREN'S HOSPITAL	430654870	3	Yes						39,663,523
(D) MISSOURI BAPTIST MEDICAL CENTER	430652656	3	Yes						51,643,232
Total									287,670,697

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2011.** 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—2010.** 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—2011.** 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—2010.** 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2010 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2010** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2011.** 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—2010.** 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. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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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

2011

Open to Public Inspection

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

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

If the organization answered "Yes," 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 35c (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 on behalf of or in opposition to candidates for public office 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 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

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

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(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?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		498,933
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		93
i	Other activities? If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			499,026
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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493320068542

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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,924,587		3,924,587
b Buildings		5,588,778	2,020,919	3,567,859
c Leasehold improvements		27,192,257	21,343,084	5,849,173
d Equipment		88,198,324	62,470,294	25,728,030
e Other		150,050,821	12,979,393	137,071,428
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				176,141,077

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
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

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
(1) DUE FROM RELATED PARTIES	1,099,684,137
(2) PROPERTY FOR FUTURE DEVELOPMENT	7,781,581
(3) OTHER RECEIVABLES	1,797,359
(4) CASH SURRENDER VALUE OF LIFE INSURANCE	101,331
(5) RESTRICTED CASH COLLATERAL	42,252,508
(6) TAX DEFERRED ASSET	501,241
(7) CAPTIAL IMPROVEMENTS	174,515,775
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	1,326,633,932

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
PAYABLE SECURITY LENDING PROGRAM	207,157,745
INTEREST RATE SWAPS	105,337,389
PENSION LIABILITY	476,843,760
OTHER CURRENT LIAB	2,930,509
OTHER LONG TERM LIABILITIES	18,814,522
SELF FUNDED MALPR	162,420,200
INTEREST PAYABLE	1,044,200
DEFERRED COMPENSATION PAYABLE	20,472,448
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	995,020,773

2. Fin 48 (ASC 740) 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 (ASC740)

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

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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

2011

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 V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
NORTH AMERICA	0	0	PROGRAM SERVICES	ATTENDANCE AT EDUCATIONAL SEMINAR ON RISK MANAGEMENT FOR BJC SHARED SERVICES	11,400
NORTH AMERICA	0	0	INVESTMENTS		3,362,029
CENTRAL AMERICA/CARIBBEAN	0	0	INVESTMENTS		577,255,118
CENTRAL AMERICA/CARIBBEAN	1	0	PROGRAM SERVICES	PROGRAM ADMINISTRATIVE EXPENSES RELATED TO ATG ASSURANCE COMPANY LTD INCLUDES PROFESSIONAL, MANAGEMENT AND TRAVEL EXPENSES INCURRED WHILE CONDUCTING ACTIVITIES OF THIS WHOLLY OWNED CAPTIVE INSURANCE COMPANY	144,561
EUROPE	0	0	INVESTMENTS		104,658,394
EUROPE	0	0	PROGRAM SERVICES	MEMBERSHIP DUES FOR HEALTHCARE CLINICAL EXCELLENCE	30,000
EAST ASIA AND THE PACIFIC	0	0	INVESTMENTS		371,053
3a Sub-total	1	0			685,832,555
b Total from continuation sheets to Part I	0	0			0
c **Totals** (add lines 3a and 3b)	1	0			685,832,555

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 Part V if additional space is needed.

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

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 Part V 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 Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*	☑ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*	☑ Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*	☐ Yes	☑ No

Part V Supplemental Information

Complete this part to provide the information (see instructions) 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

2011

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 listed in the line 1 table . . . ▶ 25

3 Enter total number of other organizations listed in the line 1 table . . . ▶ 0

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 2011, 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

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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

2011

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(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				
(1) BJC HEALTH SYS GROUP RETURN	(i)	4,864,346	4,592,692	341,869	743,476	0	10,542,383	0
	(ii)	0	0	0	0	0	0	0
(2) BJC HEALTH SYS GROUP RETURN	(i)	489,176	282,036	28,673	68,241	69,934	938,060	41,087
	(ii)	0	0	0	0	0	0	0
(3) BJC HEALTH SYS GROUP RETURN	(i)	2,380,796	688,405	120,755	86,204	105,203	3,381,363	22,490
	(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, LINES 4A-B	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

2011

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		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	HEALTH & EDUC FACILITIES AUTHORITY STATE OF MISSOURI	43-1178966	60635RJB4	07-24-2003	224,654,570	FUND CAPITAL EXPENDITURES - SEE BELOW		X		X		X
B	HEALTH & EDUC FACILITIES AUTHORITY STATE OF MISSOURI	43-1178966	60635R2K2	04-22-2008	368,575,000	REFUND PRIOR BONDS & CAPITAL EXP - SEE BELOW		X		X		X
C	HEALTH & EDUC FACILITIES AUTHORITY STATE OF MISSOURI	43-1178966	NONEAVAIL	12-01-2011	200,000,000	FUND CAPITAL EXPENDITURES - SEE BELOW		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds defeased				
3	Total proceeds of issue	230,362,679	369,074,888	200,000,000	
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds	276,975			
6	Proceeds in refunding escrow		243,575,000		
7	Issuance costs from proceeds	1,667,095			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	228,770,629	124,788,176	200,000,000	
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2005	2008	2011	

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?	X		X		X			
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X			
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		1 020 %		0 220 %		0 490 %		
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 %		0 %		0 %		
6	Total of lines 4 and 5		1 020 %		0 220 %		0 490 %		
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X			

Part IV Arbitrage

		A		B		C		D	
		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		X		
2	Is the bond issue a variable rate issue?		X	X		X			
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X	X			X		
b	Name of provider			SEE BELOW					
c	Term of hedge			27 400000000000					
d	Was the hedge superintegrated?				X				
e	Was a hedge terminated?				X				
4a	Were gross proceeds invested in a GIC?		X		X		X		
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X		X		X		
6	Did the bond issue qualify for an exception to rebate?		X		X		X		

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☑ Yes ☐ No

Part VI Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation
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 FOLLOWING CUSIPS WERE USED FOR THIS BOND ISSUE 60635RD20, 60635RJG3, 60635RJF5, 60635RJD0, 60635RJB4 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 FOLLOWING CUSIPS WERE USED FOR THIS BOND ISSUE 60635R2J5, 60635R2F3, 60635R2G1, 60635R2H9, 60635R2K2
PART IV, LINES 3A-E		THE ORGANIZATION ENTERED INTO A QUALIFIED HEDGE RELATED TO SERIES 2008 A-E BONDS THE SERIES A-C HEDGES MATURE ON 5/15/2038 AT JP MORGAN THESE CARRY A FLOATING/FIXED RATE WHERE BJC PAYS 3 551% AND RECEIVES 68% OF ONE MONTH LIBOR THE HEDGE RELATED TO THE SERIES D-E PORTIONS OF THE 2008 BOND ISSUE ARE HELD AT BANK OF AMERICA AND MERRILL LYNCH EACH OF THESE MATURE ON 5/15/2038 AND CARRY VARIOUS FLOATING/FIXED RATES

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

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

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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Sale of assets to related organization(s)	1f	Yes	
g Purchase of assets from related organization(s)	1g	Yes	
h Exchange of assets with related organization(s)	1h	Yes	
i Lease of facilities, equipment, or other assets to related organization(s)	1i	Yes	
j Lease of facilities, equipment, or other assets from related organization(s)	1j	Yes	
k Performance of services or membership or fundraising solicitations for related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations by related organization(s)	1l	Yes	
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m		No
n Sharing of paid employees with related organization(s)	1n	Yes	
o Reimbursement paid to related organization(s) for expenses	1o	Yes	
p Reimbursement paid by related organization(s) for expenses	1p	Yes	
q Other transfer of cash or property to related organization(s)	1q	Yes	
r Other transfer of cash or property from related 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	(d) Method of determining amount involved
(1) See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

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	(k) Percentage ownership
(1) TWIN RIVERS MRI LLC ONE MEMORIAL DRIVE ALTON, IL 62002 37-1400120	HEALTH SERVICES	IL	N/A									
(2) THE HEART CARE INSTITUTE LLC 1020 NORTH MASON ROAD ST LOUIS, MO 63141 43-1870517	MEDICAL SERVICES	MO	N/A									
(3) GAMMA KNIFE CENTER AT BARNES JEWISH HOSP LLC 216 SOUTH KINGSHIGHWAY ST LOUIS, MO 63110 43-1846941	OUTPATIENT CARE SERVICES	MO	N/A									
(4) SURGERY CENTER OF FARMINGTON LLC 400 PARKLAND DRIVE FARMINGTON, MO 63640 43-1811835	MEDICAL SERVICES	MO	N/A									
(5) CHILDREN'S DISCOVERY INSTITUTE LLC 4901 FOREST PARK AVE ST LOUIS, MO 63108	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							

