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Part IIIStatement of Program Service Accomplishments

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

1

Briefly describe the organization's mission

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 \$ 141,566,037 including grants of \$) (Revenue \$ 141,568,505)

BJC MEDICAL GROUP - BJC MEDICAL GROUP EMPLOYS 186 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 616,056 VISITS

4b

(Code) (Expenses \$ 93,094,823 including grants of \$) (Revenue \$ 93,094,823)

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 \$ 32,382,100 including grants of \$) (Revenue \$ 32,382,100)

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 \$ 27,991,351 including grants of \$ 3,470,768) (Revenue \$ 184,740,887)

4d

Other program services (Describe in Schedule O)

(Expenses \$ 27,991,351 including grants of \$ 3,470,768) (Revenue \$ 184,740,887)

4e

Total program service expenses

295,034,311

Form 990 (2013)

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 other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	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 or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i> . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

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		Yes	No			
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	2,958			
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	2,530			
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? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	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? <i>If "No," provide an explanation in Schedule O</i>	14b				

Part VI

Governance, Management, and Disclosure

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

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	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	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 63108 (314) 286-2057

Check if Schedule O contains a response or note to any line in this Part VII ☒

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

Form **990** (2013)

Part VII

(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)							20,144,996	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 483

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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)	(B)	(C)
Name and business address	Description of services	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 or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a					
	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	2a	SVCS TO AFFILIATES	561000	356,684,699	356,684,699		
	b	PROGRAM SVC REVENUE	621110	93,199,603	93,199,603		
	c	BILLING REVENUE	541900	361,233		361,233	
	d	LEASED EMPLOYEE REV	541900	1,029		1,029	
	e	PROGRAM RENTAL INCOME	531190	-62,593	-62,593		
	f	All other program service revenue		1,602,344	1,602,344		
	g	Total. Add lines 2a-2f		451,786,315			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	142,369,066		4,576,540	137,792,526
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6a		Gross rents	(i) Real	(ii) Personal			
		b	Less rental expenses				
		c	Rental income or (loss)				
		d	Net rental income or (loss)				
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		b	Less cost or other basis and sales expenses				
		c	Gain or (loss)				
		d	Net gain or (loss)	139,554,900			139,554,900
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
b		Less direct expenses	b				
c		Net income or (loss) from fundraising events					
9a		Gross income from gaming activities See Part IV, line 19	a				
b		Less direct expenses	b				
c		Net income or (loss) from gaming activities					
10a		Gross sales of inventory, less returns and allowances	a				
b		Less cost of goods sold	b				
c		Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d	All other revenue		1,233,323			1,233,323	
e	Total. Add lines 11a-11d		1,233,323				
12	Total revenue. See Instructions		734,943,604	451,424,053	4,938,802	278,580,749	

Part IX

Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	3,470,768	3,470,768		
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.	20,144,997		20,144,997	
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.	195,821,463	141,477,649	54,343,814	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	22,697,323	14,596,360	8,100,963	
9	Other employee benefits.	19,574,284	10,159,447	9,414,837	
10	Payroll taxes.	15,633,188	10,347,371	5,285,817	
11	Fees for services (non-employees):				
a	Management.	34,578	112	34,466	
b	Legal.	2,023,670	46,839	1,976,831	
c	Accounting.	858,000		858,000	
d	Lobbying.	509,490		509,490	
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	2,637,869		2,637,869	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	33,275,665	16,130,555	17,145,110	
12	Advertising and promotion.	2,053,357	361,223	1,692,134	
13	Office expenses.	5,453,984	3,821,443	1,632,541	
14	Information technology.	38,782,882	29,603,296	9,179,586	
15	Royalties.				
16	Occupancy.	24,137,666	16,455,551	7,682,115	
17	Travel.	1,707,114	1,064,249	642,865	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	855,021	637,773	217,248	
20	Interest.	135,580		135,580	
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	12,242,935	7,378,947	4,863,988	
23	Insurance.	4,124,248	3,436,368	687,880	
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	26,594,571	23,123,033	3,471,538	
b	MEDICAL SUPPLIES	13,079,793	13,093,727	-13,934	
c	SERVICE CONTRACT FEES	1,079,451	251,927	827,524	
d	DUES AND SUBSCRIPTIONS	993,112	499,408	493,704	
e	All other expenses	10,290,995	-921,735	11,212,730	
25	Total functional expenses. Add lines 1 through 24e.	458,212,004	295,034,311	163,177,693	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		-378,797	1	-63,251
	2	Savings and temporary cash investments		41,306,725	2	75,021,427
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		7,287,180	4	7,126,145
	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		10,300,894	7	10,300,894
	8	Inventories for sale or use		858,427	8	844,673
	9	Prepaid expenses and deferred charges		25,074,638	9	24,160,324
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a315,975,509			
	b	Less: accumulated depreciation	10b145,800,708	247,420,463	10c	170,174,801
	11	Investments—publicly traded securities		2,187,853,990	11	2,452,796,458
	12	Investments—other securities. See Part IV, line 11.		932,515,887	12	1,408,073,961
	13	Investments—program-related. See Part IV, line 11.		19,990,430	13	21,223,754
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11.		83,439,063	15	66,615,259
	16	Total assets. Add lines 1 through 15 (must equal line 34).		3,555,668,900	16	4,236,274,445
Liabilities	17	Accounts payable and accrued expenses		131,340,486	17	146,608,600
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		978,511,000	20	1,312,620,000
	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.		862,335,072	25	633,938,755
	26	Total liabilities. Add lines 17 through 25.		1,972,186,558	26	2,093,167,355
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		1,583,482,342	27	2,143,079,490
	28	Temporarily restricted net assets			28	27,600
	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		1,583,482,342	33	2,143,107,090
	34	Total liabilities and net assets/fund balances		3,555,668,900	34	4,236,274,445

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	734,943,604
2	Total expenses (must equal Part IX, column (A), line 25)	2	458,212,004
3	Revenue less expenses Subtract line 2 from line 1	3	276,731,600
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,583,482,342
5	Net unrealized gains (losses) on investments	5	39,518,383
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	243,374,765
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,143,107,090

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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		No
2b	Were the organization's financial statements audited by an independent accountant? 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	Yes	
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?	Yes	
3b	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	Yes	

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

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization BJC HEALTH SYSTEM	Employer identification number 43-1617558
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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 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11

☒

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☒

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - 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?

(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?

(ii)

A family member of a person described in (i) above?

(iii)

A 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		No
11g(ii)		No
11g(iii)		No

(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?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
See Additional Data Table									
Total									297,525,485

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2012 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2013. 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—2012. 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—2013. 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—2012. 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 IIISupport 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. 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—2012. 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.** 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

Return Reference	Explanation	
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SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

2013

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 BJC HEALTH SYSTEM	Employer identification number 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															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		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		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		☐ Yes ☐ No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(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)		(b)
		Yes	No	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		508,978
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		512
i	Other activities?		No	
j	Total. Add lines 1c through 1i.			509,490
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

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

Return Reference	Explanation
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. EXPENSES ALSO INCLUDE EDUCATIONAL SEMINARS FOR BJC EMPLOYEES REGARDING IMPORTANT HEALTHCARE LEGISLATIVE MATTERS.

