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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

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 01-01-2012 , 2012, and ending 12-31-2012

B Check if applicable
- ☐ 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 $ 647,368,566

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 ☑ No

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

H(c) Group exemption number ▶ 3844

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

J Website: ▶ WWW BJC ORG

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

L Year of formation 1993

M State of legal domicile MO

Part I Summary

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**	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	12
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	**5**	2,538
6	Total number of volunteers (estimate if necessary)	**6**	142
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	5,739,321
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	3,094,253

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	0	0
9	Program service revenue (Part VIII, line 2g)	374,413,831	439,011,574
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-2,302,414	208,241,611
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	751,329	115,381
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	372,862,746	647,368,566
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	893,388	1,579,699
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)	226,328,833	256,754,574
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)	147,784,343	183,181,162
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	375,006,564	441,515,435
19	Revenue less expenses Subtract line 18 from line 12	-2,143,818	205,853,131
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	1,865,069,992	3,555,668,900
21	Total liabilities (Part X, line 26)	1,874,207,568	1,972,186,558
22	Net assets or fund balances Subtract line 21 from line 20	-9,137,576	1,583,482,342

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: 2013-11-15

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

Paid Preparer Use Only

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

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

Firm's address ▶ 190 CARONDELET PLAZA STE 1300
CLAYTON, MO 63105 — Phone no (314) 290-1000

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response 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 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 $ 139,780,676 including grants of $) (Revenue $ 139,809,780)

BJC MEDICAL GROUP - BJC MEDICAL GROUP EMPLOYS 195 PHYSICIANS WITH A RANGE OF MEDICAL AND SURGICAL SPECIALTIES THE PHYSICIANS SERVE PATIENTS IN ST LOUIS, MO, FARMINGTON, MO, SULLIVAN, MO , MID-MISSOURI AND SOUTHERN ILLINOIS BJC MEDICAL GROUP SUPPORTS PHYSICIAN PRACTICES ASSOCIATED WITH BJC HEALTHCARE HOSPITALS AND HELPS THEM GROW THE MEDICAL GROUP ALSO PARTNERS WITH PRIVATE PHYSICIANS AND BJC HOSPITALS TO RECRUIT PHYSICIANS TO GROWING MARKETS PHYSICIAN RECRUITS INCLUDE BOTH PRIMARY AND SPECIALTY PHYSICIANS THE ORGANIZATION HAD 593,293 VISITS

4b (Code) (Expenses $ 93,859,631 including grants of $) (Revenue $ 93,859,631)

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 $ 31,841,289 including grants of $) (Revenue $ 31,841,289)

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 $ 23,051,617 including grants of $ 1,579,699) (Revenue $ 173,500,874)

OTHER MISCELLANEOUS PROGRAMS INCLUDING SHARED SERVICES FOR ADMINISTRATION, FINANCE, AUDIT, DISBURSEMENTS, MEDIA & COMMUNICATIONS, PROCUREMENT, ETC

4d Other program services (Describe in Schedule O)

(Expenses $ 23,051,617 including grants of $ 1,579,699) (Revenue $ 173,500,874)

4e **Total program service expenses** ▶ 288,533,213

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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to any government or organization 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	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 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response 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	3,751		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	2,538		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Yes	
b	If "Yes," enter the name of the foreign country ▶ CJ , CA , HU , MY 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 as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds 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.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

Check if Schedule O contains a response 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** 17		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	**1b** 12		
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 this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

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

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

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

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

20 State the name, 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 (314) 286-2057

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BJC HEALTH SYS GROUP RETURN SEE SCHEDULE O	40 00	X		X				17,421,333	0	0
(2) BJC HEALTH SYS GROUP RETURN SEE SCHEDULE O	40 00				X			1,460,136	0	0
(3) BJC HEALTH SYS GROUP RETURN SEE SCHEDULE O	40 00					X		3,929,924	0	0
(4) BJC HEALTH SYS GROUP RETURN SEE SCHEDULE O	0 00						X	902,567	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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								23,713,960	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 ▶ 437

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

Section B. Independent Contractors

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

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

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

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 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 . . . . . ▶				
Program Service Revenue		Business Code				
	2a	SVCS TO AFFILIATES	561000	339,158,147	339,158,147	
	b	PROGRAM SVC REVENUE	621110	97,630,007	97,630,007	
	c	BILLING REVENUE	541900	436,382		436,382
	d	LEASED EMPLOYEE REV	541900	12,662		12,662
	e	PROGRAM RENTAL INCOME	531190	-64,181	-64,181	
	f	All other program service revenue		1,838,557	1,838,557	
	g	**Total.** Add lines 2a–2f . . . . . ▶		439,011,574		
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		53,226,516		5,290,277	47,936,239
	4	Income from investment of tax-exempt bond proceeds . . ▶		-43,306			-43,306
	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: 155,058,401				
	b	Less cost or other basis and sales expenses: 0				
	c	Gain or (loss): 155,058,401				
	d	Net gain or (loss) . . . . . ▶	155,058,401			155,058,401
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	115,381			115,381
	e	**Total.** Add lines 11a–11d . . . . . ▶	115,381			
	12	**Total revenue.** See Instructions . . . . . ▶	647,368,566	438,562,530	5,739,321	203,066,715

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response 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	1,579,699	1,579,699		
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	23,713,960		23,713,960	
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	182,154,456	136,149,558	46,004,898	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	17,530,841	11,298,301	6,232,540	
9 Other employee benefits	18,741,195	9,837,900	8,903,295	
10 Payroll taxes	14,614,122	9,692,277	4,921,845	
11 Fees for services (non-employees)				
a Management	516	516		
b Legal	1,873,751	23,957	1,849,794	
c Accounting	807,240		807,240	
d Lobbying	562,454		562,454	
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	33,433,772	14,467,610	18,966,162	
12 Advertising and promotion	3,072,481	376,455	2,696,026	
13 Office expenses	5,985,454	4,217,240	1,768,214	
14 Information technology	35,630,368	29,666,880	5,963,488	
15 Royalties . .				
16 Occupancy	22,374,134	15,102,669	7,271,465	
17 Travel	1,893,922	1,275,467	618,455	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,564,814	786,586	1,778,228	
20 Interest	215,792		215,792	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	10,970,259	7,604,110	3,366,149	
23 Insurance	4,644,484	4,046,652	597,832	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a REPAIRS AND MAINTENANCE	26,472,743	22,766,694	3,706,049	
b MEDICAL SUPPLIES	13,647,862	13,647,862		
c BAD DEBT	5,120,713	5,120,713		
d DUES AND SUBSCRIPTIONS	1,393,786	819,013	574,773	
e All other expenses	12,516,617	53,054	12,463,563	
25 **Total functional expenses.** Add lines 1 through 24e	441,515,435	288,533,213	152,982,222	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		5,214	1	-378,797
	2	Savings and temporary cash investments		-24,339,302	2	41,306,725
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		7,421,472	4	7,287,180
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	10,300,894
	8	Inventories for sale or use		831,254	8	858,427
	9	Prepaid expenses and deferred charges		24,740,560	9	25,074,638
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 367,256,330			
	b	Less accumulated depreciation	10b 119,835,867	176,141,077	10c	247,420,463
	11	Investments—publicly traded securities		333,760,736	11	2,187,853,990
	12	Investments—other securities See Part IV, line 11			12	932,515,887
	13	Investments—program-related See Part IV, line 11		19,875,049	13	19,990,430
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		1,326,633,932	15	83,439,063
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,865,069,992	16	3,555,668,900
Liabilities	17	Accounts payable and accrued expenses		87,351,449	17	131,340,486
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		791,835,346	20	978,511,000
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			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		995,020,773	25	862,335,072
	26	**Total liabilities.** Add lines 17 through 25		1,874,207,568	26	1,972,186,558
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		-9,137,576	27	1,583,482,342
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		-9,137,576	33	1,583,482,342
	34	Total liabilities and net assets/fund balances		1,865,069,992	34	3,555,668,900