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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

2011

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
(1) PHYSICIAN GROUPS LC 670 MASON RIDGE CTR DR ST LOUIS, MO 63141 43-1681957	PROFESSIONAL & BILLING SVCS	MO	121,555,385	22,369,329	BJC HEALTH SYSTEM
(2) MYHEALTHFOLDERS LLC 4901 FOREST PARK AVE ST LOUIS, MO 63108 43-1617558	HEALTH AWARENESS COMMUNICATIONS	MO			BJC HEALTH SYSTEM

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	(g) Section 512(b)(13) controlled organization	
						Yes	No
See Additional Data Table							

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

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

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 SECURITY LENDING PROGRAM	207,157,745
INTEREST RATE SWAPS	105,337,389
PENSION LIABILITY	476,843,760
OTHER CURRENT LIAB	2,930,509
OTHER LONG TERM LIABILITIES	18,814,522
SELF FUNDED MALPR	162,420,200
INTEREST PAYABLE	1,044,200
DEFERRED COMPENSATION PAYABLE	20,472,448

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

Identifier	Return Reference	Explanation
	FORM 990, PART VII AND SCHEDULE B	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

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -77,849,603 EXTRAORDINARY ITEM - FAS 158 PENSION ADJUSTMENT -167,151,637 TOTAL TO FORM 990, PART XI, LINE 5 - 245,001,240

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2C	THERE HAS BEEN NO CHANGE TO THE OVERSIGHT OR SELECTION PROCESS OF THE AUDIT COMMITTEE IN IT'S SELECTION OF AN INDEPENDENT ACCOUNTANT

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
WASHINGTON UNIVERSITYBOX 8051 660 S EUCLID ST LOUIS,MO 63110	43-0653611	501 (C) (3)	400,000				SUPPORT SCHOOL OF PUBLIC HEALTH CONTRIBUTION
UNITED WAY OF GREATER ST LOUIS BOX 500280 ST LOUIS,MO 63150	43-0714167	501 (C) (3)	52,500				SUPPORT COMMUNITY NEED FOR SERVICES TO FAMILIES

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
AMERICAN NATIONAL RED CROSS2025 E STREET NW WASHINGTON,DC 20006	53-0196605	501 (C) (3)	50,000				SUPPORT JAPANESE RELIEF EFFORT DONATION
AMERICAN RED CROSS GREATER OZARKS CHAPTER 1545 NORTH WEST BYPASS SPRINGFIELD,MO 65803	44-0563832	501 (C) (3)	37,956				SUPPORT OZARKS ECONOMIC DEVELOPMENT

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
NATIONAL MS SOCIETY1867 LACKLAND HILL PARKWAY ST LOUIS,MO 63146	43-0718808	501 (C) (3)	27,500				SUPPORT RESEARCH ON MULTIPLE SCLEROSIS
AMERICAN HEART ASSOCIATION GREATER ST LOUIS DIVISION 460 N LINDBERGH ST LOUIS,MO 63141	13-5613797	501 (C) (3)	25,000				SUPPORT RESEARCH ON HEART DISEASES

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
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
FAIR SAINT LOUIS FOUNDATION 1141 SOUTH SEVENTH STREET ST LOUIS,MO 63104	43-1218720	501 (C) (3)	15,000				HEALTH AWARENESS SPONSOR OF FAIR ST LOUIS

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
WEBSTER UNIVERSITY470 E LOCKWOOD AVE ST LOUIS,MO 631193194	43-0662529	501 (C) (3)	15,000				SPONSOR WEBSTER WORKS CAMPAIGN TO BENEFIT NURSING STUDENTS
ST LOUIS CHILDRENS HOSPITALONE CHILDRENS PLACE ST LOUIS,MO 63110	43-1626863	501 (C) (3)	13,500				SPONSOR OF CHARITABLE FUNDRAISER

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 NURSERY6150 OAKLAND ST LOUIS,MO 63139	43-1410297	501 (C) (3)	13,500				SUPPORT THE HEALTH OF BABIES AND FAMILIES
URBAN LEAGUE METROPOLITAN ST LOUIS3701 GRANDEL SQUARE ST LOUIS,MO 63108	43-0653605	501 (C) (3)	12,500				SUPPORT COMMUNITY HEALTH

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
EPWORTH CHILDREN & FAMILY SERV110 N ELM AVE ST LOUIS,MO 63119	43-1069741	501 (C) (3)	10,000				SUPPORT COMMUNITY NEED FOR SERVICES TO FAMILIES
NURSES FOR NEWBORNS7259 LANSDOWNE SUITE 100 ST LOUIS,MO 63119	43-1601329	501 (C) (3)	10,000				SUPPORT THE HEALTH OF BABIES AND FAMILIES

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
RONALD MCDONALD HOUSE3450 PARK AVENUE ST LOUIS,MO 63104	43-1160478	501 (C) (3)	8,700				SUPPORT FUNDRAISER OF CHILDREN'S ORGANIZATION
FOCUS ST LOUIS 815 OLIVE ST STE 110 ST LOUIS,MO 63101	43-1750172	501 (C) (3)	7,740				SUPPORT COMMUNITY HEALTH

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
ARTS AND EDUCATION COUNCIL3547 OLIVE STREET ST LOUIS,MO 631031014	59-2015691	501 (C) (3)	7,500				SUPPORT THE ARTS AND EDUCATION
VARIETY THE CHILDRENS CHARITY2200 WESTPORT PLAZA DRIVE ST LOUIS,MO 63146	43-6078016	501 (C) (3)	7,500				SUPPORT FUNDRAISER OF CHILDREN'S ORGANIZATION

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
YMCA METRO ST LOUIS3820 WEST PINE BLVD ST LOUIS,MO 63108	43-0653618	501 (C) (3)	7,500				SUPPORT FUNDRAISER OF CHILDREN'S ORGANIZATION
ASTHMA AND ALLERGY FOUNDATION1500 BIG BEND STE 1S ST LOUIS,MO 63117	43-1484316	501 (C) (3)	7,000				SUPPORT RESEARCH OF ASTHMA AND ALLERGY

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
FOUNDATION FOR BARNES-JEWISH HOSPITAL1001 HIGHLANDS PLAZA DR WEST SUITE 140 ST LOUIS,MO 63110	23-7309937	501 (C) (3)	7,000				SPONSOR OF CHARITABLE FUNDRAISER
MARCH OF DIMES 11829 DORSETT ROAD MARYLAND HEIGHTS,MO 63043	13-1846366	501 (C) (3)	7,000				SUPPORT THE HEALTH OF BABIES BY PREVENTING BIRTH DEFECTS

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
BOONE HOSPITAL FOUNDATION1600 EAST BROADWAY BOX 88 COLUMBIA,MO 65201	03-0477306	501 (C) (3)	6,500				SPONSOR OF CHARITABLE FUNDRAISER
ARTHRITIS FOUNDATION9433 OLIVE BLVD STE 100 ST LOUIS,MO 63132	26-4639209	501 (C) (3)	6,000				SUPPORT RESEARCH OF ARTHRITIS

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 AMERICAN FOUNDATION4242 LINDELL BLVD 1ST FLOOR ST LOUIS,MO 631082965	43-1686282	501 (C) (3)	5,250				SPONSORS SALUTE TO EXCELLENCE IN EDUCATION

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493320068542

TY 2011 Recognize Income Under Temporary Regulations Statement

Name: BJC HEALTH SYSTEM

EIN: 43-1617558

Statement: 1) TRANSFEROR: BJC HEALTH SYSTEM EIN: 43-1617558 4901 FOREST PARK AVENUE ST. LOUIS, MO 631082) TRANSFER: (I) TRANSFEREE FOREIGN CORPORATION CYRUS OPPORTUNITIES FUND, II LTD. 89 NEXUS WAY, CAMANA BAY, GRAND CAYMAN KY1-9007, CAYMAN ISLANDS EIN: FOREIGNUS(II) IN SEPTEMBER 2011, BJC HEALTH SYSTEM (DBA BJC HEALTHCARE) CONTRIBUTED CASH TOTALING $11,000,000 TO CYRUS OPPORTUNITIES FUND, II LTD. IN A 351 TRANSACTION.3) CONSIDERATION RECEIVED: N/A4) PROPERTY TRANSFERRED: (I) ACTIVE BUSINESS PROPERTY: CASH TOTALING $11,000,000 (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