Part IV

Return Reference

Explanation

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

OMB No 1545-0047
2013
Open to Public Inspection

Name of the organization BJC HEALTH SYSTEM	Employer identification number 43-1617558
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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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

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

▶ \$ _____

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 52283D

Schedule D (Form 990) 2013

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
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

(i)

unrelated organizations

(ii)

related organizations

b

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

	Yes	No
3a(i)		
3a(ii)		
3b		

4

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,924,587		3,924,587
b Buildings		22,914,787	19,441,724	3,473,063
c Leasehold improvements		51,551,067	29,334,279	22,216,788
d Equipment		117,066,016	80,024,540	37,041,476
e Other		120,519,052	17,000,165	103,518,887
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				170,174,801

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
PART X, LINE 2	THE AUTHORITATIVE GUIDANCE IN ASC 740, INCOME TAXES, CREATES A SINGLE MODEL TO ADDRESS UNCERTAINTY IN TAX POSITIONS AND CLARIFIES THE ACCOUNTING FOR INCOME TAXES BY PRESCRIBING THE MINIMUM RECOGNITION THRESHOLD A TAX POSITION IS REQUIRED TO MEET BEFORE BEING RECOGNIZED IN THE FINANCIAL STATEMENTS. UNDER THE REQUIREMENTS OF THIS GUIDANCE, TAX-EXEMPT ORGANIZATIONS COULD BE REQUIRED TO RECORD AN OBLIGATION AS THE RESULT OF A TAX POSITION THEY HAVE HISTORICALLY TAKEN ON VARIOUS TAX EXPOSURE ITEMS. BJC HAS NOT RECOGNIZED A LIABILITY FOR UNCERTAIN TAX POSITIONS.

[illegible]

Additional Data

Software ID:

Software Version:

EIN: 43-1617558

Name: BJC HEALTH SYSTEM

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

1	(a) Description of Liability	(b) Book Value
	INTEREST RATE SWAPS	50,097,547
	PENSION LIABILITY	251,853,596
	OTHER CURRENT LIAB	1,981,122
	OTHER LONG TERM LIABILITIES	16,933,578
	SELF FUNDED MALPR	136,606,914
	INTEREST PAYABLE	2,706,746
	DEFERRED COMPENSATION PAYABLE	25,075,806
	RELATED PARTY LIABILITY	62,309,547
	PAYABLE SECUIITY LENDING	86,373,899

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
► Attach to Form 990. ► See separate instructions.
► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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 its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	1	1			1,161,184,000
b Total from continuation sheets to Part I	0	0			5,000
c Totals (add lines 3a and 3b)	1	1			1,161,189,000

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

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

Part III

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

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

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☒ Yes ☐ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*

☐ Yes ☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*

☒ Yes ☐ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*

☐ Yes ☒ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*

☒ Yes ☐ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).*

☐ Yes ☒ No

Additional Data

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

Schedule F (Form 990) 2013

Page **5**

Part V Supplemental Information

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

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA			INVESTMENTS		164,144,000
CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		912,546,000
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	107,000

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE	0	0	INVESTMENTS		74,069,000
EUROPE	0	0	PROGRAM SERVICES	PROGRAM SERVICES EXPENSES INCLUDING CLINICAL EXCELLENCE, HEALTHCARE EQUIPMENT AND SUPPLY PURCHASES	241,000
NORTH AMERICA	0	0	PROGRAM SERVICES	PROGRAM SERVICES EXPENSES INCLUDING HEALTHCARE CLINICAL EQUIPMENT AND SUPPLY PURCHASES	1,450,000

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	PROGRAM SERVICES EXPENSES INCLUDING HEALTHCARE CLINICAL EQUIPMENT AND SUPPLY PURCHASES	58,000
NORTH AMERICA			INVESTMENT EXPENDITURES		8,569,000
EUROPE	0	0	INVESTMENT EXPENDITURES		5,000

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
BJC HEALTH SYSTEM

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

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

OMB No 1545-0047

2013

Open to Public
Inspection

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

25

3

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

0

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
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. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	DURING 2013, 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

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
INDEPENDENCE CENTER 4245 FOREST PARK AVE SAINT LOUIS, MO 631082810	43-1195240	501(C)(3)	6,000				SUPPORT SERVICES FOR THE ADULT WITH MENTAL ILLNESSES

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 SUITE 100 SAINT LOUIS, MO 631323132	43-0722930	501(C)(3)	6,000				SUPPORT FOR RESEARCH FOR ARTHRITIS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEUKEMIA & LYMPHOMA SOCIETY 77 WESTPORT PLAZA SUITE 480 SAINT LOUIS,MO 63146	13-5644916	501(C)(3)	7,000				SUPPORT FOR RESEARCH FOR ARTHRITIS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RED CROSS DISASTER RELIEF DONATION 800 NICOLETT MALL MINNEAPOLIS, MN 55402	53-0196605	501(C)(3)	7,500				SUPPORT DISASTER RELIEF FOR OKLAHOMA TORNADO

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
URBAN LEAGUE METROPOLITAN STL 3701 GRANDEL SQ SAINT LOUIS, MO 631083627	43-0653605	501(C)(3)	7,500				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
NURSES FOR NEWBORNS 7259 LANSDOWNE SUITE 100 SAINT LOUIS, MO 63119	43-1601329	501(C)(3)	7,500				SUPPORT AT RISK MOTHERS AND BABIES

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
FOCUS ST LOUIS 815 OLIVE ST STE 110 SAINT LOUIS, MO 631011509	43-1750172	501(C)(3)	7,500				SPONSORSHIP OF COMMUNITY IMPROVEMENT

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 CHAMBER AND GROWTH ASSOCIATION 1 METROPOLITAN SQ STE 1300 SAINT LOUIS, MO 631022797	43-0975222	501(C)(6)	9,000				SPONSORSHIP OF COMMUNITY IMPROVEMENT

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
BIG BROTHERS BIG SISTERS 501 N GRAND BLVD STE 100 SAINT LOUIS, MO 631031006	43-0669085	501(C)(3)	9,500				SUPPORT CHILDREN AND FAMILIES WITH VARIOUS LEVELS OF ADVERSITY

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
MARCH OF DIMES 11829 DORSETT ROAD MARYLAND HEIGHTS, MO 63043	13-1846366	501(C)(3)	10,000				SUPPORT AND RESEARCH FOR STRONGER, HEALTHIER BABIES

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
ASSOCIATION FOR CONSTRUCTION CAREERS EDUCATION AND SUPPORT SERV 6330 KNOX IND DR STE 200 SAINT LOUIS, MO 631393039	42-1668995	501(C)(3)	10,000				SUPPORT OF EMERGING MINORITY AND WOMEN OWNING UNION CONSTRUCTION FIRMS