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	647,368,566
2	Total expenses (must equal Part IX, column (A), line 25)	2	441,515,435
3	Revenue less expenses Subtract line 2 from line 1	3	205,853,131
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-9,137,576
5	Net unrealized gains (losses) on investments	5	87,226,824
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,299,539,963
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,583,482,342

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
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

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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

2012

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 described in **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 - Non-functionally integrated

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 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 monetary support
See Additional Data Table									
Total									288,533,214

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
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 2012 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2011 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2012.** 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—2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2012.** 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—2011.** 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 Section 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2012.** 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—2011.** 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.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

Additional Data

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

Form 990, Sch A, Part I, Line 11h - 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)	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
BARNES-JEWISH HOSPITAL	237309937	3	Yes						140265297
CHRISTIAN HEALTH SVCS DEV CORP	431230583	11	Yes						57386750
ST LOUIS CHILDREN'S HOSPITAL	430654870	3	Yes						39478647
MISSOURI BAPTIST MEDICAL CENTER	430652656	3	Yes						51402520

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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

2012

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, Part V, 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 in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

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

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

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		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		559,516
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		2,938
i	Other activities?		No	
j	Total Add lines 1c through 1i			562,454
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Identifier	Return Reference	Explanation
EXPLANATION OF LOBBYING ACTIVITIES	PART II-B, LINE 1	BJC GOVERNMENT RELATIONS DEPARTMENT EXPENSES INCLUDE RESOURCES DEDICATED TO TRACKING LEGISLATION THAT MAY ADVERSELY IMPACT THE FILING ORGANIZATION INDIRECT ALLOCATION OF EXPENSES INCLUDE RELEVANT PORTION OF LOBBYING ACTIVITIES WITH DIRECT CONTACT WITH LEGISLATORS, THEIR STAFFS, GOVERNMENT OFFICIALS OR A LEGISLATIVE BODY

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2012

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

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

(i) 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 (ASC 958) 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

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

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

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

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

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

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

Part VI Land, Buildings, and Equipment. 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		22,824,163	5,268,525	17,555,638
c Leasehold improvements		25,189,028	21,094,376	4,094,652
d Equipment		118,374,145	75,200,502	43,173,643
e Other		196,944,407	18,272,464	178,671,943
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				247,420,463

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		
(3) Other		
(A) PRIVATE EQUITY FUNDS	163,636,878	F
(B) HEDGE FUNDS	394,768,910	F
(C) REAL ESTATE FUNDS	123,934,082	F
(D) OTHER	250,176,017	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	932,515,887	

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) must 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
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

1 (a) Description of liability	(b) Book value
Federal income taxes	
INTEREST RATE SWAPS	107,924,374
PENSION LIABILITY	546,951,477
OTHER CURRENT LIAB	1,823,880
OTHER LONG TERM LIABILITIES	17,840,400
SELF FUNDED MALPR	160,383,295
INTEREST PAYABLE	5,545,347
DEFERRED COMPENSATION PAYABLE	21,866,299
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	862,335,072

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

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

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 XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	

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

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

Part XIII Supplemental Information

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, line 2, Part XI, lines 2d and 4b, and Part XII, 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

2012

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
NORTH AMERICA			INVESTMENTS		26,530,000
CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		513,063,000
CENTRAL AMERICA/CARIBBEAN	1	1	PROGRAM SERVICES	PROGRAM ADMINISTRATIVE EXPENSES RELATED TO ATG ASSURANCE COMPANY LTD INCLUDES EXPENSES INCURRED WHILE CONDUCTING ACTIVITIES OF THIS WHOLLY OWNED CAPTIVE INSURANCE COMPANY ALSO INCLUDES OTHER PROGRAM SERVICES EXPENSES	116,000
EUROPE			INVESTMENTS		134,531,000
EUROPE	0	0	PROGRAM SERVICES	PROGRAM SERVICES EXPENSES INCLUDING MEMBERSHIP DUES FOR HEALTHCARE CLINICAL EXCELLENCE, HEALTHCARE EQUIPMENT AND SUPPLY PURCHASES	142,000
NORTH AMERICA	0	0	PROGRAM SERVICES	PROGRAM SERVICES EXPENSES INCLUDING HEALTHCARE CLINICAL EQUIPMENT AND SUPPLY PURCHASES	1,220,000
EAST ASIA AND THE PACIFIC -	0	0	PROGRAM SERVICES	PROGRAM SERVICES EXPENSES INCLUDING HEALTHCARE CLINICAL EQUIPMENT AND SUPPLY PURCHASES	3,000
MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,			PROGRAM SERVICES	PROGRAM SERVICES EXPENSES INCLUDING HEALTHCARE CLINICAL EQUIPMENT AND SUPPLY PURCHASES	8,000
3a Sub-total	1	1			675,613,000
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	1	1			675,613,000

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of 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. Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organizationmay be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*	☑ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, 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 required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

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

2012

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. Part II can be duplicated 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 . . . . . ▶ 26

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

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. Part III can be duplicated if additional space is needed.