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	g Section 512 (b)(13) controlled organization	
ALTON MEMORIAL HEALTH SERVICES FOUNDATION 1109 N OXFORDSHIRE LANE EDWARDSVILLE, IL 62025 37-1177053	SUPPORT TO AMH	IL	501(C)(3)	11A	ALTON MEMORIAL HOSPITAL	Yes	
FOUNDATION FOR BARNES-JEWISH HOSPITAL 1001 HIGHLANDS PLAZA DR WEST SUITE ST LOUIS, MO 63110 43-1648435	SUPPORT TO BJH	MO	501(C)(3)	7	BARNES-JEWISH HOSPITAL	Yes	
BARNES JEWISH HOSP AUXILIARY PARKVIEW CHAPTER 216 SO KINGSHIGHWAY CAB 140 ST LOUIS, MO 63110 23-7000410	SUPPORT TO BJH	MO	501(C)(3)	11C	BARNES-JEWISH HOSPITAL	Yes	
BARNES-JEWISH ST PETERS HOSPITAL AUXILIARY 10 HOSPITAL DRIVE ST PETERS, MO 63376 43-1232811	SUPPORT TO BJSP HOSPITAL	MO	501(C)(3)	3	BARNES-JEWISH ST PETERS HOSPITAL	Yes	
CHRISTIAN HOSPITAL FOUNDATION 11155 DUNN ROAD SUITE 300 N ST LOUIS, MO 63136 43-1947644	SUPPORT TO CHNE	MO	501(C)(3)	11A	CHRISTIAN HOSPITAL NORTHEAST-NORTHWEST	Yes	
FAIRVIEW HEIGHTS MEDICAL GROUP SC 670 MASON RIDGE CENTER DR SUITE 300 ST LOUIS, MO 63141 36-4147189	HEALTHCARE SERVICES	IL	501(C)(3)	3	BJC HEALTH SYSTEM	Yes	
MISSOURI BAPTIST HEALTHCARE FOUNDATION 3015 N BALLAS ROAD ST LOUIS, MO 63131 43-1472026	SUPPORT TO MBMC	MO	501(C)(3)	7	MISSOURI BAPTIST MEDICAL CENTER	Yes	
PARKLAND HEALTH CENTER FOUNDATION 1101 WEST LIBERTY ST FARMINGTON, MO 63640 90-0424964	SUPPORT TO PHC	MO	501(C)(3)	7	PARKLAND HEALTH CENTER	Yes	
ST LOUIS CHILDREN'S HOSPITAL FOUNDATION ONE CHILDRENS PLACE ST LOUIS, MO 63110 43-1626863	SUPPORT TO SLCH	MO	501(C)(3)	7	ST LOUIS CHILDREN'S HOSPITAL	Yes	
MISSOURI BAPTIST HOSPITAL OF SULLIVAN AUXILIARY 751 SAPPINGTON BRIDGE SULLIVAN, MO 63080 43-1349641	SUPPORT TO MBHS	MO	501(C)(3)	3	MISSOURI BAPTIST HOSPITAL OF SULLIVAN	Yes	

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 ISLANDS CJ 98-0599167	INSURANCE	CJ	BJC HEALTH SYSTEM	C	133,951	15,270,770	100 000 %
PF SERVICES INC 11155 DUNN ROAD ST LOUIS, MO 63136 43-1237767	MANAGEMENT SERVICES	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			
BJC HEALTHCARE FUND LTD 90 FORT STREET PO BOX 32021 CAYMAN ISLANDS CJ	INACTIVE	CJ	BJC HEALTH SYSTEM	C			100 000 %

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(1)	BARNES-JEWISH HOSPITAL	B	74,275,902	
(2)	BARNES-JEWISH HOSPITAL	C	40,206,570	
(3)	BARNES-JEWISH HOSPITAL	F	29,141	
(4)	BARNES-JEWISH HOSPITAL	G	48,406,774	
(5)	BARNES-JEWISH HOSPITAL	H	91,728,998	
(6)	BARNES-JEWISH HOSPITAL	I	3,312,355	
(7)	BARNES-JEWISH HOSPITAL	J	2,140,549	
(8)	BARNES-JEWISH HOSPITAL	K	23,167,650	
(9)	BARNES-JEWISH HOSPITAL	L	40,910,092	
(10)	BARNES-JEWISH HOSPITAL	N	442,273,162	
(11)	BARNES-JEWISH HOSPITAL	O	774,514,301	
(12)	BARNES-JEWISH HOSPITAL	P	45,203,873	
(13)	BARNES-JEWISH HOSPITAL	Q	1,721,312,393	
(14)	BARNES-JEWISH HOSPITAL	R	428,356,714	
(15)	ST LOUIS CHILDREN'S HOSPITAL	B	24,293,988	
(16)	ST LOUIS CHILDREN'S HOSPITAL	C	9,702,553	
(17)	ST LOUIS CHILDREN'S HOSPITAL	G	14,945,720	
(18)	ST LOUIS CHILDREN'S HOSPITAL	H	16,110,684	
(19)	ST LOUIS CHILDREN'S HOSPITAL	I	63,280	
(20)	ST LOUIS CHILDREN'S HOSPITAL	J	185,592	

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(21)	ST LOUIS CHILDREN'S HOSPITAL	K	5,732,759	
(22)	ST LOUIS CHILDREN'S HOSPITAL	L	7,771,632	
(23)	ST LOUIS CHILDREN'S HOSPITAL	N	130,196,405	
(24)	ST LOUIS CHILDREN'S HOSPITAL	O	494,110,048	
(25)	ST LOUIS CHILDREN'S HOSPITAL	P	318,564,656	
(26)	ST LOUIS CHILDREN'S HOSPITAL	Q	470,741,285	
(27)	ST LOUIS CHILDREN'S HOSPITAL	R	121,452,682	
(28)	CHRISTIAN HOSPTIAL	B	2,062,000	
(29)	CHRISTIAN HOSPTIAL	C	1,114,285	
(30)	CHRISTIAN HOSPTIAL	G	17,236,407	
(31)	CHRISTIAN HOSPTIAL	H	19,254,640	
(32)	CHRISTIAN HOSPTIAL	I	7,628,081	
(33)	CHRISTIAN HOSPTIAL	J	5,546,269	
(34)	CHRISTIAN HOSPTIAL	K	33,942,271	
(35)	CHRISTIAN HOSPTIAL	L	42,162,844	
(36)	CHRISTIAN HOSPTIAL	N	90,889,153	
(37)	CHRISTIAN HOSPTIAL	O	166,626,725	
(38)	CHRISTIAN HOSPTIAL	P	31,920,469	
(39)	CHRISTIAN HOSPTIAL	Q	260,403,007	
(40)	CHRISTIAN HOSPTIAL	R	40,073,003	

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(41)	BARNES JEWISH WEST COUNTY HOSPITAL	B	649,439	
(42)	BARNES JEWISH WEST COUNTY HOSPITAL	C	328,604	
(43)	BARNES JEWISH WEST COUNTY HOSPITAL	G	10,476,307	
(44)	BARNES JEWISH WEST COUNTY HOSPITAL	H	12,659,422	
(45)	BARNES JEWISH WEST COUNTY HOSPITAL	I	11,236,517	
(46)	BARNES JEWISH WEST COUNTY HOSPITAL	J	10,722,111	
(47)	BARNES JEWISH WEST COUNTY HOSPITAL	K	1,466,024	
(48)	BARNES JEWISH WEST COUNTY HOSPITAL	L	5,338,682	
(49)	BARNES JEWISH WEST COUNTY HOSPITAL	N	26,094,926	
(50)	BARNES JEWISH WEST COUNTY HOSPITAL	O	43,152,054	
(51)	BARNES JEWISH WEST COUNTY HOSPITAL	P	1,189,859	
(52)	BARNES JEWISH WEST COUNTY HOSPITAL	Q	99,057,517	
(53)	BARNES JEWISH WEST COUNTY HOSPITAL	R	14,476,066	
(54)	ALTON MEMORIAL HOSPITAL	B	889,479	
(55)	ALTON MEMORIAL HOSPITAL	C	459,928	
(56)	ALTON MEMORIAL HOSPITAL	G	8,891,465	
(57)	ALTON MEMORIAL HOSPITAL	H	9,549,818	
(58)	ALTON MEMORIAL HOSPITAL	I	864,516	
(59)	ALTON MEMORIAL HOSPITAL	J	398,793	
(60)	ALTON MEMORIAL HOSPITAL	K	2,050,017	