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 AVENUE SAINT LOUIS, MO 631331940	20-5160448	501(C)(3)	10,000				SUPPORT OF EMERGING MINORITY AND WOMEN OWNING UNION CONSTRUCTION FIRMS

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 ANDREWS CHARITABLE FOUNDATION 6633 DELMAR BLVD SAINT LOUIS, MO 631304505	26-0568165	501(C)(3)	10,000				SUPPORT OF SENIORS IN THE COMMUNITY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST LOUIS CRISIS NURSERY 11710 ADMINISTRATION DRIVE STE 18 SAINT LOUIS, MO 631463407	43-1410297	501(C)(3)	12,000				SUPPORT CHILDREN AND FAMILIES WITH VARIOUS LEVELS OF ADVERSITY

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 CHILDRENS HOSPITAL FOUNDATION 1 CHILDRENS PL SAINT LOUIS, MO 631101002	43-1626863	501(C)(3)	12,600				SUPPORT FOR HEALTHCARE NEEDS FOR ST LOUIS CHILDREN'S 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
FAIR ST LOUIS FOUNDATION 301 PROSPECT AVE SAINT LOUIS, MO 631101215	43-1218720	501(C)(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
AMERICAN HEART ASSOCIATION 460 N LINDBERGH BLVD SAINT LOUIS, MO 63141	13-5613797	501(C)(3)	15,050				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
RONALD MCDONALD HOUSE 4381 W PINE BLVD SAINT LOUIS, MO 631082205	43-1160478	501(C)(3)	20,000				SUPPORT CHILDREN AND FAMILIES WITH RESOURCES AND HOUSING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST LOUIS AMERICAN FOUNDATION 4242 LINDELL SAINT LOUIS, MO 631082965	43-1686282	501(C)(3)	20,750				SUPPORT HEALTHY KIDS WITH EDUCATION SPONSORSHIP

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
CITIZENS FOR MODERN TRANSIT 911 WASHINGTON AVE STE 200 SAINT LOUIS, MO 631011208	43-1412738	501(C)(3)	25,000				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
JEWISH FAMILY & CHILDREDS SERVICE 10950 SCHUETZ ROAD SAINT LOUIS, MO 63146	43-0790330	501(C)(3)	33,000				SUPPORT ELDERLINK ST LOUIS PROGRAM

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
UNITED WAY OF GREATER ST LOUIS 910 N 11TH ST SAINT LOUIS, MO 631011018	43-0714167	501(C)(3)	150,000				SUPPORT THE COMMUNITY WITH BASIC NEEDS, EDUCATION AND HEATLH

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
BOYS & GIRLS CLUBS OF GREATER ST LOUIS 2901 N GRAND BLVD SAINT LOUIS, MO 631072608	43-6061693	501(C)(3)	258,500				SUPPORT CHILDREN AND FAMILIES WITH VARIOUS LEVELS OF ADVERSITY

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
WASH UNIV NEWBORN MEDICINE ONE CHILDRENS PLACE SAINT LOUIS, MO 63110	43-0653611	501(C)(3)	495,833				SUPPORT OF RESEARCH AND 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
UNIVERSITY OF MISSOURI ST LOUIS ONE UNIVERSITY BLVD 218 MILLENNIUM STUDENT CENTER SAINT LOUIS,MO 631214499	43-0694564	501(C)(3)	2,200,000				SUPPORT OF RESEARCH AND EDUCATION

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, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No 1545-0047

2013

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 appropriate 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 ☐ Travel for companions ☒ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☒ Health or social club dues or initiation fees ☐ 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	1bYes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2Yes	
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 ☒ Independent compensation consultant ☐ Form 990 of other organizations ☒ Written employment contract ☒ Compensation survey or study ☒ 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?	4bYes	
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c	No
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? If "Yes," to line 5a or 5b, describe in Part III	5b	No
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? If "Yes," to line 6a or 6b, describe in Part III	6b	No
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	7Yes	
8 Were any amounts reported in Form 990, Part VII, paid or accrued 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) (ii)	7,382,747 0	6,775,955 0	335,468 0	1,249,252 0	379,623 0	16,123,045 0	2,241,445 0
(2)BJC HEALTH SYS GROUP RETURN SEE SCHEDULE O	(i) (ii)	975,652 0	567,145 0	31,802 0	166,233 0	76,007 0	1,816,839 0	70,495 0
(3)BJC HEALTH SYS GROUP RETURN SEE SCHEDULE O	(i) (ii)	3,611,297 0	455,458 0	9,472 0	86,337 0	100,319 0	4,262,883 0	0 0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
PART I, LINE 1A	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 2013 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 AND APPROVED BY THE BOARD FOR THE CALENDAR YEAR

