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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

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

C Name of organization
BJC HEALTH SYSTEM

Doing business as
BJC HEALTHCARE

Number and street (or P O box if mail is not delivered to street address) | Room/suite
4901 FOREST PARK AVE MS 90-75-570

City or town, state or province, country, and ZIP or foreign postal code
ST LOUIS, MO 63108

D Employer identification number
43-1617558

E Telephone number
(314) 286-2057

G Gross receipts $ 702,820,476

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

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

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

H(c) Group exemption number ▶ 3844

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

J Website: ▶ WWW BJC ORG

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

L Year of formation 1993

M State of legal domicile MO

Part I Summary

1 Briefly describe the organization's mission or most significant activities
HEALTHCARE SERVICES AND HEALTH EDUCATION TO COMMUNITIES WE SERVE

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	15
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	**5**	2,978
6	Total number of volunteers (estimate if necessary)	**6**	82
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	2,325,605
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-5,601,985

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	283,788	465,982
9	Program service revenue (Part VIII, line 2g)	497,959,699	538,519,228
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	132,504,863	154,131,024
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,215,680	9,678,540
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	634,964,030	702,794,774
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,185,780	1,673,961
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	280,550,231	313,832,853
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	226,436,352	238,586,321
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	508,172,363	554,093,135
19	Revenue less expenses Subtract line 18 from line 12	126,791,667	148,701,639
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	4,686,670,793	4,553,298,726
21	Total liabilities (Part X, line 26)	2,808,181,271	2,730,631,673
22	Net assets or fund balances Subtract line 21 from line 20	1,878,489,522	1,822,667,053

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer — Date: 2016-11-15

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

Paid Preparer Use Only

Print/Type preparer's name: JENNIFER RICHTER	Preparer's signature: JENNIFER RICHTER	Date	Check ☐ if self-employed: PTIN P00366526
Firm's name ▶ ERNST & YOUNG US LLP			Firm's EIN ▶ 34-6565596
Firm's address ▶ 190 CARONDELET PLAZA STE 1300 CLAYTON, MO 63105			Phone no (314) 290-1000

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response 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 14 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 $ 148,989,343 including grants of $) (Revenue $ 149,065,468)

BJC MEDICAL GROUP - BJC MEDICAL GROUP EMPLOYS 200 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 659,320 VISITS

4b (Code) (Expenses $ 123,967,975 including grants of $) (Revenue $ 123,967,975)

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 $ 38,685,243 including grants of $) (Revenue $ 38,685,243)

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 14 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

See Additional Data

4d Other program services (Describe in Schedule O)
(Expenses $ 24,978,618 including grants of $ 1,673,961) (Revenue $ 226,800,542)

4e **Total program service expenses ▶** 336,621,179

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	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 domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**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), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	3,846		
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	2,978		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*		3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	Yes	
b	If "Yes," enter the name of the foreign country ▶ CJ , CA , HU , MY See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		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.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

Part VI Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	17		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	15		
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, address, and telephone number of the person who possesses the organization's books and records ▶ LARRY KAYSER 4901 FOREST PARK AV STE 1200 ST LOUIS, MO 63108 (314) 286-2057

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BJC HEALTH SYS GROUP RETURN SEE SCHEDULE 0	40 00	X		X				14,106,774	0	1,766,049
(2) BJC HEALTH SYS GROUP RETURN SEE SCHEDULE 0	40 00				X			1,248,980	0	175,989
(3) BJC HEALTH SYS GROUP RETURN SEE SCHEDULE 0	40 00					X		4,303,745	0	239,088

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								19,659,499	0	2,181,126