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(61)	ALTON MEMORIAL HOSPITAL	L	7,592,520	
(62)	ALTON MEMORIAL HOSPITAL	N	36,786,653	
(63)	ALTON MEMORIAL HOSPITAL	O	63,006,598	
(64)	ALTON MEMORIAL HOSPITAL	P	5,106,947	
(65)	ALTON MEMORIAL HOSPITAL	Q	109,553,895	
(66)	ALTON MEMORIAL HOSPITAL	R	16,459,063	
(67)	BARNES JEWISH ST PETERS HOSPITAL	B	977,681	
(68)	BARNES JEWISH ST PETERS HOSPITAL	C	495,788	
(69)	BARNES JEWISH ST PETERS HOSPITAL	Q	7,158,521	
(70)	BARNES JEWISH ST PETERS HOSPITAL	H	11,096,640	
(71)	BARNES JEWISH ST PETERS HOSPITAL	I	2,488,672	
(72)	BARNES JEWISH ST PETERS HOSPITAL	J	1,948,047	
(73)	BARNES JEWISH ST PETERS HOSPITAL	K	851,690	
(74)	BARNES JEWISH ST PETERS HOSPITAL	L	6,758,782	
(75)	BARNES JEWISH ST PETERS HOSPITAL	N	33,853,933	
(76)	BARNES JEWISH ST PETERS HOSPITAL	O	60,037,699	
(77)	BARNES JEWISH ST PETERS HOSPITAL	P	840,462	
(78)	BARNES JEWISH ST PETERS HOSPITAL	Q	133,210,761	
(79)	BARNES JEWISH ST PETERS HOSPITAL	R	24,232,631	
(80)	MISSOURI BAPTIST MEDICAL CENTER	B	2,848,553	

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(81)	MISSOURI BAPTIST MEDICAL CENTER	C	1,441,149	
(82)	MISSOURI BAPTIST MEDICAL CENTER	F	47,425	
(83)	MISSOURI BAPTIST MEDICAL CENTER	G	48,707,986	
(84)	MISSOURI BAPTIST MEDICAL CENTER	H	84,629,029	
(85)	MISSOURI BAPTIST MEDICAL CENTER	I	14,434,955	
(86)	MISSOURI BAPTIST MEDICAL CENTER	J	12,541,536	
(87)	MISSOURI BAPTIST MEDICAL CENTER	K	4,923,722	
(88)	MISSOURI BAPTIST MEDICAL CENTER	L	16,419,463	
(89)	MISSOURI BAPTIST MEDICAL CENTER	N	131,774,039	
(90)	MISSOURI BAPTIST MEDICAL CENTER	O	226,567,843	
(91)	MISSOURI BAPTIST MEDICAL CENTER	P	7,972,086	
(92)	MISSOURI BAPTIST MEDICAL CENTER	Q	462,684,301	
(93)	MISSOURI BAPTIST MEDICAL CENTER	R	71,252,867	
(94)	MISSOURI BAPTIST SULLIVAN	B	320,876	
(95)	MISSOURI BAPTIST SULLIVAN	C	162,357	
(96)	MISSOURI BAPTIST SULLIVAN	Q	3,800,741	
(97)	MISSOURI BAPTIST SULLIVAN	H	5,005,108	
(98)	MISSOURI BAPTIST SULLIVAN	I	13,475	
(99)	MISSOURI BAPTIST SULLIVAN	J	2,105	
(100)	MISSOURI BAPTIST SULLIVAN	K	144,582	

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(101)	MISSOURI BAPTIST SULLIVAN	L	1,495,251	
(102)	MISSOURI BAPTIST SULLIVAN	N	17,404,178	
(103)	MISSOURI BAPTIST SULLIVAN	O	20,254,915	
(104)	MISSOURI BAPTIST SULLIVAN	P	604,483	
(105)	MISSOURI BAPTIST SULLIVAN	Q	43,352,408	
(106)	MISSOURI BAPTIST SULLIVAN	R	5,476,640	
(107)	PROGRESS WEST HEALTH CARE	B	474,236	
(108)	PROGRESS WEST HEALTH CARE	C	239,904	
(109)	PROGRESS WEST HEALTH CARE	G	3,547,558	
(110)	PROGRESS WEST HEALTH CARE	H	5,606,217	
(111)	PROGRESS WEST HEALTH CARE	I	1,201,819	
(112)	PROGRESS WEST HEALTH CARE	J	704,946	
(113)	PROGRESS WEST HEALTH CARE	K	315,134	
(114)	PROGRESS WEST HEALTH CARE	L	6,378,963	
(115)	PROGRESS WEST HEALTH CARE	N	16,835,866	
(116)	PROGRESS WEST HEALTH CARE	O	24,952,227	
(117)	PROGRESS WEST HEALTH CARE	P	749,801	
(118)	PROGRESS WEST HEALTH CARE	Q	50,174,467	
(119)	PROGRESS WEST HEALTH CARE	R	4,675,508	
(120)	PROGRESS EAST HEALTH CARE	O	19,315	

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(121)	PROGRESS EAST HEALTH CARE	Q	13,746	
(122)	BOONE HOSPITAL	O	220,251	
(123)	BOONE HOSPITAL	P	220,251	
(124)	PARKLAND HEALTH CENTER	B	486,701	
(125)	PARKLAND HEALTH CENTER	C	246,261	
(126)	PARKLAND HEALTH CENTER	F	27,146	
(127)	PARKLAND HEALTH CENTER	G	6,148,155	
(128)	PARKLAND HEALTH CENTER	H	4,364,152	
(129)	PARKLAND HEALTH CENTER	I	365,862	
(130)	PARKLAND HEALTH CENTER	J	142,892	
(131)	PARKLAND HEALTH CENTER	K	583,245	
(132)	PARKLAND HEALTH CENTER	L	5,035,294	
(133)	PARKLAND HEALTH CENTER	N	23,101,803	
(134)	PARKLAND HEALTH CENTER	O	31,573,746	
(135)	PARKLAND HEALTH CENTER	P	381,798	
(136)	PARKLAND HEALTH CENTER	Q	66,959,348	
(137)	PARKLAND HEALTH CENTER	R	8,038,845	
(138)	VILLIAGE NORTH INC	Q	235,158	
(139)	VILLIAGE NORTH INC	H	130,577	
(140)	VILLIAGE NORTH INC	K	44,583	

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(141)	VILLIAGE NORTH INC	L	3,198	
(142)	VILLIAGE NORTH INC	N	2,820,015	
(143)	VILLIAGE NORTH INC	O	4,115,933	
(144)	VILLIAGE NORTH INC	P	336,993	
(145)	VILLIAGE NORTH INC	Q	6,861,050	
(146)	VILLIAGE NORTH INC	R	795,086	
(147)	BJC HOME CARE	B	37,910	
(148)	BJC HOME CARE	C	54,083	
(149)	BJC HOME CARE	Q	1,133,220	
(150)	BJC HOME CARE	H	763,092	
(151)	BJC HOME CARE	I	6,921	
(152)	BJC HOME CARE	J	149,720	
(153)	BJC HOME CARE	K	300,747	
(154)	BJC HOME CARE	L	441,354	
(155)	BJC HOME CARE	N	34,936,681	
(156)	BJC HOME CARE	O	23,656,257	
(157)	BJC HOME CARE	P	1,225,998	
(158)	BJC HOME CARE	Q	69,033,403	
(159)	BJC HOME CARE	R	10,657,156	
(160)	BJC CORP HEALTH	Q	500,688	

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(161)	BJC CORP HEALTH	H	269,992	
(162)	BJC CORP HEALTH	I	23,126	
(163)	BJC CORP HEALTH	K	1,829,639	
(164)	BJC CORP HEALTH	L	303,840	
(165)	BJC CORP HEALTH	N	5,609,138	
(166)	BJC CORP HEALTH	O	4,709,768	
(167)	BJC CORP HEALTH	P	79,234	
(168)	BJC CORP HEALTH	Q	10,686,891	
(169)	BJC CORP HEALTH	R	1,589,494	
(170)	PHYSICIAN GROUP LLC	F	74,571	
(171)	PHYSICIAN GROUP LLC	G	6,259,461	
(172)	PHYSICIAN GROUP LLC	H	6,295,918	
(173)	PHYSICIAN GROUP LLC	I	130,825	
(174)	PHYSICIAN GROUP LLC	J	4,268,041	
(175)	PHYSICIAN GROUP LLC	K	55,259,320	
(176)	PHYSICIAN GROUP LLC	L	11,343,084	
(177)	PHYSICIAN GROUP LLC	N	54,668,592	
(178)	PHYSICIAN GROUP LLC	O	44,599,410	
(179)	PHYSICIAN GROUP LLC	P	8,389,923	
(180)	PHYSICIAN GROUP LLC	Q	81,134,446	