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

OMB No 1545-0047

2013

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		10-31-2012	271,000,000	REFUND PRIOR BONDS & CAPITAL EXP - SEE BELOW		X		X		X
B	HEALTH & EDUC FACILITIES AUTHORITY STATE OF MISSOURI	43-1178966	60635RR33	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		12-13-2011	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			271,000,000		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			1,113,773		1,113,773					
6	Proceeds in refunding escrows										
7	Issuance costs from proceeds			1,599,001		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			50,000,000		63,497,793		124,788,817		200,000,000	
11	Other spent proceeds			221,000,000		98,789,112		243,575,000			
12	Other unspent proceeds										
13	Year of substantial completion			2013		2007		2008		2011	
14	Were the bonds issued as part of a current refunding issue?			Yes	No	Yes	No	Yes	No	Yes	No
				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?	X				X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 830 %		0 %		0 250 %		0 490 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	0 830 %		0 %		0 250 %		0 490 %	
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	25 400000000000				25 400000000000			
d	Was the hedge superintegrated?		X				X		
e	Was the hedge terminated?		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
	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. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
SCHEDULE K, PART I, COLUMN (F)	SERIES 2012A-E BONDS WERE ISSUED AT A VARIABLE RATE WITH PROCEEDS OF \$271M USED IN PART TO REFUND \$221M OF SERIES 2003 BONDS (ISSUED ON 7/24/03) AND TO FINANCE, IN PART, \$50M OF CAPTIAL EXPENDITURES AT VARIOUS AFFILIATE HOSPITALS ON OCTOBER 31, 2012 THE RIGHT TO DRAW ON THESE BONDS WAS EXERCISED ON MAY 15, 2013 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 ISSUED ON (11/18/93) FOLLOWING CUSIPS WERE USED FOR THIS BOND ISSUE 60635RR66, 60635RR74, 60635RS32, 60635RR33, 60635RR58, 60635RS24, 60635RR82, 60635RR90, 60635RR41 SERIES 2005B BONDS WERE ISSUED ON APRIL 7, 2005 AT A VARIABLE RATE WITH PROCEEDS OF \$73.4M USED IN PART TO REFUND SERIES 1985 BONDS (ISSUED ON 12/1/85) 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 4/4/06) 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 SERIES 2013A BONDS WERE ISSUED ON SEPTEMBER 20, 2013 AT A FIXED RATE WITH PROCEEDS OF \$100M USED TO FUND CAPITAL EXPENDITURES AT VARIOUS AFFILIATE HOSPITALS SERIES 2013B BONDS WERE ISSUED ON OCTOBER 10, 2013 AT A VARIABLE RATE WITH PROCEEDS OF \$100M USED TO FUND CAPITAL EXPENDITURES AT VARIOUS AFFILIATE HOSPITALS SERIES 2013C BONDS WERE ISSUED ON OCTOBER 31, 2013 AT A VARIABLE RATE WITH PROCEEDS OF \$100M USED TO FUND CAPITAL EXPENDITURES AT VARIOUS AFFILIATE HOSPITALS FOLLOWING CUSIP WAS USED FOR THIS BOND ISSUE 60637AEH1
SCHEDULE K, PART II, LINE 3	ANY DIFFERENCE BETWEEN THE ISSUE PRICE REPORTED ON PART I, COLUMN (E) AND TOTAL PROCEEDS REPORTED ON PART III, LINE 3 IS DUE TO INVESTMENT EARNINGS
SCHEDULE K, PART VI, LINE 2	SERIES 2012A-E BONDS IS AN "EXCEPTION TO REBATE" AS THE PROCEEDS WERE WITHDRAWN ON THE DATE OF ISSUANCE AND, THEREFORE, DID NOT HAVE EARNINGS SERIES 2008 BONDS IS "NO REBATE DUE " REBATE CALCULATION WAS PERFORMED ON SEPTEMBER 22, 2010 SERIES 2011 BONDS "REBATE NOT DUE YET" AS THE ISSUANCE IS WITHIN THE 5 YEAR ARBITRAGE REBATE DUE DATE SERIES 2013A BOND IS AN "EXCEPTION TO REBATE" AS THE PROCEEDS WERE WITHDRAWN ON THE DATE OF ISSUANCE AND, THEREFORE, DID NOT HAVE EARNINGS SERIES 2013B BOND IS "REBATE NOT DUE YET" AS THE ISSUANCE HAS UNSPENT PROCEEDS AND IS WITHIN THE 5 YEAR ARBITRAGE REBATE DUE DATE SERIES 2013C BOND IS "REBATE NOT DUE YET" AS THE ISSUANCE HAS UNSPENT PROCEEDS AND IS WITHIN THE 5 YEAR ARBITRAGE REBATE DUE DATE
SCHEDULE K, 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 RECIEVES 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

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

OMB No 1545-0047

2013

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		09-20-2013	100,000,000	FUND CAPITAL EXPENDITURES - SEE BELOW		X		X		X
B	HEALTH & EDUC FACILITIES AUTHORITY STATE OF MISSOURI	43-1178966		10-10-2013	100,000,000	FUND CAPITAL EXPENDITURES - SEE BELOW		X		X		X
C	HEALTH & EDUC FACILITIES AUTHORITY STATE OF MISSOURI	43-1178966	60637AEH1	10-31-2013	100,000,000	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	100,000,000		100,139,811		99,872,563			
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds								
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	100,000,000		25,685,975		5,539,358			
11	Other spent proceeds								
12	Other unspent proceeds	74,453,836		74,453,836		94,333,205			
13	Year of substantial completion	2013							
		Yes	No						
14	Were the bonds issued as part of a current refunding issue?		X		X		X		
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		
16	Has the final allocation of proceeds been made?	X			X		X		
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III

Private Business Use

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

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	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							
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %		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 %		0 %		0 %			
6	Total of lines 4 and 5	0 %		0 %		0 %			
7	Does the bond issue meet the private security or payment test?		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		
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			

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		
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			
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		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		
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X			

Part V

Procedures To Undertake Corrective Action

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

Part VI

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

Return Reference	Explanation
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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.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
BJC HEALTH SYSTEM

Employer identification number
43-1617558

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS COMPLIANCE WITH THE POLICY BY ISSUING ANNUALLY A CONFLICT OF INTEREST QUESTIONNAIRE REMINDING COVERED INDIVIDUALS OF THEIR OBLIGATIONS TO DISCLOSE POTENTIAL CONFLICTS AND REQUESTING THAT THEY COMPLETE A CONFLICTS OF INTEREST QUESTIONNAIRE. THE QUESTIONNAIRE REQUIRES THE DISCLOSURE OF CONFLICTS AND AN ATTESTATION TO THEIR CONTINUING OBLIGATION TO DISCLOSE SAID CONFLICTS SHOULD THE NEED ARISE. THE RESULTS OF THE CONFLICT OF INTEREST QUESTIONNAIRE ARE REVIEWED BY A CENTRALIZED COMPLIANCE DEPARTMENT AND APPROPRIATE ACTION TAKEN AS NECESSARY. SHOULD THE ORGANIZATION BECOME AWARE OF A CONFLICT NOT PREVIOUSLY REPORTED, ITS GENERAL COUNSEL WOULD INVESTIGATE THE ISSUE AND RESPOND IN ACCORDANCE WITH THE POLICY.
FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION AND BENEFIT AMOUNTS OF THE ORGANIZATION'S OFFICERS AND TOP MANAGEMENT OFFICIALS ARE DETERMINED BY AN INDEPENDENT COMMITTEE OF THE BOARD OF DIRECTORS OF BJC HEALTH SYSTEM. THIS COMMITTEE IS COMPRISED OF INDEPENDENT PERSONS AND USES COMPENSATION CONSULTING STUDIES AND BENCHMARKING DATA PROVIDED BY AN INDEPENDENT MANAGEMENT CONSULTANT TO ESTABLISH COMPENSATION AMOUNTS AND GUIDELINES. THE PROCESS INCLUDES A VALIDATION OF JOB DESCRIPTIONS AS WELL AS REPORTING ALL FORMS OF COMPENSATION. THE CONSULTANT USES SURVEY DATA TO DETERMINE MARKET RATES OF BASE SALARY AND OTHER SHORT AND LONG TERM INCENTIVES FOR THE BJC HEALTH SYSTEM CEO AND OTHER SENIOR EXECUTIVES. THE COMMITTEE REVIEWS, APPROVES, AND SUBSEQUENTLY RECONCILES EXECUTIVE COMPENSATION AS WELL AS DELIBERATES ON THE REASONABLENESS OF THE DATA. THIS REVIEW IS DOCUMENTED IN THE MINUTES OF THE BOARD COMMITTEE MEETINGS.
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE FOR INSPECTION BY THE GENERAL PUBLIC UPON REQUEST AT THE ADMINISTRATIVE OFFICES.
FORM 990, PART VII 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.
FORM 990, PART VIII, LINE 7	GAIN OR LOSS FROM SALES OF ASSETS OTHER THAN INVENTORY REFLECTS THE NET GAIN ON INVESTMENT EARNINGS AS REPORTED TO BJC ON BROKERAGE STATEMENTS. LINE ITEM DETAIL IS NOT PROVIDED IN THE FORMAT REQUESTED.
FORM 990, PART XI, LINE 9	TRANSFERS TO/FROM BJC ENTITIES -52,015,131 INCREASE PENSION LIAB PER ACTUARIAL REPORTS 295,187,624 INTEREST RATE SWAP GAIN/LOSS 202,272