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

Part IV **Supplemental Information.**

Complete this part to provide the information required in Part I, line 2, Part III, column (b), 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 2012, BJC HEALTH SYSTEM AND AFFILIATES MADE GRANTS TO OTHER SECTION 501(C)(3) PUBLIC CHARITIES OR SOCIAL WELFARE ORGANIZATIONS FOR GENERAL OPERATIONS AND TO BE USED IN FULFILLING THE EXEMPT PURPOSE OF THE GRANTEE CHARITABLE ORGANIZATION WHILE IMMEDIATE OVERSIGHT OF THE CHARITY IS NOT CONSIDERED NECESSARY, GRANT MATERIALS PROVIDE STRICT GUIDELINES FOR USE OF ALL GRANTS OR AWARDS AS WELL AS RECOVERY OF GRANT MONIES NOT USED FOR STATED PURPOSES

Additional Data

Return to Form

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

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
A MILLION STARS INC110 NORTH JEFFERSON ST LOUIS,MO 63103	20-4768985	501C(3)	22,500				SPONSORSHIP OF CHRISTIAN HOSPITAL AUXILIARY'S CHARITY BALL
AMERICAN HEART ASSOCIATION460 N LINDBERGH BLVD ST LOUIS,MO 63141	13-5613797	501C(3)	35,000				SUPPORT RESEARCH OF 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
AMERICORP OF ST LOUIS 1315 ANN AVENUE ST LOUIS,MO 63104	43-1873533	501C(3)	12,500				SERVE THEIR MEMBERS BY CREATING JOBS AND PROVIDING PATHWAYS TO OPPORTUNITY FOR YOUNG PEOPLE ENTERING THE WORKFORCE
ANNIE'S HOPE1333 W LOCKWOOD SUITE 104 ST LOUIS,MO 63122	43-1801433	501C(3)	12,500				SUPPORT SERVICES FOR CHILDREN, TEENS AND THEIR 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
ARTHRITIS FOUNDATION 9433 OLIVE BLVD ST LOUIS,MO 631323132	26-4639209	501C(3)	6,000				SUPPORT FOR RESEARCH FOR ARTHRITIS
BARNES JEWISH HOSPITAL 1001 HIGHLANDS PLAZA DR WEST SUITE 140 ST LOUIS,MO 631101337	23-7309937	501C(3)	17,500				SUPPORT FOR HEALTHCARE NEEDS FOR BARNES-JEWISH HOSPITAL

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 COUNTYC/O CJ DYKHOUSE BOONE COUNTY COUNSELOR COLUMBIA,MO 65201	43-1279063	501C(3)	1,000,000				FIELD OF DREAMS TRIBUTE
BOONE HOSPITAL FOUNDATION1600 EAST BROADWAY BOX 88 COLUMBIA,MO 65201	03-0477306	501C(3)	7,030				SUPPORT COMMUNITY PROGRAMS WITHIN BOONE CO

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
CHRISTIAN HOSPITAL BREAST CENTER11333 DUNN RD ST LOUIS,MO 63136	43-6057893	501C(3)	5,800				SUPPORT FOR HEALTHCARE NEEDS FOR CHRISTIAN HOSPITAL
FAIR ST LOUIS FOUNDATION301 PROSPECT AVENUE ST LOUIS,MO 63110	43-1218720	501C(3)	15,000				SUPPORT FOR THE COMMUNITY PROGRAMS

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
FOOD OUTREACH INC3117 OLIVE STREET ST LOUIS,MO 63103	43-1492878	501C(3)	7,500				SUPPORT COMMUNITY FOOD OUTREACH
JUVENILE DIABETES RESEARCH FOUNDATION 50 CRESTWOOD EXECUTIVE CENTER ST LOUIS,MO 63126	23-1907729	501C(3)	10,000				SUPPORT RESEARCH OF JUVENILE DIABETES

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
MISSOURI NURSES ASSOCIATIONPO BOX 105228 JEFFERSON CITY,MO 65110	44-0357675	501C(3)	10,000				SUPPORT THE CONTINUED GROWTH AND DEVELOPMENT OF NURSING IN MO
NATIONAL MUSCULAR SCLEROSIS SOCIETY1867 LACKLAND HILL PARKWAY ST LOUIS,MO 63146	13-5661935	501C(3)	25,000				SUPPORT RESEARCH OF MUSCULAR SCLEROSIS

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
REGIONAL UNION CONSTRUCTION CENTER 6439 PLYMOUTH AVE ST LOUIS,MO 63133	20-5160448	501C(3)	10,000				SUPPORT OF EMERGING MINORITY AND WOMEN OWNING UNION CONSTRUCTION FIRMS
ST LOUIS ART MUSEUM FOUNDATIONDELMAR BLVD ST LOUIS,MO 631101380	43-1374479	501C(3)	13,000				SUPPORT OF PRESERVES A LEGACY OF ARTISTIC ACHIEVEMENT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ST LOUIS CHILDREN'S HOSPITAL FOUNDATION ONE CHILDRENS PLACE ST LOUIS,MO 63110	43-1626863	501C(3)	12,500				SUPPORT FOR HEALTHCARE NEEDS FOR ST LOUIS CHILDREN'S HOSPITAL
ST LOUIS COMMUNITY COLLEGE5600 OAKLAND AVENUE ST LOUIS,MO 63110	43-1374500	501C(3)	5,900				SUPPORT OF POSTSECONDARY EDUCATION

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 MDSC308 NORTH 21ST STREET ST LOUIS,MO 63103	43-1646222	501C(3)	10,000				SUPPORT FOR THE ST LOUIS MINORITY SUPPLIER DEV
ST LOUIS CRISIS NURSERY 6150 OAKLAND ST LOUIS,MO 63139	43-1410297	501C(3)	6,000				SUPPORT FOR CHILDRENS ADVOCACY

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
TEACH FOR AMERICA INC 1204 WASHINGTON SUITE 300 ST LOUIS,MO 63103	13-3541913	501C(3)	10,000				SUPPORT EDUCATION FOR CHILDREN FACED WITH POVERTY
UCP HEARTLAND13975 MANCHESTER ROAD MANCHESTER,MO 63011	44-0579903	501C(3)	12,500				SUPPORT PROGRAMS FOR CEREBRAL PALSY

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
UNIVERSITY OF MISSOURI ST LOUIS308 WOODS HALL ST LOUIS,MO 63121	43-6003859	501C(3)	12,500				SUPPORT SCHOOL OF NURSING PROGRAMS FOR EDUCATION
URBAN LEAGUE OF METROPOLITAN ST LOUIS 3701 GRANDEL SQUARE ST LOUIS,MO 63108	43-0653605	501C(3)	17,500				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
WASHINGTON UNIVERSITY 660 S EUCLID AVENUR BOX 8100 ST LOUIS,MO 63110	43-0653611	501C(3)	125,833				SUPPORT PROGRAMS OF THE COMMUNITY FOR PEOPLE AFFECTED BY CANCER
WEBSTER UNIVERSITY470 E LOCKWOOD AVE ST LOUIS,MO 631193194	43-0662529	501C(3)	10,000				SUPPORT SCHOOL OF NURSING PROGRAMS FOR EDUCATION

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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