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 ▶ 364

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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	314,090			
	e	Government grants (contributions) 1e	129,486			
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	22,406			
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f . . . . . ▶	465,982			
Program Service Revenue		Business Code				
	2a	SVCS TO AFFILIATES 561000	447,887,886	447,887,886		
	b	PROGRAM SVC REVENUE 621110	86,304,041	86,304,041		
	c	PROGRAM OTHER OPER INC 900099	2,883,598	2,883,598		
	d	PROGRAM RENTAL INCOME 531190	179,491	179,491		
	e	BILLING REVENUE 541900	178,431	118,416	60,015	
	f	All other program service revenue	1,085,781	152,939		932,842
	g	**Total.** Add lines 2a-2f . . . . . ▶	538,519,228			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	58,567,679		-35,524	58,603,203
	4	Income from investment of tax-exempt bond proceeds . . ▶	-4,766,048			-4,766,048
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross rents 731,563				
	b	Less rental expenses 0				
	c	Rental income or (loss) 731,563				
	d	Net rental income or (loss) . . . . . ▶	731,563			731,563
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory 100,352,734 / 2,361				
	b	Less cost or other basis and sales expenses 0 / 25,702				
	c	Gain or (loss) 100,352,734 / -23,341				
	d	Net gain or (loss) . . . . . ▶	100,329,393			100,329,393
	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	OTHER OPERATING INCOME 900099	6,123,132			6,123,132
	b	CLINICAL ENGINEERING & 611600	2,301,114		2,301,114	
	c	EMPLOYEE SWIPE REVENUE 900099	108,946			108,946
	d	All other revenue	413,785			413,785
	e	**Total.** Add lines 11a-11d . . . . . ▶	8,946,977			
	12	**Total revenue.** See Instructions . . . . . ▶	702,794,774	537,526,371	2,325,605	162,476,816

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,673,961	1,673,961		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	19,659,498		19,659,498	
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	227,083,961	161,805,245	65,278,716	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	26,258,296	16,824,100	9,434,196	
9 Other employee benefits	23,658,839	13,071,207	10,587,632	
10 Payroll taxes	17,172,259	11,532,505	5,639,754	
11 Fees for services (non-employees)				
a Management	215,645		215,645	
b Legal	4,759,320		4,759,320	
c Accounting	1,202,752		1,202,752	
d Lobbying	793,174		793,174	
e Professional fundraising services See Part IV, line 17				
f Investment management fees	21,030,294		21,030,294	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	40,424,486	24,415,908	16,008,578	
12 Advertising and promotion	3,129,484	400,470	2,729,014	
13 Office expenses	5,281,754	3,386,758	1,894,996	
14 Information technology	46,842,948	34,306,748	12,536,200	
15 Royalties				
16 Occupancy	26,139,997	16,181,197	9,958,800	
17 Travel	2,994,953	2,318,342	676,611	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,774,305	2,326,429	447,876	
20 Interest	6,779,438		6,779,438	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	13,829,458	9,933,241	3,896,217	
23 Insurance	4,124,064	2,771,398	1,352,666	
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	32,306,851	26,327,433	5,979,418	
b MEDICAL SUPPLIES	8,097,589	8,056,160	41,429	
c SERVICE CONTRACT FEES	1,550,307	617,581	932,726	
d DUES AND SUBSCRIPTIONS	1,267,969	725,286	542,683	
e All other expenses	15,041,533	-52,790	15,094,323	
25 **Total functional expenses.** Add lines 1 through 24e	554,093,135	336,621,179	217,471,956	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) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		-11,299	1	8,955
	2	Savings and temporary cash investments		38,607,620	2	62,169,695
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		6,164,909	4	6,163,358
	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	10,550,894
	8	Inventories for sale or use		5,778,108	8	4,811,998
	9	Prepaid expenses and deferred charges		33,394,808	9	39,940,957
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 385,057,778			
	b	Less accumulated depreciation	10b 172,220,218	174,216,260	10c	212,837,560
	11	Investments—publicly traded securities		2,506,027,285	11	2,193,123,293
	12	Investments—other securities See Part IV, line 11		1,826,110,983	12	1,913,169,644
	13	Investments—program-related See Part IV, line 11		22,732,221	13	23,312,524
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		63,349,004	15	87,209,848
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		4,686,670,793	16	4,553,298,726
Liabilities	17	Accounts payable and accrued expenses		175,630,354	17	198,102,047
	18	Grants payable			18	
	19	Deferred revenue		274,745	19	181,350
	20	Tax-exempt bond liabilities		1,497,000,000	20	1,559,145,000
	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		1,135,276,172	25	973,203,276
	26	**Total liabilities.** Add lines 17 through 25		2,808,181,271	26	2,730,631,673
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		1,878,467,630	27	1,822,636,517
	28	Temporarily restricted net assets		21,892	28	30,536
	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		1,878,489,522	33	1,822,667,053
	34	Total liabilities and net assets/fund balances		4,686,670,793	34	4,553,298,726