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
BJC HEALTH SYSTEM

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Employer identification number

43-1617558

Part I

Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (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	141,568,505	15,288,203	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	0	2,881	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" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
See Additional Data Table							

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprrtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) TWIN RIVERS MRI LLC ONE MEMORIAL DRIVE ALTON, IL 62002 37-1400120	HEALTH SERVICES	IL	N/A									
(2) THE HEART CARE INSTITUTE LLC 1020 NORTH MASON ROAD ST LOUIS, MO 63141 43-1870517	MEDICAL SERVICES	MO	N/A									
(3) GAMMA KNIFE CENTER AT BARNES JEWISH HOSP LLC 216 SOUTH KINGSHIGHWAY ST LOUIS, MO 63110 43-1846941	OUTPATIENT CARE SERVICES	MO	N/A									
(4) SURGERY CENTER OF FARMINGTON LLC 400 PARKLAND DRIVE FARMINGTON, MO 63640 43-1811835	MEDICAL SERVICES	MO	N/A									
(5) CHILDREN'S DISCOVERY INSTITUTE LLC 4901 FOREST PARK AVE ST LOUIS, MO 63108	SEARCH FOR CURES OF PEDIATRIC DISEASES	MO	N/A									

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

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

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

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

1 During the tax year, did the organization 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
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a	Yes	
1b	Yes	
1c	Yes	
1d	Yes	
1e	Yes	
1f		No
1g	Yes	
1h	Yes	
1i	Yes	
1j	Yes	
1k	Yes	
1l	Yes	
1m	Yes	
1n	Yes	
1o	Yes	
1p	Yes	
1q	Yes	
1r	Yes	
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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

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.

[illegible]

Part VII

Supplemental Information

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

Return Reference	Explanation
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Additional Data

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
(1) PHYSICIAN GROUPS LC 670 MASON RIDGE CTR DR ST LOUIS, MO 63141 43-1681957	PROFESSIONAL & BILLING SVCS	MO	141,568,505	15,288,203	BJC HEALTH SYSTEM
(1) MYHEALTHFOLDERS LLC 4901 FOREST PARK AVE ST LOUIS, MO 63108 43-1617558	HEALTH AWARENESS COMMUNICATIONS	MO			BJC HEALTH SYSTEM
(2) BJC HEALTHCARE ACO LLC 670 MASON RIDGE CTR DR ST LOUIS, MO 63141 45-4480491	HEALTH CARE SERVICES	MO	0	2,881	BJC HEALTH SYSTEM
(3) BMCA PRIVATE EQUITY LLC 4901 FOREST PARK AVE ST LOUIS, MO 63108 45-4578054	INVESTMENT HOLDINGS	MO			BJC HEALTH SYSTEM
(4) BMCA GROWTH LLC 4901 FOREST PARK AVE ST LOUIS, MO 63108 45-4577941	INVESTMENT HOLDINGS	MO			BJC HEALTH SYSTEM
(5) BMCA INCOME LLC 4901 FOREST PARK AVE ST LOUIS, MO 63108 45-4578306	INVESTMENT HOLDINGS	MO			BJC HEALTH SYSTEM

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) ALTON MEMORIAL HEALTH SERVICES FOUNDATION 1109 N OXFORDSHIRE LANE EDWARDSVILLE, IL 62025 37-1177053	SUPPORT TO AMH	IL	501(C)(3)	11A	ALTON MEMORIAL HOSPITAL	Yes	
(1) FOUNDATION FOR BARNES-JEWISH HOSPITAL 1001 HIGHLANDS PLAZA DR WEST SUITE ST LOUIS, MO 63110 43-1648435	SUPPORT TO BJH	MO	501(C)(3)	7	BARNES-JEWISH HOSPITAL	Yes	
(2) BARNES JEWISH HOSP AUXILIARY PARKVIEW CHAPTER 216 SO KINGSHIGHWAY CAB 140 ST LOUIS, MO 63110 23-7000410	SUPPORT TO BJH	MO	501(C)(3)	11C	BARNES-JEWISH HOSPITAL	Yes	
(3) BARNES-JEWISH ST PETERS HOSPITAL AUXILIARY 10 HOSPITAL DRIVE ST PETERS, MO 63376 43-1232811	SUPPORT TO BJSP HOSPITAL	MO	501(C)(3)	3	BARNES-JEWISH ST PETERS HOSPITAL	Yes	
(4) BARNES JEWISH ST PETERS & PROGRESS WEST FOUNDATION 10 HOSPITAL DRIVE ST PETERS, MO 63376 45-4471497	SUPPORT TO BJSPH & PROGRESS WEST	MO	501(C)(3)	7	BJSP HOSPITAL & PROGRESS WEST	Yes	
(5) CHRISTIAN HOSPITAL FOUNDATION 11155 DUNN ROAD SUITE 300 N ST LOUIS, MO 63136 43-1947644	SUPPORT TO CHNE	MO	501(C)(3)	11A	CHRISTIAN HOSPITAL NORTH-EAST-NORTHWEST	Yes	
(6) FAIRVIEW HEIGHTS MEDICAL GROUP SC 670 MASON RIDGE CENTER DR SUITE 300 ST LOUIS, MO 63141 36-4147189	HEALTHCARE SERVICES	IL	501(C)(3)	3	BJC HEALTH SYSTEM	Yes	
(7) MISSOURI BAPTIST HEALTHCARE FOUNDATION 3015 N BALLAS ROAD ST LOUIS, MO 63131 43-1472026	SUPPORT TO MBMC	MO	501(C)(3)	7	MISSOURI BAPTIST MEDICAL CENTER	Yes	
(8) PARKLAND HEALTH CENTER FOUNDATION 1101 WEST LIBERTY ST FARMINGTON, MO 63640 90-0424964	SUPPORT TO PHC	MO	501(C)(3)	7	PARKLAND HEALTH CENTER	Yes	
(9) ST LOUIS CHILDREN'S HOSPITAL FOUNDATION ONE CHILDRENS PLACE ST LOUIS, MO 63110 43-1626863	SUPPORT TO SLCH	MO	501(C)(3)	7	ST LOUIS CHILDREN'S HOSPITAL	Yes	
(10) MISSOURI BAPTIST HOSPITAL OF SULLIVAN AUXILIARY 751 SAPPINGTON BRIDGE SULLIVAN, MO 63080 43-1349641	SUPPORT TO MBHS	MO	501(C)(3)	3	MISSOURI BAPTIST HOSPITAL OF SULLIVAN	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(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	27,307	13,142,882	100 000 %	Yes	
PF SERVICES INC 11155 DUNN ROAD ST LOUIS, MO 63136 43-1237767	MANAGEMENT SERVICES	MO	N/A	C				Yes	
MB MEDICAL SERVICES INC 3015 N BALLAS ROAD ST LOUIS, MO 63131 43-1437404	HEALTHCARE SERVICES	MO	N/A	C				Yes	
MISSOURI BAPTIST HOME HEALTH CARE INC 3015 N BALLAS ROAD ST LOUIS, MO 63131 43-1460430	INACTIVE	MO	N/A	C				Yes	
MB PHARMACY INC 3015 N BALLAS ROAD ST LOUIS, MO 63131 43-1640730	INACTIVE	MO	N/A	C				Yes	
ST PETERS MED OFFICE BLDG A CONDO ASSN INC 1040 N MASON SUITE 109 ST LOUIS, MO 63141 43-1472188	CONDOMINIUM ASSOCIATION	MO	N/A	T				Yes	
DMP MIDWEST INC ONE METROPOLITAN SQ 2600 ST LOUIS, MO 63102 27-1943910	INACTIVE	MO	N/A	C				Yes	
WLA INVESTMENT LTD PO BOX 178 OKOTOKS, ALBERTA CA	INVESTMENT HOLDINGS	CA	BMCA PRIVATE EQUITY LLC	C	3,489,329	19,908,449	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	866,841	
ALTON MEMORIAL HOSPITAL	I	6,981,031	
ALTON MEMORIAL HOSPITAL	J	113,074	
ALTON MEMORIAL HOSPITAL	K	1,262,161	
ALTON MEMORIAL HOSPITAL	L	64,473	
ALTON MEMORIAL HOSPITAL	L	2,687,058	
ALTON MEMORIAL HOSPITAL	M	1,551,153	
ALTON MEMORIAL HOSPITAL	O	28,855,913	
ALTON MEMORIAL HOSPITAL	P	302,970,366	
ALTON MEMORIAL HOSPITAL	Q	259,923,904	
ALTON MEMORIAL HOSPITAL	R	61,942,293	
ALTON MEMORIAL HOSPITAL	S	62,724,646	
BARNES-JEWISH HOSPITAL	A	7,512,115	
BARNES-JEWISH HOSPITAL	B	27,247,335	
BARNES-JEWISH HOSPITAL	C	3,750,157	
BARNES-JEWISH HOSPITAL	I	36,412,796	
BARNES-JEWISH HOSPITAL	J	3,714,774	
BARNES-JEWISH HOSPITAL	K	3,815,440	
BARNES-JEWISH HOSPITAL	L	44,654,758	
BARNES-JEWISH HOSPITAL	M	25,368,397	
BARNES-JEWISH HOSPITAL	N	102,469	
BARNES-JEWISH HOSPITAL	O	345,268,481	
BARNES-JEWISH HOSPITAL	P	3,035,187,913	
BARNES-JEWISH HOSPITAL	Q	2,487,317,013	
BARNES-JEWISH HOSPITAL	R	461,236,462	