2012

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 or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 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 filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed 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**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) 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**	Yes	
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 Regulations 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 duplicate copies if additional space is 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, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)BJC HEALTH SYS GROUP RETURN SEE SCHEDULE O	**(i)**	7,551,727	9,413,401	456,205	1,224,927	353,642	18,999,902	4,531,958
	(ii)	0	0	0	0	0	0	0
(2)BJC HEALTH SYS GROUP RETURN SEE SCHEDULE O	**(i)**	948,018	499,635	12,483	152,258	75,370	1,687,764	91,000
	(ii)	0	0	0	0	0	0	0
(3)BJC HEALTH SYS GROUP RETURN SEE SCHEDULE O	**(i)**	3,195,619	585,764	148,541	29,971	101,633	4,061,528	0
	(ii)	0	0	0	0	0	0	0
(4)BJC HEALTH SYS GROUP RETURN SEE SCHEDULE O	**(i)**	889,095	13,472	0	23,855	66,160	992,582	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	PART I, LINE 1A	PURSUANT TO TREASURY REG SECTION 1 6033-2(D)(5), BJC HEALTH SYSTEM HAS ELECTED TO REPORT INFORMATION ABOUT CONTRIBUTIONS, GIFTS & GRANTS, COMPENSATION AND OTHER INFORMATION ABOUT OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES, FORMER EMPLOYEES, CERTAIN OTHER HIGHLY PAID EMPLOYEES, CERTAIN PROFESSIONAL CONTRACTORS AND CERTAIN OTHER CONTRACTORS ON A CONSOLIDATED BASIS FOR ALL OF THE MEMBERS OF THE GROUP, INCLUDING THE PARENT ORGANIZATION, ON THE GROUP RETURN OF BJC HEALTH SYSTEM GROUP, EIN 75-3052953
	PART I, LINE 4B	PURSUANT TO TREASURY REG SECTION 1 6033-2(D)(5), BJC HEALTH SYSTEM HAS ELECTED TO REPORT INFORMATION ABOUT CONTRIBUTIONS, GIFTS & GRANTS, COMPENSATION AND OTHER INFORMATION ABOUT OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES, FORMER EMPLOYEES, CERTAIN OTHER HIGHLY PAID EMPLOYEES, CERTAIN PROFESSIONAL CONTRACTORS AND CERTAIN OTHER CONTRACTORS ON A CONSOLIDATED BASIS FOR ALL OF THE MEMBERS OF THE GROUP, INCLUDING THE PARENT ORGANIZATION, ON THE GROUP RETURN OF BJC HEALTH SYSTEM GROUP, EIN 75-3052953
	PART I, LINE 7	DURING 2012 THE ORGANIZATION PROVIDED INCENTIVE PAYMENTS THAT ARE CALCULATED USING A PERCENT OF BASE PAY AFTER CERTAIN PERFORMANCE AND OPERATING GOALS ARE MET THE AMOUNT OF INCENTIVE PAYMENTS DO NOT ACCRUE TO THE BENEFIT OF THE INDIVIDUALS UNTIL AFTER THE FINANCIAL RESULTS HAVE BEEN DETERMINED FOR THE CALENDAR YEAR

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2012

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	60635RJF5	07-24-2003	224,654,570	FUND CAPITAL EXPENDITURES - SEE BELOW		X		X		X
B	HEALTH & EDUC FACILITIES AUTHORITY STATE OF MISSOURI	43-1178966	60635RR53	04-07-2005	161,556,888	FUND CAPITAL EXPENDITURES - SEE BELOW		X		X		X
C	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
D	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 legally defeased				
3	Total proceeds of issue	230,362,679	165,028,282	369,074,888	200,000,000
4	Gross proceeds in reserve funds	6,801,104	6,801,104		
5	Capitalized interest from proceeds	276,975	1,113,773		
6	Proceeds in refunding escrows	98,789,112	98,789,112	243,575,000	
7	Issuance costs from proceeds	1,705,000	1,599,001	711,071	
8	Credit enhancement from proceeds	55,000	55,000		
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	228,770,629	63,497,793	124,788,176	200,000,000
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2005	2007	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			X
15	Were the bonds issued as part of an advance refunding issue?		X	X			X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0%		0 00000%		0%		0%	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 00000%		0 00000%		0 00000%		0 00000%	
6	Total of lines 4 and 5	0%		0 00000%		0%		0%	
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	%		%		%		%	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?	X		X			X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X				X		X
b	Exception to rebate?	X				X		X	
c	No rebate due?		X				X		X
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X	X		X		X	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X	X		X			X
b	Name of provider	SEE BELOW				SEE BELOW			
c	Term of hedge	26 400000000000				26 400000000000		29 400000000000	
d	Was the hedge superintegrated?		X		X		X		X
e	Was a hedge terminated?		X		X		X		X

Part IV Arbitrage *(Continued)*

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

Part V Procedures To Undertake Corrective Action

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

Part VI Supplemental Information. 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 2005A BONDS WERE ISSUED ON APRIL 7, 2005 AT A FIXED RATE WITH PROCEEDS OF $84 5M USED TO REFUND SERIES 1993 A & B BONDS FOLLOWING CUSIPS WERE USED FOR THIS BOND ISSUE 60635RR66, 60635RR74, 60635RS32, 60635RR33, 60635RR58, 60635RS24, 60635RR82 SERIES 2005B BONDS WERE ISSUED ON APRIL 7, 2005 AT A VARIABLE RATE WITH PROCEEDS OF $73 4M USED IN PART TO REFUND SERIES 1986 BONDS AND TO FINANCE, IN PART, THE CONSTRUCTION OF PROGRESS WEST HEALTHCARE CENTER, A 72 BED COMMUNITY HOSPITAL IN O'FALLON, MISSOURI FOLLOWING CUSIP WAS USED FOR THIS BOND ISSUE 60635RS99 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 SERIES 2011A BONDS WERE ISSUED ON DECEMBER 1, 2011 AT A VARIABLE RATE WITH PROCEEDS OF $100M USED TO FUND CAPITAL EXPENDITURES AT VARIOUS AFFILITATE HOSPITALS SERIES 2011B BONDS WERE ISSUED ON DECEMBER 1, 2011 AT A VARIABLE RATE WITH PROCEEDS OF $100M USED TO FUND CAPITAL EXPENDITURES AT VARIOUS AFFILIATE HOSPITALS
PART I, LINE 14		SERIES 2008A-C BONDS WERE RETIRED IN THE AMOUNT OF 243,575,000 SERIES 2008D-E BONDS WERE ISSUED AS PART OF A CURRENT REFUNDING
PART II LINE 16		FOR EACH BOND ISSUE, THE FINAL ALLOCATION OF BOND PROCEEDS HAVE BEEN MADE BASED UPON THE ACTUAL SPENT RECORDS OF EACH PROJECT THESE SUPPORTING RECORDS ARE MAINTAINED AT THE CORPORATE OFFICES OF THE ORGANIZATION
PART III, LINES 2 AND 3		ALTHOUGH THE BOND-FINANCED PROPERTIES HAVE LEASE AGREEMENTS AND MANAGEMENT CONTRACTS THAT MAY RESULT IN PRIVATE BUSINESS USE, THE ORGANIZATION ROUTINELY REVIEWS THESE AGREEMENTS TO ENSURE THE SAFE HARBOR RULES HAVE BEEN MET OR THE CONTRACT PERTAINS TO SPACE THAT IS NOT FINANCED WITH BOND PROCEEDS THE ORGANIZATION ROUTINELY ENGAGES BOTH INTERNAL AND EXTERNAL LEGAL COUNSEL TO REVIEW MANAGEMENT OR SERVICE CONTRACTS AND RESEARCH AGREEMENTS RELATING TO BOND-FINANCED PROPERTIES TO ENSURE POST ISSUANCE COMPLIANCE OF ITS BOND LIABILITIES
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 FOR 2008D SERIES HEDGE, BJC PAYS 3 482% AND RECEIVES 68% OF ONE MONTH LIBOR, AND FOR 2008E SERIES HEDGE, BJC PAYS 3 497% AND RECEIVES 68% OF THREE MONTH LIBOR THE ORGANIZATION ENTERED INTO A QUALIFIED HEDGE RELATED TO THE SERIES 2011A BOND THE SERIES 2011A HEDGE MATURES ON 5/15/2041 AT BARCLAYS THIS CARRIES A FLOATING/FIXED RATE WHERE BJC PAYS 1 84% AND RECEIVES 68% OF THREE MONTH LIBOR