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(181)	PHYSICIAN GROUP LLC	R	25,431,105	
(182)	BJC BEHAVIORAL HEALTH	Q	2,870,182	
(183)	BJC BEHAVIORAL HEALTH	H	1,593,860	
(184)	BJC BEHAVIORAL HEALTH	J	306,284	
(185)	BJC BEHAVIORAL HEALTH	K	26,418	
(186)	BJC BEHAVIORAL HEALTH	L	476,298	
(187)	BJC BEHAVIORAL HEALTH	N	20,861,713	
(188)	BJC BEHAVIORAL HEALTH	O	23,153,594	
(189)	BJC BEHAVIORAL HEALTH	P	2,257,480	
(190)	BJC BEHAVIORAL HEALTH	Q	52,305,784	
(191)	BJC BEHAVIORAL HEALTH	R	7,554,487	
(192)	FARIVIEW HEIGHT MED GROUP	Q	277,372	
(193)	FARIVIEW HEIGHT MED GROUP	H	1,111,171	
(194)	FARIVIEW HEIGHT MED GROUP	I	58,245	
(195)	FARIVIEW HEIGHT MED GROUP	J	588,576	
(196)	FARIVIEW HEIGHT MED GROUP	K	12,622,317	
(197)	FARIVIEW HEIGHT MED GROUP	L	5,736,246	
(198)	FARIVIEW HEIGHT MED GROUP	N	15,823,039	
(199)	FARIVIEW HEIGHT MED GROUP	O	9,637,141	
(200)	FARIVIEW HEIGHT MED GROUP	P	3,582,904	

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(201)	FARIVIEW HEIGHT MED GROUP	Q	22,980,588	
(202)	FARIVIEW HEIGHT MED GROUP	R	7,262,430	
(203)	PF SERVICES INC	O	100	
(204)	PF SERVICES INC	P	75	
(205)	PF SERVICES INC	R	7,750	
(206)	TWIN RIVERS MRI LLC	J	41,737	
(207)	TWIN RIVERS MRI LLC	K	127,069	
(208)	TWIN RIVERS MRI LLC	L	68,987	
(209)	TWIN RIVERS MRI LLC	N	554,633	
(210)	TWIN RIVERS MRI LLC	O	24,983,850	
(211)	TWIN RIVERS MRI LLC	P	21,409,022	
(212)	TWIN RIVERS MRI LLC	Q	4,547,747	
(213)	TWIN RIVERS MRI LLC	R	1,575,566	
(214)	CHILDREN'S FOUNDATION	B	1,000	
(215)	CHILDREN'S FOUNDATION	H	10,354,000	
(216)	CHILDREN'S FOUNDATION	J	5,030	
(217)	CHILDREN'S FOUNDATION	K	18,344	
(218)	CHILDREN'S FOUNDATION	L	101,657	
(219)	CHILDREN'S FOUNDATION	N	3,881,855	
(220)	CHILDREN'S FOUNDATION	O	27,963,695	

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(221)	CHILDREN'S FOUNDATION	P	22,116,947	
(222)	CHILDREN'S FOUNDATION	Q	32,317,906	
(223)	CHILDREN'S FOUNDATION	R	12,186,722	
(224)	CHRISTIAN HOSPTIAL FOUNDATION	B	78,000	
(225)	CHRISTIAN HOSPTIAL FOUNDATION	C	12,952	
(226)	CHRISTIAN HOSPTIAL FOUNDATION	K	3,822	
(227)	CHRISTIAN HOSPTIAL FOUNDATION	L	8,202	
(228)	CHRISTIAN HOSPTIAL FOUNDATION	N	10,485	
(229)	CHRISTIAN HOSPTIAL FOUNDATION	O	442,387	
(230)	CHRISTIAN HOSPTIAL FOUNDATION	P	115,404	
(231)	CHRISTIAN HOSPTIAL FOUNDATION	Q	436,740	
(232)	CHRISTIAN HOSPTIAL FOUNDATION	R	175,747	
(233)	THE FOUNDATION FOR BARNES-JEWISH HOSPITAL	B	3,904,023	
(234)	THE FOUNDATION FOR BARNES-JEWISH HOSPITAL	C	1,559,171	
(235)	THE FOUNDATION FOR BARNES-JEWISH HOSPITAL	I	60,162	
(236)	THE FOUNDATION FOR BARNES-JEWISH HOSPITAL	J	121,459	
(237)	THE FOUNDATION FOR BARNES-JEWISH HOSPITAL	K	20	
(238)	THE FOUNDATION FOR BARNES-JEWISH HOSPITAL	L	30,008	
(239)	THE FOUNDATION FOR BARNES-JEWISH HOSPITAL	N	111,334	
(240)	THE FOUNDATION FOR BARNES-JEWISH HOSPITAL	O	17,758,594	

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(241)	THE FOUNDATION FOR BARNES-JEWISH HOSPITAL	P	44,857,426	
(242)	THE FOUNDATION FOR BARNES-JEWISH HOSPITAL	Q	47,939,043	
(243)	THE FOUNDATION FOR BARNES-JEWISH HOSPITAL	R	60,297,653	
(244)	MBMC FOUNDATION	Q	13,181,163	
(245)	MBMC FOUNDATION	H	11,880,690	
(246)	PARKLAND FOUNDATION	O	2,531	
(247)	PARKLAND FOUNDATION	P	531	
(248)	CHRISTIAN HEALTH SERVICES DEVELOPMENT CORP	I	414,896	
(249)	CHRISTIAN HEALTH SERVICES DEVELOPMENT CORP	K	43,813	
(250)	CHRISTIAN HEALTH SERVICES DEVELOPMENT CORP	N	548,783	
(251)	CHRISTIAN HEALTH SERVICES DEVELOPMENT CORP	O	277,317	
(252)	CHRISTIAN HEALTH SERVICES DEVELOPMENT CORP	P	3,674,898	
(253)	CHRISTIAN HEALTH SERVICES DEVELOPMENT CORP	Q	117,423	
(254)	CHRISTIAN HEALTH SERVICES DEVELOPMENT CORP	R	1,987,147	
(255)	CH ALLIED SERVICES	F	6,868	
(256)	CH ALLIED SERVICES	Q	9,649,563	
(257)	CH ALLIED SERVICES	H	13,382,277	
(258)	CH ALLIED SERVICES	K	1,000,679	
(259)	CH ALLIED SERVICES	O	5,011,388	
(260)	CH ALLIED SERVICES	P	16,613,545	

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(261) CH ALLIED SERVICES	Q	2,484	

Additional Data

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

Form 8865, Schedule A-2 - Affiliation Schedule

Name	Address	EIN (if any)	Total ordinary income or loss	Check if foreign partnership
TEEKAY NAKILAT III CORP	AJELTAKE ISLAND MAJURO MH 96960 RM	98-0475198		X
TEEKAY NAKILAT CORP	AJELTAKE ISLAND MAJURO MH 96960 RM	98-0475166		X
TEEKAY BLT CORP	AJELTAKE ISLAND MAJURO MH 96960 RM	98-0475197		X
EXCELSIOR BVBA	DE GERLACHEKAAI 20 ANTWERP B2000 BE	98-0558246		X
MINT LNG I	PO BOX 13937 SAFFREY SQ NASSAU BF	98-1014616		X
MINT LNG II	PO BOX 13937 SAFFREY SQ NASSAU BF	98-1014626		X
MINT LNG III	PO BOX 13937 SAFFREY SQ NASSAU BF	98-1014629		X
MINT LNG IV	PO BOX 13937 SAFFREY SQ NASSAU BF	98-1014633		X
MALT LNG HOLD APS	AMERIKA PLADS 37 COPENHAGEN 2100 DA	98-1032962		X

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TY 2011 Recognize Income Under Temporary Regulations Statement

Name: BJC HEALTH SYSTEM

EIN: 43-1617558

Statement: 1) TRANSFEROR: BJC HEALTH SYSTEM EIN: 43-1617558 4901 FOREST PARK AVENUE ST. LOUIS, MO 631082) TRANSFER: (I) TRANSFEREE FOREIGN CORPORATION GRAHAM GLOBAL INVESTMENT FUND II, LTD C/O BLENHEIM CORP SVCS LTD 125 MAIN STREET PO BOX 144 ROAD TOWN, TORTOLA BRITISH VIRGIN ISLANDS EIN: FOREIGNUS(II) IN JANUARY 2011, BJC HEALTH SYSTEM (DBA BJC HEALTHCARE) CONTRIBUTED CASH TOTALING $4,000,000 TO GRAHAM GLOBAL INVESTMENT FUND II, LTD AND IN AUGUST, 2011 BJC CONTRIBUTED $15,000,000 FOR TOTAL TRANSFERS TO GRAHAM GLOBAL INVESTMENT FUND II, LTD OF $19,000,000 IN A 351 TRANSACTION.3) CONSIDERATION RECEIVED: N/A4) PROPERTY TRANSFERRED: (I) ACTIVE BUSINESS PROPERTY: CASH TOTALING $19,000,000 (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 2011 Recognize Income Under Temporary Regulations Statement