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	702,794,774
2	Total expenses (must equal Part IX, column (A), line 25)	2	554,093,135
3	Revenue less expenses Subtract line 2 from line 1	3	148,701,639
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,878,489,522
5	Net unrealized gains (losses) on investments	5	-182,489,378
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	-22,034,732
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,822,667,053

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Additional Data

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

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

(Code) (Expenses $ 24,978,618 including grants of $ 1,673,961) (Revenue $ 226,800,542)

BJC IS COMMITTED TO IMPROVING THE HEALTH AND WELL-BEING OF THE PEOPLE AND COMMUNITIES IT SERVES THROUGH LEADERSHIP, EDUCATION, INNOVATION AND EXCELLENCE IN MEDICINE OTHER PROGRAMS AND SUPPORT SERVICES INCLUDE MATERIAL SERVICES, QUALITY MANAGEMENT, FINANCE, LEGAL, AND COMMUNICATIONS

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
BJC HEALTH SYSTEM

Employer identification number
43-1617558

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

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

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☑ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations **3**

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

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
See Additional Data Table						
Total3					277,885,400	

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2014 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2015.** 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—2014.** 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—2015.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15
16	Public support percentage from 2014 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17
18	Investment income percentage from **2014** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2015.** 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—2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1	Yes	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		No
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		No
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below*	4a		No
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		No
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6	Yes	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990)*	7		No
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990)*	8		No
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		No
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		No
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		No
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below*	10a		No
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		No
b	A family member of a person described in (a) above?	11b		No
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		No

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization*	2		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)*	1		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Yes	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2	Yes	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	3	Yes	

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☑ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

			Yes	No
2	Activities Test. **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations. **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI*	3a	Yes	
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard*	3b	Yes	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E ☐

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) _____			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) ☐

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2016.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI **Supplemental Information.**

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

Facts And Circumstances Test

Return Reference	Explanation
PART I, LINE 11	FOR THE CURRENT REPORTING PERIOD, BJC HAS REVISED THE TYPE OF SUPPORTING ORGANIZATION TO "TYPE III - FUNCTIONALLY INTEGRATED" TO MORE ACCURATELY REFLECT ITS ORGANIZATIONAL AND OPERATIONAL STRUCTURE AS DESCRIBED IN THE FINAL IRS REGULATIONS RELATED TO SUPPORTING ORGANIZATIONS
SECTION A, LINE 6	DURING 2015, BJC HEALTH SYSTEM (BJC) PROVIDED GRANTS OR ALLOCATIONS TO OTHER ORGANIZATIONS AND COMMUNITY GROUPS ON BEHALF OF ITS SUPPORTED ORGANIZATIONS THE PURPOSE OF THESE GRANTS WERE TO FURTHER THE CHARITABLE, SCIENTIFIC AND EDUCATIONAL PURPOSES OF THE SUPPORTED ORGANIZATIONS AND TO PROMOTE AND SUPPORT THE INTERESTS AND PURPOSES OF THOSE SUPPORTED ORGANIZATIONS SPECIFIED IN BJC'S ORGANIZING DOCUMENTS THESE GRANTS AND ALLOCATIONS WERE INSIGNIFICANT IN RELATION TO BJC HEALTH SYSTEM'S OVERALL ACTIVITIES
SECTION D, LINE 3	BJC MAINTAINS A CLOSE AND CONTINUOUS WORKING RELATIONSHIP WITH ITS SPECIFIED SUPPORTED ORGANIZATIONS AND APPOINTS THE MAJORITY OF OFFICERS AND DIRECTORS SERVING ON THE BOARDS OF THESE SUPPORTED ORGANIZATIONS BECAUSE AND AS A RESULT OF THIS CLOSE WORKING RELATIONSHIP, THE SPECIFIED SUPPORTED ORGANIZATIONS PROVIDE INPUT ON MONTHLY FINANCIAL OPERATIONS, ANNUAL BUDGET PROCESS INCLUDING ALLOCATIONS FOR CAPITAL PROJECTS, USE OF HEALTH INFORMATION SYSTEMS AND OTHER MATTERS CONCERNING SUBORDINATE HOSPITAL OPERATIONS
SECTION E, LINE 3A	AS SOLE MEMBER OF ITS SUPPORTED ORGANIZATIONS, BJC HEALTH SYSTEM HAS RESERVED POWERS TO APPOINT A MAJORITY OF THE OFFICERS AND DIRECTORS OF ITS SUPPORTED ORGANIZATIONS CERTAIN OF THOSE DIRECTORS IN TURN SERVE ON THE GOVERNING BOARD OF BJC HEALTH SYSTEM
SECTION E, LINE 3B	BJC HEALTH SYSTEM (BJC) EXERCISES A SUBSTANTIAL DEGREE OF DIRECTION OVER THE POLICIES, PROGRAMS AND ACTIVITIES OF EACH OF ITS SUPPORTED ORGANIZATIONS BJC REQUIRES THAT EACH SUPPORTED ORGANIZATION ADOPT ITS STANDARD CONFLICT OF INTEREST, WHISTLEBLOWER, DOCUMENT RETENTION, INVESTMENT AND OTHER POLICIES BJC APPROVES THE OPERATIONAL AND FISCAL BUDGET FOR EACH OF ITS SUPPORTED ORGANIZATIONS AND PROVIDES ADMINISTRATIVE OVERSIGHT FOR HOSPITAL PROGRAMS AND CAPITAL PROJECTS