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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

2012

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 ATTACHEMENTS FOR REVIEW BY MEMBERS OF MANAGEMENT THESE DRAFT COPIES HAVE BEEN REVIEWED BY A INDEPENDENT ACCOUNTING FIRM AFTER RESOLVING ANY OPEN ITEMS, THE FINAL DRAFT RETURNS ARE MADE AVAILABLE TO THE BOARD AND TO TWO BOARD COMMITTEES FOR THEIR REVIEW QUESTIONS AND COMMENTS THAT ARISE FROM THE COMMITTEES OR INDIVIDUAL BOARD MEMBER REVIEWS ARE ADDRESSED IN ADVANCE OF SUBMISSION TO THE APPROPRIATE TAXING AUTHORITIES

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

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
	FORM 990, PART VIII, LINE 7	GAIN OR LOSS FROM SALES OF ASSETS OTHER THAN INVENTORY REFLECTS THE NET GAIN ON INVESTEMENT EARNINGS AS REPORTED TO BJC ON BROKERAGE STATEMENTS LINE ITEM DETAIL IS NOT PROVIDED IN THE FORMAT REQUESTED

Identifier	Return Reference	Explanation
	PART X BALANCE SHEET	AT THE BEGINNING OF 2012, A THOROUGH ANALYSIS WAS PERFORMED TO IDENTIFY WAYS TO IMPROVE EFFICIENCY WITHIN VARIOUS SHARED SERVICE FUNCTIONS AS PART OF THIS ANALYSIS, THE BJC ACCOUNTING AND INVESTMENT/TREASURY DEPARTMENTS REVIEWED EXISTING REPORTING FUNCTIONS REGARDING OPERATING INVESTMENT CASH AND TAX EXEMPT BOND LIABILITY BALANCES MANAGEMENT CONCLUDED THAT SIGNIFICANT EFFICIENCIES COULD BE REALIZED BY CENTRALIZING VARIOUS BALANCE SHEET ACCOUNTS COMPRISING THE BJC ACCOUNTING GENERAL LEDGER BASED ON THIS CONCLUSION, INVESTMENT CASH ASSETS AND TAX EXEMPT BOND LIABILITY BALANCES OF AFFILIATE HOSPITAL/SERVICES ORGANIZATION ACCOUNTS WERE TRANSFERRED TO THE BJC SHARED SERVICES ACCOUNTING GENERAL LEDGER

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	TRANSFERS TO/FROM BJC ENTITIES 1,375,860,044 INCREASE PENSION LIAB PER ACTUARIAL REPORTS -76,724,625 INTEREST RATE SWAP GAIN/LOSS 404,544

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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

2012

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" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) PHYSICIAN GROUPS LC 670 MASON RIDGE CTR DR ST LOUIS, MO 63141 43-1681957	PROFESSIONAL & BILLING SVCS	MO	139,809,780	14,267,434	BJC HEALTH SYSTEM
(2) MYHEALTHFOLDERS LLC 4901 FOREST PARK AVE ST LOUIS, MO 63108 43-1617558	HEALTH AWARENESS COMMUNICATIONS	MO			BJC HEALTH SYSTEM
(3) BJC HEALTHCARE ACO LLC 670 MASON RIDGE CTR DR ST LOUIS, MO 63141 45-4480491	HEALTH CARE SERVICES	MO			BJC HEALTH SYSTEM
(4) BMCA PRIVATE EQUITY LLC 4901 FOREST PARK AVE ST LOUIS, MO 63108 45-4578054	INVESTMENT HOLDINGS	MO			BJC HEALTH SYSTEM
(5) BMCA GROWTH LLC 4901 FOREST PARK AVE ST LOUIS, MO 63108 45-4577941	INVESTMENT HOLDINGS	MO			BJC HEALTH SYSTEM
(6) BMCA INCOME LLC 4901 FOREST PARK AVE ST LOUIS, MO 63108 45-4578306	INVESTMENT HOLDINGS	MO			BJC HEALTH SYSTEM

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to 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 entity? Yes	(g) No
See Additional Data Table							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
See Additional Data Table									

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

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

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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 section 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	

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

Part VII **Supplemental Information**

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

Identifier	Return Reference	Explanation

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

(a) Name, address, and EIN of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
PHYSICIAN GROUPS LC 670 MASON RIDGE CTR DR ST LOUIS, MO 63141 43-1681957	PROFESSIONAL & BILLING SVCS	MO	139,809,780	14,267,434	BJC HEALTH SYSTEM
MYHEALTHFOLDERS LLC 4901 FOREST PARK AVE ST LOUIS, MO 63108 43-1617558	HEALTH AWARENESS COMMUNICATIONS	MO			BJC HEALTH SYSTEM
BJC HEALTHCARE ACO LLC 670 MASON RIDGE CTR DR ST LOUIS, MO 63141 45-4480491	HEALTH CARE SERVICES	MO			BJC HEALTH SYSTEM
BMCA PRIVATE EQUITY LLC 4901 FOREST PARK AVE ST LOUIS, MO 63108 45-4578054	INVESTMENT HOLDINGS	MO			BJC HEALTH SYSTEM
BMCA GROWTH LLC 4901 FOREST PARK AVE ST LOUIS, MO 63108 45-4577941	INVESTMENT HOLDINGS	MO			BJC HEALTH SYSTEM
BMCA INCOME LLC 4901 FOREST PARK AVE ST LOUIS, MO 63108 45-4578306	INVESTMENT HOLDINGS	MO			BJC HEALTH SYSTEM