Name: BJC HEALTH SYSTEM

EIN: 43-1617558

Statement: 1) TRANSFEROR: BJC HEALTH SYSTEM EIN: 43-1617558 4901 FOREST PARK AVENUE ST. LOUIS, MO 631082) TRANSFER: (I) TRANSFEREE FOREIGN CORPORATION GLG EUROPEAN LONG SHORT EQUITY FUND 87 MARY STREET, WALKER HOUSE, GEORGE TOWN GRAND CAYMAN, KY1-9002 CAYMAN ISLANDS, CJ EIN: FOREIGNUS (III) ON VARIOUS DATES DURING 2011, BJC HEALTH SYSTEM (DBA BJC HEALTHCARE) CONTRIBUTED CASH TOTALING $32,500,000 TO GLG EUROPEAN LONG SHORT EQUITY FUND IN A 351 TRANSACTION.3) CONSIDERATION RECEIVED: N/A4) PROPERTY TRANSFERRED: (I) ACTIVE BUSINESS PROPERTY: CASH TOTALING $32,500,000 (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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TY 2011 Recognize Income Under Temporary Regulations Statement

Name: BJC HEALTH SYSTEM

EIN: 43-1617558

Statement: 1) TRANSFEROR: BJC HEALTH SYSTEM EIN: 43-1617558 4901 FOREST PARK AVENUE ST. LOUIS, MO 631082) TRANSFER: (I) TRANSFEREE FOREIGN CORPORATION HUNTER GLOBAL INVESTORS OFFSHORE FUND, LTD PO BOX 1748GT CAYMAN CORP CTR GEORGE TOWN, GRAND CAYMAN, CAYMAN ISLANDS, CJ EIN: FOREIGNUS (II) IN FEBRUARY 2011, BJC HEALTH SYSTEM (DBA BJC HEALTHCARE) CONTRIBUTED CASH TOTALING $6,000,000 TO HUNTER GLOBAL INVESTORS OFFSHORE FUND, LTD IN A 351 TRANSACTION.3) CONSIDERATION RECEIVED: N/A4) PROPERTY TRANSFERRED: (I) ACTIVE BUSINESS PROPERTY: CASH TOTALING $6,000,000 (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 2011 Recognize Income Under Temporary Regulations Statement

Name: BJC HEALTH SYSTEM

EIN: 43-1617558

Statement: 1) TRANSFEROR: BJC HEALTH SYSTEM EIN: 43-1617558 4901 FOREST PARK AVENUE ST. LOUIS, MO 631082) TRANSFER: (I) TRANSFEREE FOREIGN CORPORATION THIRD POINT OFFSHORE FUND, LTD. C/O INTL FUND SVCS THIRD FLOOR BISHOP'S SQUARE, REDMOND'S HILL DUBLIN 2 IRELAND EIN: FOREIGNUS(II) ON MARCH 2, 2011, BJC HEALTH SYSTEM (DBA BJC HEALTHCARE) CONTRIBUTED CASH OF $6,000,000 AND ON JUNE 28, 2011, BJC HEALTH SYSTEM CONTRIBUTED CASH OF $20,000,000 FOR A TOTAL OF $26,000,000 TO THIRD POINT OFFSHORE FUND, LTD IN A 351 TRANSACTION.3) CONSIDERATION RECEIVED: N/A4) PROPERTY TRANSFERRED: (I) ACTIVE BUSINESS PROPERTY: CASH TOTALING $26,000,000 (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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Name: BJC HEALTH SYSTEM

EIN: 43-1617558

Statement: 1) TRANSFEROR: BJC HEALTH SYSTEM EIN: 43-1617558 4901 FOREST PARK AVENUE ST. LOUIS, MO 631082) TRANSFER: (I) TRANSFEREE FOREIGN CORPORATION TENOR OPPORTUNITY FUND LTD C/O DPM MELLON LTD 802 WEST BAY ROAD SUITE 14 PO BOX 2199 GRAND CAYMAN KY1-1105 CAYMAN ISLANDS EIN: FOREIGNUS (II) IN SEPTEMBER 2011, BJC HEALTH SYSTEM (DBA BJC HEALTHCARE) CONTRIBUTED CASH TOTALING $ 22,000,000 TO TENOR OPPORTUNITY FUND LTD AND IN DECEMBER 2011, BJC TRANSFERRED $7,500,000 TO TENOR FOR A TOTAL OF $29,500,000 IN A 351 TRANSACTION.3) CONSIDERATION RECEIVED: N/A4) PROPERTY TRANSFERRED: (I) ACTIVE BUSINESS PROPERTY: CASH TOTALING $29,500,000 (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 4901 FOREST PARK AVENUE ST. LOUIS, MO 631082) TRANSFER: (I) TRANSFEREE FOREIGN CORPORATION TRILOGY FINANCIAL PARTNERS INTL LTD UBS HOUSE 227 ELG AVE PO BOX 852 GRAND CAYMAN KY1-1103 CAYMAN ISLANDS EIN: FOREIGNUS(II) IN AUGUST AND SEPTEMBER, 2011, BJC HEALTH SYSTEM (DBA BJC HEALTHCARE) CONTRIBUTED CASH TOTALING $40,000,000 TO TRILOGY FINANCIAL PARTNERS, LTD. IN 351 TRANSACTIONS3) CONSIDERATION RECEIVED: N/A4) PROPERTY TRANSFERRED: (I) ACTIVE BUSINESS PROPERTY: CASH TOTALING $40,000,000 (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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EIN: 43-1617558

Statement: 1) TRANSFEROR: BJC HEALTH SYSTEM EIN: 43-1617558 4901 FOREST PARK AVENUE ST. LOUIS, MO 631082) TRANSFER: (I) TRANSFEREE FOREIGN CORPORATION CQS/ABS FEEDER FUND, LTD. 135 SO CHURCH ST PO BOX 309 GRAND CAYMAN, KY1-1104 CAYMAN ISLANDS EIN: FOREIGNUS(II) DURING AUGUST AND SEPTEMBER, 2011 BJC HEALTH SYSTEM (DBA BJC HEALTHCARE) CONTRIBUTED CASH TOTALING $35,000,000 TO CQS/ABS, LTD. IN A 351 TRANSACTION.3) CONSIDERATION RECEIVED: N/A4) PROPERTY TRANSFERRED: (I) ACTIVE BUSINESS PROPERTY: CASH TOTALING $35,000,000 (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 2011 Recognize Income Under Temporary Regulations Statement

Name: BJC HEALTH SYSTEM

EIN: 43-1617558

Statement: 1) TRANSFEROR: BJC HEALTH SYSTEM EIN: 43-1617558 4901 FOREST PARK AVENUE ST. LOUIS, MO 631082) TRANSFER: (I) TRANSFEREE FOREIGN CORPORATION AMERRA AGRI OFFSHORE FUND LP PO BOX 32021 GRAND CAYMAN, KY1-1208CAYMAN ISLANDS, CJ EIN: FOREIGNUS(IV) ON VARIOUS DATES DURING 2011, BJC HEALTH SYSTEM (DBA BJC HEALTHCARE) CONTRIBUTED CASH TOTALING $4,529,550 TO AMERRA AGRI OFFSHORE FUND, LP IN A 351 TRANSACTION. 3) CONSIDERATION RECEIVED: N/A4) PROPERTY TRANSFERRED: (I) ACTIVE BUSINESS PROPERTY: CASH TOTALING $4,529,550 (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 4901 FOREST PARK AVENUE ST. LOUIS, MO 631082) TRANSFER: (I) TRANSFEREE FOREIGN CORPORATION LSRC II INVESTOR SARL 5, AVENUE GASTON DIDERICH L-1420 LUXEMBOURG GRAND DUCHY OF LUXEMBOURG EIN: 98-0630388(II) DURING 2011, BJC HEALTH SYSTEM (DBA BJC HEALTHCARE) CONTRIBUTED CASH TOTALING $1,170,603 TO LSRC II INVESTOR SARL IN A 351 TRANSACTION.3) CONSIDERATION RECEIVED: N/A4) PROPERTY TRANSFERRED: (I) ACTIVE BUSINESS PROPERTY: CASH TOTALING $1,170,603 (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 2011 Recognize Income Under Temporary Regulations Statement

Name: BJC HEALTH SYSTEM

EIN: 43-1617558

Statement: 1) TRANSFEROR: BJC HEALTH SYSTEM EIN: 43-1617558 4901 FOREST PARK AVENUE ST. LOUIS, MO 631082) TRANSFER: (I) TRANSFEREE FOREIGN CORPORATION FCOF SECURITIES LTD 1345 AVENUE OF THE AMERICAS, 46TH FLOOR NEW YORK, NY 10105 EIN: 98-0575416(II) DURING 2011, BJC HEALTH SYSTEM (DBA BJC HEALTHCARE) INDIRECTLY CONTRIBUTED CASH TOTALING $1,131,588 TO FCOF SECURITIES LTD IN A 351 TRANSACTION.3) CONSIDERATION RECEIVED: N/A4) PROPERTY TRANSFERRED: (I) ACTIVE BUSINESS PROPERTY: CASH TOTALING $1,131,588 (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 2011 Recognize Income Under Temporary Regulations Statement