Additional Data

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

Form 990, Sch A, Part I, Line 11g - Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	Amount of other support (see (vi) instructions)
			Yes	No		
(A) BARNES-JEWISH HOSPITAL	237309937		Yes		170,187,894	0
(A) MISSOURI BAPTIST MEDICAL CENTER	430652656		Yes		60,739,512	0
(B) ST LOUIS CHILDREN'S HOSPITAL	430654870		Yes		46,957,994	0

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

OMB No 1545-0047

2015

Open to Public Inspection

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

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

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

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

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

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

Name of the organization	Employer identification number
BJC HEALTH SYSTEM	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-
2				
3				
4				
5				
6				

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

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

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

	For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		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		793,174
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total Add lines 1c through 1i			793,174
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1	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

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
BJC HEALTH SYSTEM

Employer identification number
43-1617558

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

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

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

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

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

			Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table		
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

Part V Endowment Funds. Complete if the organization answered "Yes" 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 on lines 2a, 2b, and 2c should equal 100%

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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' 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)	Accumulated (c)depreciation	(d)Book value
1a Land		11,485,859		11,485,859
b Buildings		53,993,830	46,328,290	7,665,540
c Leasehold improvements		17,260,486	13,089,025	4,171,461
d Equipment		148,105,098	105,549,201	42,555,897
e Other		154,212,505	7,253,702	146,958,803
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				212,837,560

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) PRIVATE EQUITY FUNDS	541,204,386	F
(B) HEDGE FUNDS	783,014,771	F
(C) REAL ESTATE FUNDS	278,905,202	F
(D) OTHER	310,045,285	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	1,913,169,644	

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

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

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
Federal income taxes	
INTEREST RATE SWAPS	108,809,616
PENSION LIABILITY	570,629,484
OTHER CURRENT LIAB	2,010,477
OTHER LONG TERM LIABILITIES	24,270,465
SELF FUNDED MALPR	153,566,319
INTEREST PAYABLE	16,726,928
DEFERRED COMPENSATION PAYABLE	29,494,662
RELATED PARTY LIABILITY	67,695,325
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	973,203,276

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
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

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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	108,809,616
PENSION LIABILITY	570,629,484
OTHER CURRENT LIAB	2,010,477
OTHER LONG TERM LIABILITIES	24,270,465
SELF FUNDED MALPR	153,566,319
INTEREST PAYABLE	16,726,928
DEFERRED COMPENSATION PAYABLE	29,494,662
RELATED PARTY LIABILITY	67,695,325

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2015

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			1,346,241,484
b Total from continuation sheets to Part I	0	0			1,240
c **Totals** (add lines 3a and 3b)	1	1			1,346,242,724

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, do not file with Form 990)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*	☑ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*	☑ Yes	☐ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*	☑ Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)*	☐ Yes	☑ No