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
ATG ASSURANCE COMPANY LTD PO BOX 1109 GRAND CAYMAN CAYMAN ISLANDS CJ 98-0599167	INSURANCE	CJ	BJC HEALTH SYSTEM	C	133,831	14,338,543	100 000 %	Yes	
PF SERVICES INC 11155 DUNN ROAD ST LOUIS, MO 63136 43-1237767	MANAGEMENT SERVICES	MO	CHRISTIAN HEALTH SERVICES DEV CORP	C	13	93,206	100 000 %	Yes	
MB MEDICAL SERVICES INC 3015 N BALLAS ROAD ST LOUIS, MO 63131 43-1437404	HEALTHCARE SERVICES	MO	MISSOURI BAPTIST MEDICAL CENTER	C	2	18,262	100 000 %	Yes	
MISSOURI BAPTIST HOME HEALTH CARE INC 3015 N BALLAS ROAD ST LOUIS, MO 63131 43-1460430	INACTIVE	MO	MB MEDICAL SERVICES INC	C			100 000 %	Yes	
MB PHARMACY INC 3015 N BALLAS ROAD ST LOUIS, MO 63131 43-1640730	INACTIVE	MO	MB MEDICAL SERVICES INC	C			100 000 %	Yes	
ST PETERS MED OFFICE BLDG A CONDO ASSN INC 1040 N MASON SUITE 109 ST LOUIS, MO 63141 43-1472188	CONDOMINIUM ASSOCIATION	MO	BARNES-JEWISH ST PETERS HOSPITAL	T	321,172	291,024	95 110 %	Yes	
DMP MIDWEST INC ONE METROPOLITAN SQ 2600 ST LOUIS, MO 63102 27-1943910	INACTIVE	MO	PF SERVICES INC	C			100 000 %	Yes	
BJC HEALTHCARE FUND LTD 90 FORT STREET PO BOX 32021 CAYMAN ISLANDS CJ	INACTIVE	CJ	BJC HEALTH SYSTEM	C			100 000 %	Yes	
WLA INVESTMENT LTD PO BOX 178 OKOTOKS,ALBERTA CA	INVESTMENT HOLDINGS	CA	BMCA PRIVATE EQUITY LLC	C	5,768,863	23,239,524	100 000 %	Yes	

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
ALTON MEMORIAL HOSPITAL	A	752,318	
ALTON MEMORIAL HOSPITAL	G	149,261,160	
ALTON MEMORIAL HOSPITAL	H	8,188,614	
ALTON MEMORIAL HOSPITAL	I	3,569,574	
ALTON MEMORIAL HOSPITAL	J	2,499,587	
ALTON MEMORIAL HOSPITAL	K	4,900,964	
ALTON MEMORIAL HOSPITAL	L	41,429,852	
ALTON MEMORIAL HOSPITAL	M	40,135,627	
ALTON MEMORIAL HOSPITAL	O	13,593,102	
ALTON MEMORIAL HOSPITAL	P	341,878,269	
ALTON MEMORIAL HOSPITAL	Q	155,192,446	
ALTON MEMORIAL HOSPITAL	R	125,702,547	
ALTON MEMORIAL HOSPITAL	S	47,325,012	
BARNES-JEWISH HOSPITAL	A	14,251,868	
BARNES-JEWISH HOSPITAL	B	49,459,713	
BARNES-JEWISH HOSPITAL	C	19,787,808	
BARNES-JEWISH HOSPITAL	G	1,594,814,524	
BARNES-JEWISH HOSPITAL	H	63,852,056	
BARNES-JEWISH HOSPITAL	I	5,488,925	
BARNES-JEWISH HOSPITAL	J	2,755,415	
BARNES-JEWISH HOSPITAL	K	69,784,822	
BARNES-JEWISH HOSPITAL	L	156,276,493	
BARNES-JEWISH HOSPITAL	M	138,676,614	
BARNES-JEWISH HOSPITAL	O	1,759,073,891	
BARNES-JEWISH HOSPITAL	O	147,654,527	

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
BARNES-JEWISH HOSPITAL	Q	283,730,841	
BARNES-JEWISH HOSPITAL	R	1,870,899,051	
BARNES-JEWISH HOSPITAL	S	784,806,368	
BARNES-JEWISH ST PETERS HOSPITAL	A	1,768,554	
BARNES-JEWISH ST PETERS HOSPITAL	G	116,277,114	
BARNES-JEWISH ST PETERS HOSPITAL	H	4,456,902	
BARNES-JEWISH ST PETERS HOSPITAL	I	604,442	
BARNES-JEWISH ST PETERS HOSPITAL	J	1,659,299	
BARNES-JEWISH ST PETERS HOSPITAL	K	2,633,867	
BARNES-JEWISH ST PETERS HOSPITAL	L	14,393,670	
BARNES-JEWISH ST PETERS HOSPITAL	M	12,821,897	
BARNES-JEWISH ST PETERS HOSPITAL	O	12,819,614	
BARNES-JEWISH ST PETERS HOSPITAL	P	200,435,658	
BARNES-JEWISH ST PETERS HOSPITAL	Q	33,593,132	
BARNES-JEWISH ST PETERS HOSPITAL	R	132,209,511	
BARNES-JEWISH ST PETERS HOSPITAL	S	41,653,316	
BARNES-JEWISH WEST COUNTY HOSPITAL	A	719,595	
BARNES-JEWISH WEST COUNTY HOSPITAL	B	527,278	
BARNES-JEWISH WEST COUNTY HOSPITAL	H	3,283,100	
BARNES-JEWISH WEST COUNTY HOSPITAL	I	1,774,204	
BARNES-JEWISH WEST COUNTY HOSPITAL	J	11,086,837	
BARNES-JEWISH WEST COUNTY HOSPITAL	K	12,400,115	
BARNES-JEWISH WEST COUNTY HOSPITAL	L	12,125,995	
BARNES-JEWISH WEST COUNTY HOSPITAL	M	9,094,536	
BARNES-JEWISH WEST COUNTY HOSPITAL	O	10,198,427	