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	S	462,812,115	
BJ ST PETERS AND PROGRESS WEST FOUNDATION	H	550,020	
BJ ST PETERS AND PROGRESS WEST FOUNDATION	P	263,808	
BJ ST PETERS AND PROGRESS WEST FOUNDATION	Q	706,112	
BJ ST PETERS AND PROGRESS WEST FOUNDATION	R	116,830	
BJ ST PETERS HOSPITAL	A	1,355,114	
BJ ST PETERS HOSPITAL	B	551,925	
BJ ST PETERS HOSPITAL	G	550,000	
BJ ST PETERS HOSPITAL	I	5,499,719	
BJ ST PETERS HOSPITAL	J	754,617	
BJ ST PETERS HOSPITAL	K	1,492,742	
BJ ST PETERS HOSPITAL	L	3,531,673	
BJ ST PETERS HOSPITAL	M	734,972	
BJ ST PETERS HOSPITAL	O	24,311,973	
BJ ST PETERS HOSPITAL	P	216,555,213	
BJ ST PETERS HOSPITAL	Q	185,761,805	
BJ ST PETERS HOSPITAL	R	23,772,531	
BJ ST PETERS HOSPITAL	S	27,008,530	
BJ WEST COUNTY HOSPITAL	A	642,258	
BJ WEST COUNTY HOSPITAL	I	6,073,360	
BJ WEST COUNTY HOSPITAL	J	5,412,096	
BJ WEST COUNTY HOSPITAL	K	5,691,648	
BJ WEST COUNTY HOSPITAL	L	161,363	
BJ WEST COUNTY HOSPITAL	L	3,470,199	
BJ WEST COUNTY HOSPITAL	M	513,118	

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
BJ WEST COUNTY HOSPITAL	O	22,365,660	
BJ WEST COUNTY HOSPITAL	P	189,607,940	
BJ WEST COUNTY HOSPITAL	Q	175,860,462	
BJ WEST COUNTY HOSPITAL	R	19,472,706	
BJ WEST COUNTY HOSPITAL	S	22,166,600	
BJC BEHAVIORAL HEALTH	I	2,477,815	
BJC BEHAVIORAL HEALTH	J	466,339	
BJC BEHAVIORAL HEALTH	L	291,848	
BJC BEHAVIORAL HEALTH	M	2,386,702	
BJC BEHAVIORAL HEALTH	O	18,180,331	
BJC BEHAVIORAL HEALTH	P	92,975,567	
BJC BEHAVIORAL HEALTH	Q	92,176,346	
BJC BEHAVIORAL HEALTH	R	9,178,552	
BJC BEHAVIORAL HEALTH	S	17,315,772	
BJC CORPORATE HEALTH SERVICES	I	236,834	
BJC CORPORATE HEALTH SERVICES	L	392,087	
BJC CORPORATE HEALTH SERVICES	M	1,742,131	
BJC CORPORATE HEALTH SERVICES	O	96,543	
BJC CORPORATE HEALTH SERVICES	O	3,240,310	
BJC CORPORATE HEALTH SERVICES	P	17,648,177	
BJC CORPORATE HEALTH SERVICES	Q	13,535,917	
BJC CORPORATE HEALTH SERVICES	R	4,559,556	
BJC CORPORATE HEALTH SERVICES	S	3,113,386	
BJC HOME CARE SERVICES	C	200,297	
BJC HOME CARE SERVICES	I	991,233	

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	J	204,166	
BJC HOME CARE SERVICES	L	265,784	
BJC HOME CARE SERVICES	M	355,023	
BJC HOME CARE SERVICES	O	24,235,840	
BJC HOME CARE SERVICES	P	106,693,097	
BJC HOME CARE SERVICES	Q	120,177,089	
BJC HOME CARE SERVICES	R	18,694,820	
BJC HOME CARE SERVICES	S	32,302,319	
BOONE HOSPITAL CENTER	I	89,949	
BOONE HOSPITAL CENTER	J	6,290,113	
BOONE HOSPITAL CENTER	K	4,805,003	
BOONE HOSPITAL CENTER	L	14,720,701	
BOONE HOSPITAL CENTER	M	556,667	
BOONE HOSPITAL CENTER	O	107,665,711	
BOONE HOSPITAL CENTER	P	476,418,729	
BOONE HOSPITAL CENTER	Q	143,656,317	
BOONE HOSPITAL CENTER	R	133,400,915	
BOONE HOSPITAL CENTER	S	58,194,344	
BOONE HOSPITAL HOME HEATH CARE	L	65,299	
BOONE HOSPITAL HOME HEATH CARE	P	3,785,547	
BOONE HOSPITAL HOME HEATH CARE	Q	3,468,997	
BOONE HOSPITAL HOME HEATH CARE	R	1,258,788	
BOONE HOSPITAL HOME HEATH CARE	S	1,339,724	
CH ALLIED SERVICES	I	10,636,711	
CH ALLIED SERVICES	J	1,264,938	