Name: BJC HEALTH SYSTEM

EIN: 43-1617558

Statement: 1) TRANSFEROR: BJC HEALTH SYSTEM EIN: 43-1617558 4901 FOREST PARK AVENUE ST. LOUIS, MO 631082) TRANSFER: (I) TRANSFEREE FOREIGN CORPORATION FCOF UB HOLDINGS LTD 1345 AVENUE OF THE AMERICAS, 46TH FLOOR NEW YORK, NY 10105 EIN: 98-0664201(II) DURING 2011, BJC HEALTH SYSTEM (DBA BJC HEALTHCARE) INDIRECTLY CONTRIBUTED CASH TOTALING $1,219,009 FCOF UB HOLDINGS LTD IN A 351 TRANSACTION.3) CONSIDERATION RECEIVED: N/A4) PROPERTY TRANSFERRED: (I) ACTIVE BUSINESS PROPERTY: CASH TOTALING $1,219,009 (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 2011 Recognize Income Under Temporary Regulations Statement

Name: BJC HEALTH SYSTEM

EIN: 43-1617558

Statement: 1) TRANSFEROR: BJC HEALTH SYSTEM EIN: 43-1617558 4901 FOREST PARK AVENUE ST. LOUIS, MO 631082) TRANSFER: (I) TRANSFEREE FOREIGN CORPORATION LIMA LS PLC 5 SAVILLE ROW LONDON W1S 3PD, UNITED KINGDDOM 98-0682751(II) DURING 2011, BJC HEALTH SYSTEM (DBA BJC HEALTHCARE) INDIRECTLY CONTRIBUTED CASH TOTALING $336,099 TO LIMA LS PLC IN A 351 TRANSACTION.3) CONSIDERATION RECEIVED: N/A4) PROPERTY TRANSFERRED: (I) ACTIVE BUSINESS PROPERTY: CASH TOTALING $336,099 (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 2011 Recognize Income Under Temporary Regulations Statement

Name: BJC HEALTH SYSTEM

EIN: 43-1617558

Statement: 1) TRANSFEROR: BJC HEALTH SYSTEM EIN: 43-1617558 4901 FOREST PARK AVENUE ST. LOUIS, MO 631082) TRANSFER: (I) TRANSFEREE FOREIGN CORPORATION LIMA 2 LS PLC 5 SAVILLE ROW LONDON W1S 3PD, UNITED KINGDDOM 98-0700465(II) DURING 2011, BJC HEALTH SYSTEM (DBA BJC HEALTHCARE) INDIRECTLY CONTRIBUTED CASH TOTALING $85,802 TO LIMA LS PLC IN A 351 TRANSACTION. 3) CONSIDERATION RECEIVED: N/A4) PROPERTY TRANSFERRED: (I) ACTIVE BUSINESS PROPERTY: CASH TOTALING $82,802(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 2011 Recognize Income Under Temporary Regulations Statement

Name: BJC HEALTH SYSTEM

EIN: 43-1617558

Statement: 1) TRANSFEROR: BJC HEALTH SYSTEM EIN: 43-1617558 4901 FOREST PARK AVENUE ST. LOUIS, MO 631082) TRANSFER: (I) TRANSFEREE FOREIGN CORPORATION FCOF II UB HOLDINGS LTD 1345 AVENUE OF THE AMERICAS, 46TH FLOOR NEW YORK, NY 10105 EIN: FOREIGNUS(II) DURING 2011, BJC HEALTH SYSTEM (DBA BJC HEALTHCARE) INDIRECTLY CONTRIBUTED CASH TOTALING $1,880,015 FCOF UB HOLDINGS LTD IN A 351 TRANSACTION.3) CONSIDERATION RECEIVED: N/A4) PROPERTY TRANSFERRED: (I) ACTIVE BUSINESS PROPERTY: CASH TOTALING $1,880,015 (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 2011 Recognize Income Under Temporary Regulations Statement

Name: BJC HEALTH SYSTEM

EIN: 43-1617558

Statement: 1) TRANSFEROR: BJC HEALTH SYSTEM EIN: 43-1617558 4901 FOREST PARK AVENUE ST. LOUIS, MO 631082) TRANSFER: (I) TRANSFEREE FOREIGN CORPORATION FCOF II SECURITIES LTD 1345 AVENUE OF THE AMERICAS, 46TH FLOOR NEW YORK, NY 10105 EIN: FOREIGNUS(II) DURING 2011, BJC HEALTH SYSTEM (DBA BJC HEALTHCARE) INDIRECTLY CONTRIBUTED CASH TOTALING $277,277 TO FCOF SECURITIES LTD IN A 351 TRANSACTION.3) CONSIDERATION RECEIVED: N/A4) PROPERTY TRANSFERRED: (I) ACTIVE BUSINESS PROPERTY: CASH TOTALING $277,277 (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 2011 Recognize Income Under Temporary Regulations Statement

Name: BJC HEALTH SYSTEM

EIN: 43-1617558

Statement: 1) TRANSFEROR: BJC HEALTH SYSTEM EIN: 43-1617558 4901 FOREST PARK AVENUE ST. LOUIS, MO 631082) TRANSFER: (I) TRANSFEREE FOREIGN CORPORATION LIMA LS PLC 5 SAVILLE ROW LONDON W1S 3PD, UNITED KINGDDOM 98-0682751(II) DURING 2011, BJC HEALTH SYSTEM (DBA BJC HEALTHCARE) INDIRECTLY CONTRIBUTED CASH TOTALING $262,578 TO LIMA LS PLC IN A 351 TRANSACTION.3) CONSIDERATION RECEIVED: N/A4) PROPERTY TRANSFERRED: (I) ACTIVE BUSINESS PROPERTY: CASH TOTALING $262,578 (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 2011 Recognize Income Under Temporary Regulations Statement

Name: BJC HEALTH SYSTEM

EIN: 43-1617558

Statement: 1) TRANSFEROR: BJC HEALTH SYSTEM EIN: 43-1617558 4901 FOREST PARK AVENUE ST. LOUIS, MO 631082) TRANSFER: (I) TRANSFEREE FOREIGN CORPORATION LIMA 2 LS PLC 5 SAVILLE ROW LONDON W1S 3PD, UNITED KINGDDOM 98-0700465(II) DURING 2011, BJC HEALTH SYSTEM (DBA BJC HEALTHCARE) INDIRECTLY CONTRIBUTED CASH TOTALING $67,033 TO LIMA LS PLC IN A 351 TRANSACTION. 3) CONSIDERATION RECEIVED: N/A4) PROPERTY TRANSFERRED: (I) ACTIVE BUSINESS PROPERTY: CASH TOTALING $67,033(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 2011 Recognize Income Under Temporary Regulations Statement

Name: BJC HEALTH SYSTEM

EIN: 43-1617558

Statement: 1) TRANSFEROR: BJC HEALTH SYSTEM EIN: 43-1617558 4901 FOREST PARK AVENUE ST. LOUIS, MO 631082) TRANSFER: (I) TRANSFEREE FOREIGN CORPORATION FCOF II UBX HOLDINGS LTD 1345 AVENUE OF THE AMERICAS, 46TH FLOOR NEW YORK, NY 10105 EIN: FOREIGNUS(II) DURING 2011, BJC HEALTH SYSTEM (DBA BJC HEALTHCARE) INDIRECTLY CONTRIBUTED CASH TOTALING $140,025 FCOF II UBX HOLDINGS LTD IN A 351 TRANSACTION.3) CONSIDERATION RECEIVED: N/A4) PROPERTY TRANSFERRED: (I) ACTIVE BUSINESS PROPERTY: CASH TOTALING $140,025 (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 2011 Recognize Income Under Temporary Regulations Statement

Name: BJC HEALTH SYSTEM

EIN: 43-1617558

Statement: 1) TRANSFEROR: BJC HEALTH SYSTEM EIN: 43-1617558 4901 FOREST PARK AVENUE ST. LOUIS, MO 631082) TRANSFER: (I) TRANSFEREE FOREIGN CORPORATION HESTYA ENERGY B.V. PRINS BERNHARDPLEIN 200 1097 JB AMSTERDAM NETHERLANDS EIN: FOREIGNUS(IV) DURING 2011, BJC HEALTH SYSTEM (DBA BJC HEALTH SYSTEM) INDIRECTLY CONTRIBUTED CASH TOTALING $135,664 TO HESTYA ENERGY BV IN A 351 TRANSACTION.3) CONSIDERATION RECEIVED: N/A4) PROPERTY TRANSFERRED: (I) ACTIVE BUSINESS PROPERTY: CASH TOTALING $135,664 (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 2011 Recognize Income Under Temporary Regulations Statement