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
BARNES-JEWISH WEST COUNTY HOSPITAL	P	120,180,414	
BARNES-JEWISH WEST COUNTY HOSPITAL	Q	15,707,876	
BARNES-JEWISH WEST COUNTY HOSPITAL	R	107,649,470	
BARNES-JEWISH WEST COUNTY HOSPITAL	S	28,096,571	
BJC BEHAVIORAL HEALTH	A	796	
BJC BEHAVIORAL HEALTH	L	2,557,300	
BJC BEHAVIORAL HEALTH	M	2,598,260	
BJC BEHAVIORAL HEALTH	O	6,761,496	
BJC BEHAVIORAL HEALTH	P	27,018,761	
BJC BEHAVIORAL HEALTH	Q	15,087,157	
BJC BEHAVIORAL HEALTH	R	47,556,720	
BJC BEHAVIORAL HEALTH	S	19,706,524	
BJC CORPORATE HEALTH	A	496	
BJC CORPORATE HEALTH	L	1,112,730	
BJC CORPORATE HEALTH	M	2,303,992	
BJC CORPORATE HEALTH	O	1,705,271	
BJC CORPORATE HEALTH	P	9,409,202	
BJC CORPORATE HEALTH	Q	1,090,075	
BJC CORPORATE HEALTH	R	8,241,435	
BJC CORPORATE HEALTH	S	3,841,882	
BJC HOME CARE SERVICES	A	4,416	
BJC HOME CARE SERVICES	L	3,408,328	
BJC HOME CARE SERVICES	M	3,331,142	
BJC HOME CARE SERVICES	O	12,542,475	
BJC HOME CARE SERVICES	P	78,384,484	

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
BJC HOME CARE SERVICES	Q	12,892,275	
BJC HOME CARE SERVICES	R	80,847,074	
BJC HOME CARE SERVICES	S	38,394,774	
BOONE HOSPITAL CENTER	H	3,461,282	
BOONE HOSPITAL CENTER	I	3,215,551	
BOONE HOSPITAL CENTER	J	17,592,742	
BOONE HOSPITAL CENTER	K	5,544,909	
BOONE HOSPITAL CENTER	L	7,348,843	
BOONE HOSPITAL CENTER	O	28,119,296	
BOONE HOSPITAL CENTER	P	172,095,424	
BOONE HOSPITAL CENTER	Q	50,155,522	
BOONE HOSPITAL CENTER	R	261,621,853	
BOONE HOSPITAL CENTER	S	96,488,066	
BOONE HOSPITAL HOME CARE	O	768,837	
BOONE HOSPITAL HOME CARE	P	1,063,004	
BOONE HOSPITAL HOME CARE	R	2,245,986	
BOONE HOSPITAL HOME CARE	S	1,645,929	
CH ALLIED SERVICES	A	8,662	
CH ALLIED SERVICES	H	626,403	
CH ALLIED SERVICES	K	12,353,161	
CH ALLIED SERVICES	P	86,342,123	
CHILDREN'S HEALTH NETWORK	A	583	
CHILDREN'S HEALTH NETWORK	Q	5,046,997	
CHRISTIAN HEALTHCARE DEVELOPMENT CORP	A	882,438	
CHRISTIAN HEALTHCARE DEVELOPMENT CORP	D	11,059,527	

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
CHRISTIAN HEALTHCARE DEVELOPMENT CORP	P	76,402,141	
CHRISTIAN HEALTHCARE DEVELOPMENT CORP	Q	2,314,881	
CHRISTIAN HOSPTIAL	A	2,095,679	
CHRISTIAN HOSPTIAL	G	210,524,858	
CHRISTIAN HOSPTIAL	H	14,164,653	
CHRISTIAN HOSPTIAL	I	7,906,583	
CHRISTIAN HOSPTIAL	J	7,047,873	
CHRISTIAN HOSPTIAL	K	11,865,256	
CHRISTIAN HOSPTIAL	L	76,061,384	
CHRISTIAN HOSPTIAL	M	73,898,674	
CHRISTIAN HOSPTIAL	O	30,638,824	
CHRISTIAN HOSPTIAL	P	435,042,420	
CHRISTIAN HOSPTIAL	Q	402,197,101	
CHRISTIAN HOSPTIAL	R	295,002,962	
CHRISTIAN HOSPTIAL	S	114,822,538	
CHRISTIAN HOSPTIAL FOUNDATION	G	810,529	
CHRISTIAN HOSPTIAL FOUNDATION	O	748,528	
CHRISTIAN HOSPTIAL FOUNDATION	P	803,591	
FAIRVIEW HEIGHTS MEDICAL GROUP SC	A	5,743	
FAIRVIEW HEIGHTS MEDICAL GROUP SC	J	890,791	
FAIRVIEW HEIGHTS MEDICAL GROUP SC	L	4,047,289	
FAIRVIEW HEIGHTS MEDICAL GROUP SC	M	3,638,519	
FAIRVIEW HEIGHTS MEDICAL GROUP SC	O	4,470,332	
FAIRVIEW HEIGHTS MEDICAL GROUP SC	P	14,390,145	
FAIRVIEW HEIGHTS MEDICAL GROUP SC	Q	20,688,049	

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
FAIRVIEW HEIGHTS MEDICAL GROUP SC	R	24,419,024	
FAIRVIEW HEIGHTS MEDICAL GROUP SC	S	20,591,548	
FOUNDATION FOR BARNES-JEWISH HOSPITAL	A	94,990	
FOUNDATION FOR BARNES-JEWISH HOSPITAL	B	27,404,035	
FOUNDATION FOR BARNES-JEWISH HOSPITAL	C	69,087,273	
FOUNDATION FOR BARNES-JEWISH HOSPITAL	O	895,324	
FOUNDATION FOR BARNES-JEWISH HOSPITAL	P	59,671,052	
FOUNDATION FOR BARNES-JEWISH HOSPITAL	Q	12,299,329	
FOUNDATION FOR BARNES-JEWISH HOSPITAL	R	15,118,777	
FOUNDATION FOR BARNES-JEWISH HOSPITAL	S	9,376,953	
HEALTHCARE RE MANAGEMENT	H	14,612,086	
HEALTHCARE RE MANAGEMENT	O	6,909,758	
HEALTHCARE RE MANAGEMENT	R	7,878,722	
MB MEDICAL SERVICES INC	A	3	
MISSOURI BAPTIST HEALTHCARE FOUNDATION	P	1,492,387	
MISSOURI BAPTIST HEALTHCARE FOUNDATION	Q	1,223,932	
MISSOURI BAPTIST HEALTHCARE FOUNDATION	R	728,636	
MISSOURI BAPTIST HOSPITAL SULLIVAN	A	483,148	
MISSOURI BAPTIST HOSPITAL SULLIVAN	L	12,993,780	
MISSOURI BAPTIST HOSPITAL SULLIVAN	M	12,197,711	
MISSOURI BAPTIST HOSPITAL SULLIVAN	O	6,428,108	
MISSOURI BAPTIST HOSPITAL SULLIVAN	P	57,402,153	
MISSOURI BAPTIST HOSPITAL SULLIVAN	Q	87,298,375	
MISSOURI BAPTIST HOSPITAL SULLIVAN	R	44,457,824	
MISSOURI BAPTIST HOSPITAL SULLIVAN	S	16,443,407	