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
CH ALLIED SERVICES	K	2,840,388	
CH ALLIED SERVICES	L	539,597	
CH ALLIED SERVICES	M	13,604,070	
CH ALLIED SERVICES	O	2,056,078	
CH ALLIED SERVICES	P	59,507,132	
CH ALLIED SERVICES	Q	46,998,973	
CH ALLIED SERVICES	R	370,000	
CHILDREN'S HEALTH NETWORK	P	156,308	
CHILDREN'S HEALTH NETWORK	Q	100,000	
CHRISTIAN HEALTHCARE DEVELOPMENT CORP	A	158,782	
CHRISTIAN HEALTHCARE DEVELOPMENT CORP	E	991,411	
CHRISTIAN HEALTHCARE DEVELOPMENT CORP	O	94,663	
CHRISTIAN HEALTHCARE DEVELOPMENT CORP	P	4,225,546	
CHRISTIAN HEALTHCARE DEVELOPMENT CORP	Q	5,264,579	
CHRISTIAN HOSPITAL	A	1,980,912	
CHRISTIAN HOSPITAL	C	191,251	
CHRISTIAN HOSPITAL	I	11,870,276	
CHRISTIAN HOSPITAL	J	918,428	
CHRISTIAN HOSPITAL	K	2,909,640	
CHRISTIAN HOSPITAL	L	8,303,363	
CHRISTIAN HOSPITAL	M	5,324,395	
CHRISTIAN HOSPITAL	N	1,078,426	
CHRISTIAN HOSPITAL	O	62,368,751	
CHRISTIAN HOSPITAL	P	821,959,738	
CHRISTIAN HOSPITAL	Q	750,940,674	

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 HOSPITAL	R	80,019,752	
CHRISTIAN HOSPITAL	S	94,160,728	
CHRISTIAN HOSPITAL FOUNDATION	A	252,364	
CHRISTIAN HOSPITAL FOUNDATION	B	191,251	
CHRISTIAN HOSPITAL FOUNDATION	L	51,074	
CHRISTIAN HOSPITAL FOUNDATION	O	321,762	
CHRISTIAN HOSPITAL FOUNDATION	P	3,719,009	
CHRISTIAN HOSPITAL FOUNDATION	Q	2,024,346	
CHRISTIAN HOSPITAL FOUNDATION	R	2,634,114	
CHRISTIAN HOSPITAL FOUNDATION	S	1,131,366	
FAIRVIEW HEIGHTS MEDICAL GROUP SC	I	180,748	
FAIRVIEW HEIGHTS MEDICAL GROUP SC	J	1,147,625	
FAIRVIEW HEIGHTS MEDICAL GROUP SC	K	128,162	
FAIRVIEW HEIGHTS MEDICAL GROUP SC	L	4,123,188	
FAIRVIEW HEIGHTS MEDICAL GROUP SC	M	1,317,565	
FAIRVIEW HEIGHTS MEDICAL GROUP SC	O	14,329,946	
FAIRVIEW HEIGHTS MEDICAL GROUP SC	P	58,491,966	
FAIRVIEW HEIGHTS MEDICAL GROUP SC	Q	79,910,389	
FAIRVIEW HEIGHTS MEDICAL GROUP SC	R	8,150,225	
FAIRVIEW HEIGHTS MEDICAL GROUP SC	S	17,452,847	
HEALTHCARE RE MANAGEMENT	K	1,063,631	
HEALTHCARE RE MANAGEMENT	O	5,620,097	
HEALTHCARE RE MANAGEMENT	P	254,216,875	
HEALTHCARE RE MANAGEMENT	Q	247,569,631	
HEALTHCARE RE MANAGEMENT	S	74,557	

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 HEALTHCARE FOUNDATION	B	477,572	
MISSOURI BAPTIST HEALTHCARE FOUNDATION	I	108,360	
MISSOURI BAPTIST HEALTHCARE FOUNDATION	L	454,408	
MISSOURI BAPTIST HEALTHCARE FOUNDATION	O	462,639	
MISSOURI BAPTIST HEALTHCARE FOUNDATION	P	8,526,050	
MISSOURI BAPTIST HEALTHCARE FOUNDATION	Q	7,454,050	
MISSOURI BAPTIST HEALTHCARE FOUNDATION	R	7,321,424	
MISSOURI BAPTIST HEALTHCARE FOUNDATION	S	5,193,064	
MISSOURI BAPTIST HOSPITAL SULLIVAN	A	320,042	
MISSOURI BAPTIST HOSPITAL SULLIVAN	I	1,989,268	
MISSOURI BAPTIST HOSPITAL SULLIVAN	K	164,987	
MISSOURI BAPTIST HOSPITAL SULLIVAN	L	1,578,284	
MISSOURI BAPTIST HOSPITAL SULLIVAN	M	398,020	
MISSOURI BAPTIST HOSPITAL SULLIVAN	O	13,772,730	
MISSOURI BAPTIST HOSPITAL SULLIVAN	P	93,141,882	
MISSOURI BAPTIST HOSPITAL SULLIVAN	Q	84,179,333	
MISSOURI BAPTIST HOSPITAL SULLIVAN	R	9,091,807	
MISSOURI BAPTIST HOSPITAL SULLIVAN	S	14,648,429	
MISSOURI BAPTIST MEDICAL CENTER	A	2,321,690	
MISSOURI BAPTIST MEDICAL CENTER	B	50,476	
MISSOURI BAPTIST MEDICAL CENTER	C	461,859	
MISSOURI BAPTIST MEDICAL CENTER	I	15,725,752	
MISSOURI BAPTIST MEDICAL CENTER	J	3,982,507	
MISSOURI BAPTIST MEDICAL CENTER	K	6,731,968	
MISSOURI BAPTIST MEDICAL CENTER	L	15,694,418	