Additional Data

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

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	0	0	INVESTMENTS		12,110,464
CENTRAL AMERICA/CARIBBEAN	0	0	INVESTMENTS		1,182,957,962
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	126,436

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		137,730,617
EUROPE	0	0	PROGRAM SERVICES	PROGRAM SERVICES EXPENSES INCLUDING CLINICAL EXCELLENCE, HEALTHCARE EQUIPMENT AND SUPPLY PURCHASES	30,696
NORTH AMERICA	0	0	PROGRAM SERVICES	PROGRAM SERVICES EXPENSES INCLUDING HEALTHCARE CLINICAL EQUIPMENT AND SUPPLY PURCHASES	561,456

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	0	0	INVESTMENT EXPENDITURES		12,714,877
EUROPE	0	0	INVESTMENT EXPENDITURES		8,976
NORTH AMERICA	0	0	INVESTMENT EXPENDITURES		1,240

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
BJC HEALTH SYSTEM

Employer identification number
43-1617558

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of 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 . . . . . ▶ 28

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 2

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of 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 2015, BJC HEALTH SYSTEM AND AFFILIATES MADE GRANTS TO OTHER SECTION 501(C)(3) PUBLIC CHARITIES OR OTHER ORGANIZATIONS IN SUPPORT OF THE COMMUNITIES WE SERVE AND TO BE USED IN FULFILLING THE EXEMPT PURPOSE OF THE GRANTEE ORGANIZATION WHILE IMMEDIATE OVERSIGHT OF THE CHARITY IS NOT CONSIDERED NECESSARY, GRANT MATERIALS PROVIDE STRICT GUIDELINES FOR USE OF ALL GRANTS OR AWARDS AS WELL AS RECOVERY OF GRANT MONIES NOT USED FOR STATED PURPOSES

Additional Data

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

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CORTEX 4320 FOREST PARK AVENUE SAINT LOUIS,MO 63108	30-0082817	501(C)(3)	468,984				SUPPORT COMMUNITY DETERIORATION AND FOSTER URBAN GROWTH WITHIN STL
WASHINGTON UNIVERSITY 1 BROOKINGS DR SAINT LOUIS,MO 63130	43-0653611	501(C)(3)	382,751				SUPPORTING SPOT A POSITIVE OPPORTUNITIES TEENS
BOYS & GIRLS CLUBS OF GREATER ST LOUIS 2901 N GRAND BLVD SAINT LOUIS,MO 631072608	43-6061693	501(C)(3)	262,500				SUPPORT CHILDREN AND FAMILIES WITH VARIOUS LEVELS OF ADVERSITY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF GREATER ST LOUIS 910 N 11TH ST SAINT LOUIS,MO 631011018	43-0714167	501(C)(3)	100,000				SUPPORT UNITED WAY COMMUNITY PROGRAMS
BIOSTL 7515 FORSYTH BLVD SAINT LOUIS,MO 63105	45-2137574	501(C)(3)	48,000				SUPPORT OF ADVANCED RESEARCH IN BIOMEDICAL SCIENCES
JEWISH FAMILY & CHILDRENS SERVICE 10950 SCHUETZ ROAD SAINT LOUIS,MO 63146	43-0790330	501(C)(3)	34,000				SUPPORT THE WELL BEING OF THE JEWISH PEOPLE AND HUMAN RIGHTS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MISSOURI COUNCIL FOR A BETTER ECONOMY 4579 LACLEDE AVENUE 361 SAINT LOUIS,MO 63108	80-0351285	501(C)(3)	30,000				SUPPORT BETTER ECONOMY AND EFFORTS TO BOLSTER ECONOMIC GROWTH
AMERICAN NATIONAL RED CROSS 2025 E STREET NW WASHINTON,DC 20006	53-0196605	501(C)(3)	25,000				SUPPORT FOR DISASTER PREPAREDNESS
URBAN LEAGUE METROPOLITAN STL 3701 GRANDEL SQ SAINT LOUIS,MO 631083627	43-0653605	501(C)(3)	23,251				SUPPORT COMMUNITY HEALTH