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
MISSOURI BAPTIST MEDICAL CENTER	A	2,645,398	
MISSOURI BAPTIST MEDICAL CENTER	B	734,719	
MISSOURI BAPTIST MEDICAL CENTER	G	271,221,863	
MISSOURI BAPTIST MEDICAL CENTER	H	27,345,642	
MISSOURI BAPTIST MEDICAL CENTER	I	14,998,208	
MISSOURI BAPTIST MEDICAL CENTER	J	12,057,535	
MISSOURI BAPTIST MEDICAL CENTER	K	15,063,349	
MISSOURI BAPTIST MEDICAL CENTER	L	111,353,671	
MISSOURI BAPTIST MEDICAL CENTER	M	108,448,573	
MISSOURI BAPTIST MEDICAL CENTER	O	47,358,693	
MISSOURI BAPTIST MEDICAL CENTER	P	992,037,905	
MISSOURI BAPTIST MEDICAL CENTER	Q	463,440,038	
MISSOURI BAPTIST MEDICAL CENTER	R	467,673,245	
MISSOURI BAPTIST MEDICAL CENTER	S	131,999,030	
PARKLAND HEALTH CENTER	A	614	
PARKLAND HEALTH CENTER	E	11,059,527	
PARKLAND HEALTH CENTER	H	3,568,324	
PARKLAND HEALTH CENTER	I	3,754,746	
PARKLAND HEALTH CENTER	K	777,113	
PARKLAND HEALTH CENTER	L	8,439,278	
PARKLAND HEALTH CENTER	M	6,794,069	
PARKLAND HEALTH CENTER	O	7,429,414	
PARKLAND HEALTH CENTER	P	40,194,783	
PARKLAND HEALTH CENTER	Q	6,247,352	
PARKLAND HEALTH CENTER	R	69,678,438	

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
PARKLAND HEALTH CENTER	S	19,967,172	
PF SERVICES INC	A	13	
PROGRESS EAST HEALTHCARE	A	3,143	
PROGRESS EAST HEALTHCARE	I	5,099,453	
PROGRESS EAST HEALTHCARE	Q	21,808,135	
PROGRESS EAST HEALTHCARE	R	1,308,550	
PROGRESS EAST HEALTHCARE	S	1,303,000	
PROGRESS WEST HEALTHCARE	A	126,714	
PROGRESS WEST HEALTHCARE	G	12,664,991	
PROGRESS WEST HEALTHCARE	H	1,660,194	
PROGRESS WEST HEALTHCARE	J	630,931	
PROGRESS WEST HEALTHCARE	K	1,257,015	
PROGRESS WEST HEALTHCARE	L	7,599,638	
PROGRESS WEST HEALTHCARE	M	6,408,159	
PROGRESS WEST HEALTHCARE	O	5,636,046	
PROGRESS WEST HEALTHCARE	P	101,890,108	
PROGRESS WEST HEALTHCARE	Q	153,416,201	
PROGRESS WEST HEALTHCARE	R	52,668,615	
PROGRESS WEST HEALTHCARE	S	15,839,414	
ST LOUIS CHILDREN'S HOSPITAL	A	3,910,838	
ST LOUIS CHILDREN'S HOSPITAL	B	17,814,055	
ST LOUIS CHILDREN'S HOSPITAL	C	10,369,704	
ST LOUIS CHILDREN'S HOSPITAL	G	309,625,170	
ST LOUIS CHILDREN'S HOSPITAL	H	23,494,521	
ST LOUIS CHILDREN'S HOSPITAL	I	11,830,411	

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
ST LOUIS CHILDREN'S HOSPITAL	K	2,284,923	
ST LOUIS CHILDREN'S HOSPITAL	L	47,149,117	
ST LOUIS CHILDREN'S HOSPITAL	M	42,226,270	
ST LOUIS CHILDREN'S HOSPITAL	O	45,841,373	
ST LOUIS CHILDREN'S HOSPITAL	P	933,238,198	
ST LOUIS CHILDREN'S HOSPITAL	Q	528,980,110	
ST LOUIS CHILDREN'S HOSPITAL	R	505,258,643	
ST LOUIS CHILDREN'S HOSPITAL	S	215,006,125	
ST LOUIS CHILDREN'S HOSPITAL FOUNDATION	A	78	
ST LOUIS CHILDREN'S HOSPITAL FOUNDATION	B	13,718,472	
ST LOUIS CHILDREN'S HOSPITAL FOUNDATION	C	41,839,694	
ST LOUIS CHILDREN'S HOSPITAL FOUNDATION	M	2,208,841	
ST LOUIS CHILDREN'S HOSPITAL FOUNDATION	O	1,625,868	
ST LOUIS CHILDREN'S HOSPITAL FOUNDATION	P	30,410,470	
ST LOUIS CHILDREN'S HOSPITAL FOUNDATION	Q	3,654,045	
ST LOUIS CHILDREN'S HOSPITAL FOUNDATION	R	13,969,417	
ST LOUIS CHILDREN'S HOSPITAL FOUNDATION	S	17,481,861	
TWIN RIVERS MRI LLC	L	1,288,224	
TWIN RIVERS MRI LLC	M	1,692,499	
TWIN RIVERS MRI LLC	P	6,205,317	
TWIN RIVERS MRI LLC	Q	8,114,459	
TWIN RIVERS MRI LLC	S	561,288	
VILLAGE NORTH INC	A	1,182,346	
VILLAGE NORTH INC	L	1,135,608	
VILLAGE NORTH INC	M	1,115,368	

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
VILLAGE NORTH INC	O	1,153,422	
VILLAGE NORTH INC	P	7,942,038	
VILLAGE NORTH INC	Q	19,417,666	
VILLAGE NORTH INC	R	5,789,997	
VILLAGE NORTH INC	S	2,602,416	
WLA INVESTMENT LTD	H	38,000,100	

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Form **4562**
Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

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

OMB No 1545-0172

2012

Attachment Sequence No **179**

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

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

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

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

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

7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2011 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2013 Add lines 9 and 10, less line 12 ▶	13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	11,666,300

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2012	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2012 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System

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

Part IV **Summary** (see instructions)

21	Listed property Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	11,666,300
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

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

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

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

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

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

Section B—Information on Use of Vehicles

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

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

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

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

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2012 tax year (see instructions)					
43 Amortization of costs that began before your 2012 tax year				**43**	
44 Total. Add amounts in column (f) See the instructions for where to report				**44**	