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	M	15,335,976	
MISSOURI BAPTIST MEDICAL CENTER	N	272,445	
MISSOURI BAPTIST MEDICAL CENTER	O	95,751,121	
MISSOURI BAPTIST MEDICAL CENTER	P	982,103,981	
MISSOURI BAPTIST MEDICAL CENTER	Q	761,023,567	
MISSOURI BAPTIST MEDICAL CENTER	R	118,286,750	
MISSOURI BAPTIST MEDICAL CENTER	S	112,995,729	
PARKLAND HEALTH CARE FOUNDATION	A	220,563	
PARKLAND HEALTH CARE FOUNDATION	P	466,109	
PARKLAND HEALTH CARE FOUNDATION	Q	338,560	
PARKLAND HEALTH CARE FOUNDATION	R	602,233	
PARKLAND HEALTH CARE FOUNDATION	S	714,264	
PARKLAND HEALTH CENTER	I	3,419,737	
PARKLAND HEALTH CENTER	K	156,808	
PARKLAND HEALTH CENTER	L	2,392,319	
PARKLAND HEALTH CENTER	M	287,733	
PARKLAND HEALTH CENTER	N	175,864	
PARKLAND HEALTH CENTER	O	15,358,512	
PARKLAND HEALTH CENTER	P	129,180,918	
PARKLAND HEALTH CENTER	Q	117,800,191	
PARKLAND HEALTH CENTER	R	11,445,749	
PARKLAND HEALTH CENTER	S	16,398,962	
PROGRESS WEST HEALTHCARE CENTER	A	144,268	
PROGRESS WEST HEALTHCARE CENTER	I	2,240,687	
PROGRESS WEST HEALTHCARE CENTER	J	342,325	

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
PROGRESS WEST HEALTHCARE CENTER	K	880,479	
PROGRESS WEST HEALTHCARE CENTER	L	1,090,978	
PROGRESS WEST HEALTHCARE CENTER	M	98,146	
PROGRESS WEST HEALTHCARE CENTER	O	12,561,666	
PROGRESS WEST HEALTHCARE CENTER	P	81,102,960	
PROGRESS WEST HEALTHCARE CENTER	Q	96,319,844	
PROGRESS WEST HEALTHCARE CENTER	R	12,838,303	
PROGRESS WEST HEALTHCARE CENTER	S	13,110,751	
ST LOUIS CHILDREN'S HOSPITAL FOUNDATION	B	32,266,897	
ST LOUIS CHILDREN'S HOSPITAL FOUNDATION	C	35,059,853	
ST LOUIS CHILDREN'S HOSPITAL FOUNDATION	G	1,173,259	
ST LOUIS CHILDREN'S HOSPITAL FOUNDATION	H	1,192,669	
ST LOUIS CHILDREN'S HOSPITAL FOUNDATION	L	627,856	
ST LOUIS CHILDREN'S HOSPITAL FOUNDATION	O	4,096,411	
ST LOUIS CHILDREN'S HOSPITAL FOUNDATION	P	62,703,565	
ST LOUIS CHILDREN'S HOSPITAL FOUNDATION	Q	52,261,274	
ST LOUIS CHILDREN'S HOSPITAL FOUNDATION	R	60,275,091	
ST LOUIS CHILDREN'S HOSPITAL FOUNDATION	S	59,497,848	
ST LOUIS CHILDREN'S HOSPITAL	A	2,321,301	
ST LOUIS CHILDREN'S HOSPITAL	B	26,555,674	
ST LOUIS CHILDREN'S HOSPITAL	C	5,867,112	
ST LOUIS CHILDREN'S HOSPITAL	I	7,301,728	
ST LOUIS CHILDREN'S HOSPITAL	J	578,182	
ST LOUIS CHILDREN'S HOSPITAL	K	251,996	
ST LOUIS CHILDREN'S HOSPITAL	L	12,780,476	

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	M	7,210,923	
ST LOUIS CHILDREN'S HOSPITAL	O	109,779,410	
ST LOUIS CHILDREN'S HOSPITAL	P	1,051,832,890	
ST LOUIS CHILDREN'S HOSPITAL	Q	1,002,745,313	
ST LOUIS CHILDREN'S HOSPITAL	R	324,496,894	
ST LOUIS CHILDREN'S HOSPITAL	S	360,840,900	
THE FOUNDATION FOR BARNES JEWISH HOSPITAL	A	14,917	
THE FOUNDATION FOR BARNES JEWISH HOSPITAL	B	29,789,125	
THE FOUNDATION FOR BARNES JEWISH HOSPITAL	C	52,310,639	
THE FOUNDATION FOR BARNES JEWISH HOSPITAL	G	6,800,485	
THE FOUNDATION FOR BARNES JEWISH HOSPITAL	H	6,833,580	
THE FOUNDATION FOR BARNES JEWISH HOSPITAL	L	204,871	
THE FOUNDATION FOR BARNES JEWISH HOSPITAL	M	53,970	
THE FOUNDATION FOR BARNES JEWISH HOSPITAL	O	2,102,821	
THE FOUNDATION FOR BARNES JEWISH HOSPITAL	P	68,667,769	
THE FOUNDATION FOR BARNES JEWISH HOSPITAL	Q	42,870,135	
THE FOUNDATION FOR BARNES JEWISH HOSPITAL	R	75,183,718	
THE FOUNDATION FOR BARNES JEWISH HOSPITAL	S	84,762,524	
TWIN RIVERS MRI INC	O	406,084	
TWIN RIVERS MRI INC	A	19,131	
TWIN RIVERS MRI INC	L	296,445	
TWIN RIVERS MRI INC	M	556,236	
TWIN RIVERS MRI INC	O	331,939	
TWIN RIVERS MRI INC	P	9,260,232	
TWIN RIVERS MRI INC	Q	8,304,559	

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
TWIN RIVERS MRI INC	R	631,130	
TWIN RIVERS MRI INC	S	329,620	
VILLAGE NORTH INC	A	153,894	
VILLAGE NORTH INC	D	991,411	
VILLAGE NORTH INC	I	72,588	
VILLAGE NORTH INC	J	89,447	
VILLAGE NORTH INC	K	89,447	
VILLAGE NORTH INC	L	249,341	
VILLAGE NORTH INC	M	247,496	
VILLAGE NORTH INC	O	2,015,042	
VILLAGE NORTH INC	P	16,450,627	
VILLAGE NORTH INC	Q	10,013,892	
VILLAGE NORTH INC	R	5,919,920	
VILLAGE NORTH INC	S	1,971,455	

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

2013

Attachment
Sequence No **179**

Name(s) shown on return
BJC HEALTH SYSTEM

Business or activity to which this form relates
FORM 990 PAGE 10

Identifying number

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	
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 2012 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 2014 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	12,242,935

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 2013	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 2013 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 2013 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	12,242,935
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
25Special 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

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
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												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
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)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
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 2013 tax year (see instructions)					
43 Amortization of costs that began before your 2013 tax year				43	
44 Total. Add amounts in column (f) See the instructions for where to report				44	

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	
(A) BARNES- JEWISH HOSPITAL	237309937	3	Yes						145756391
(A) CHRISTIAN HEALTH SVCS DEV CORP	431230583	11	Yes						57363971
(B) ST LOUIS CHILDREN'S HOSPITAL	430654870	3	Yes						39223243
(C) MISSOURI BAPTIST MEDICAL CENTER	430652656	3	Yes						55181880