Name: BJC HEALTH SYSTEM

EIN: 43-1617558

Statement: 1) TRANSFEROR: BJC HEALTH SYSTEM EIN: 43-1617558 4901 FOREST PARK AVENUE ST. LOUIS, MO 631082) TRANSFER: (I) TRANSFEREE FOREIGN CORPORATION QUINTANA SHIPPING INVESTORS, LLC 601 JEFFERSON ST, 36TH FLOOR HOUSTON, TX 77002 MARSHALL ISLANDS EIN: FOREIGNUS(II) DURING 2011, BJC HEALTH SYSTEM (DBA BJC HEALTHCARE) INDIRECTLY CONTRIBUTED CASH TOTALING $371,053 TO QUINTANA SHIPPING INVESTORS, LLC IN A 351 TRANSACTION.3) CONSIDERATION RECEIVED: N/A4) PROPERTY TRANSFERRED: (I) ACTIVE BUSINESS PROPERTY: CASH TOTALING $371,053 (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 2011 Recognize Income Under Temporary Regulations Statement

Name: BJC HEALTH SYSTEM

EIN: 43-1617558

Statement: 1) TRANSFEROR: BJC HEALTH SYSTEM EIN: 43-1617558 4901 FOREST PARK AVENUE ST. LOUIS, MO 631082) TRANSFER: (I) TRANSFEREE FOREIGN CORPORATION EUCO BV PRINS BERNHARDPLEIN 200 1097 JB AMSTERDAM, NETHERLANDS EIN: FOREIGNUS(II) ON OCTOBER 28, 2011, BJC HEALTH SYSTEM (DBA BJC HEALTHCARE) INDIRECTLY CONTRIBUTED CASH TOTALING $269,731 TO EUCO BV IN A 351 TRANSACTION.3) CONSIDERATION RECEIVED: N/A4) PROPERTY TRANSFERRED: (I) ACTIVE BUSINESS PROPERTY: CASH TOTALING $269,731 (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 2011 Recognize Income Under Temporary Regulations Statement

Name: BJC HEALTH SYSTEM

EIN: 43-1617558

Statement:

1) TRANSFEROR: BJC HEALTH SYSTEM EIN: 43-1617558 4901 FOREST PARK AVENUE ST. LOUIS, MO 631082) TRANSFER: (I) TRANSFEREE FOREIGN CORPORATION ATG ASSURANCE COMPANY LTD PO BOX 1109 GRAND CAYMAN, CAYMAN ISLANDS EIN: 98-0599167(II) DURING 2011, BJC HEALTH SYSTEM (DBA BJC HEALTHCARE) CONTRIBUTED CASH TOTALING $133,951 TO ATG ASSURANCE COMPANY LTD IN A 351 TRANSACTION.3) CONSIDERATION RECEIVED: N/A4) PROPERTY TRANSFERRED: (I) ACTIVE BUSINESS PROPERTY: CASH TOTALING $133,951 (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**********STATEMENT PURSUANT TO 1.351-3(A) BY BJC HEALTH SYSTEM EIN 43-1617558, A SIGNIFICANT TRANSFERORYEAR ENDED 12/31/20111. NAME OF TRANSFEREE CORPORATION: ATG ASSURANCE COMPANY LTD EIN (IF ANY): 98-05991672. DATE(S) OF THE TRANSFER(S) OF ASSETS: VARIOUS DURING 20113. IMMEDIATELY BEFORE THE E

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TY 2011 Recognize Income Under Temporary Regulations Statement

Name: BJC HEALTH SYSTEM

EIN: 43-1617558

Statement: 1) TRANSFEROR: BJC HEALTH SYSTEM EIN: 43-1617558 4901 FOREST PARK AVENUE ST. LOUIS, MO 631082) TRANSFER: (I) TRANSFEREE FOREIGN CORPORATION AG CAPITAL RECOVERY VII HOLDINGS LP 89 NEXUS WAY, CAMANA BAY GRAND CAYMAN, KY1-9007 CAYMAN ISLANDS EIN: 98-0611707(II) DURING 2011, BJC HEALTH SYSTEM (DBA BJC HEALTHCARE) CONTRIBUTED CASH TOTALING $2,500,000 TO AG CAPITAL RECOVERY VII HOLDINGS LP IN A 351 TRANSACTION.3) CONSIDERATION RECEIVED: N/A4) PROPERTY TRANSFERRED: (I) ACTIVE BUSINESS PROPERTY: CASH TOTALING $2,500,000 (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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TY 2011 Recognize Income Under Temporary Regulations Statement

Name: BJC HEALTH SYSTEM

EIN: 43-1617558

Statement: 1) TRANSFEROR: BJC HEALTH SYSTEM EIN: 43-1617558 4901 FOREST PARK AVENUE ST. LOUIS, MO 631082) TRANSFER: (I) TRANSFEREE FOREIGN CORPORATION III CREDIT OPPORTUNITIES FUND, LTD. 90 FORT STREET PO BOX 32021 GRAND CAYMAN KY1-1208, CAYMAN ISLANDS EIN: FOREIGNUS(II) ON VARIOUS DATES DURING 2011, BJC HEALTH SYSTEM (DBA BJC HEALTHCARE) CONTRIBUTED CASH TOTALING $211,000,000 TO III CREDIT OPPORTUNITIES FUND, LTD. IN A 351 TRANSACTION.3) CONSIDERATION RECEIVED: N/A4) PROPERTY TRANSFERRED: (I) ACTIVE BUSINESS PROPERTY: CASH TOTALING $211,000,000 (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 2011 Category 3 filer statement

Name: BJC HEALTH SYSTEM

EIN: 43-1617558

Amount Of Indebtedness	Type Of Indebtedness	Name	Address	Identifying Number	Number Of Shares
	COM STK & PD N CAP B	BJC HEALTH SYSTEM	4901 FOREST PARK AVE SUITE 1200 ST LOUIS, MO 63108	43-1617558	

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TY 2011 Earnings and Profits Other Adjustments Statement

Name: BJC HEALTH SYSTEM

EIN: 43-1617558

Description	Amount
REV PREMIUM EARNED	-133,951

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TY 2011 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	2,778,955	2,396,923
		RECOVERABLE LOSSES FROM INSURERS	13,469,656	12,573,930

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TY 2011 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		101,457

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TY 2011 Itemized Other Liabilities Schedule

Name: BJC HEALTH SYSTEM

EIN: 43-1617558

TY 2011 Itemized Other Liabilities Schedule

Corporation Name	Corporation EIN	Other Liabilities Description	Beginning Amount	Ending Amount
ATG ASSURANCE COMPANY LTD	98-0599167	RESERVES FOR LOSSES & LOSS ADJ EXPENSES	13,469,656	12,573,930
		UNEARNED PREMIUMS	2,896,162	2,514,129
		ACCRUED EXPENSES	43,859	39,450

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

TY 2011 Functional Currency and Exchange Rate QBU Statement

Name: BJC HEALTH SYSTEM

EIN: 43-1617558

QBU Id	Country of Operation	Functional Currency
US DOLLARS		1

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

TY 2011 Functional Currency and Exchange Rate QBU Statement

Name: BJC HEALTH SYSTEM

EIN: 43-1617558

QBU Id	Country of Operation	Functional Currency
US DOLLARS		1

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

TY 2011 Functional Currency and Exchange Rate QBU Statement

Name: BJC HEALTH SYSTEM

EIN: 43-1617558

QBU Id	Country of Operation	Functional Currency
US DOLLARS		1

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

TY 2011 Functional Currency and Exchange Rate QBU Statement

Name: BJC HEALTH SYSTEM

EIN: 43-1617558

QBU Id	Country of Operation	Functional Currency
US DOLLARS		1

Additional Data

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

Form 990, Special Condition Description:

Special Condition Description

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

4d. Other program services

(Code) (Expenses $ 55,196,549 including grants of $ 893,388) (Revenue $ 250,766,673)
OTHER MISCELLANEOUS PROGRAM SERVICES

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	
(A) BARNES-JEWISH HOSPITAL	237309937	3	Yes						140922161
(B) CHRISTIAN HEALTH SVCS DEV CORP	431230583	11	Yes						55441781
(C) ST LOUIS CHILDREN'S HOSPITAL	430654870	3	Yes						39663523
(D) MISSOURI BAPTIST MEDICAL CENTER	430652656	3	Yes						51643232