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MATHEWS DICKEY BOYS AND GIRLS CLUB 4245 N KINGSHIGHWAY BLVD SAINT LOUIS,MO 63115	43-6060717	501(C)(3)	15,925				SUPPORT CHILDREN AND FAMILIES WITH VARIOUS LEVELS OF ADVERSITY
NATIONAL MULTIPLE SCLEROSIS SOCIETY 1867 LACKLAND HILL PKWY SAINT LOUIS,MO 63146	43-0718808	501(C)(3)	15,000				SUPPORT FOR RESEARCH FOR MULTIPLE SCLEROSIS
LEUKEMIA & LYMPHOMA SOCIETY 1972 INNERBELT BUSINESS CENTER DR SAINT LOUIS,MO 63114	13-5644916	501(C)(3)	15,000				SUPPORT PEOPLE AFFECTED BY LEUKEMIA AND LYMPHOMA

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAIR ST LOUIS FOUNDATION 301 PROSPECT AVE SAINT LOUIS,MO 631101215	43-1218720	501(C)(3)	15,000				SUPPORT FOR THE COMMUNITY PROGRAMS
ST LOUIS CHILDRENS HOSPITAL FOUNDATION 1001 HIGHLANDS PLAZA DR WEST SAINT LOUIS,MO 631101337	43-1626863	501(C)(3)	12,500				SUPPORT FOR HEALTHCARE NEEDS FOR ST LOUIS CHILDREN'S HOSPITAL
BOONE HOSPITAL FOUNDATION 1600 E BROADWAY COLUMBIA,MO 652015844	03-0477306	501(C)(3)	10,800				SUPPORT COMMUNITY PROGRAMS WITHIN BOONE COUNTY

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SAINT LOUIS MINORITY BUS COUNCIL 308 N 21ST ST 7TH FLOOR SAINT LOUIS,MO 63103	43-1243120	501(C)(3)	10,000				SUPPORT FOR THE COMMUNITY PROGRAMS
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
REINVEST STL PO BOX 775252 SAINT LOUIS,MO 63117	47-3779926		10,000				SUPPORT GENERAL OPERATIONS OF REINVEST STL

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE BLACK REP 6662 OLIVE BLVD UNIVERSITY CITY,MO 63130	43-1220180	501(C)(3)	10,000				SUPPORT THE BLACK REP'S EDUCATION AND COMMUNITY PROGRAMMING
JENNINGS SCHOOL DISTRICT 2559 DORWOOD DRIVE JENNINGS,MO 63136	43-6001840	170(C)(1)	9,000				SUPPORT WITH A DONATION FOR ITEMS NEEDED FOR HOPE HOUSE
YWCA METRO ST LOUIS 3820 WEST PINE SAINT LOUIS,MO 631080000	43-0653618	501(C)(3)	8,500				SUPPORT FOR YWCA LEADER LUNCH

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FOUNDATION FOR BARNES JEWISH HOSPITAL 1001 HIGHLANDS PLAZA DRIVE WEST SUITE 140 SAINT LOUIS,MO 63110	43-1648435	501(C)(3)	7,500				SUPPORT MEDICAL EDUCATION, RESEARCH, & PATIENT CARE NEEDS IN THE COMMUNITIES
CHRISTIAN HOSPITAL FOUNDATION 11133 DUNN ROAD SUITE 300N SAINT LOUIS,MO 63136	43-1947644	501(C)(3)	7,500				SUPPORT MEDICAL EDUCATION, RESEARCH, & PATIENT CARE NEEDS IN THE COMMUNITIES
WASHINGTON UNIVERSITY SCHOOL OF MEDICINE 660 S EUCLID AVE CAMPUS BOX 8123 SAINT LOUIS,MO 63110	43-1519670	501(C)(3)	7,500				SUPPORT MEDICAL EDUCATION, RESEARCH, & PATIENT CARE NEEDS IN THE COMMUNITIES

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BARNES-JEWISH ST PETERS & PROGRESS WEST FOUNDATION 10 HOSPITAL DRIVE SAINT PETERS,MO 63376	45-4471497	501(C)(3)	7,500				SUPPORT FOR HEALTHCARE NEEDS FOR BJSP & PWHC HOSPITALS
MENTAL HEALTH ASSOC OF ST LOUIS 1905 S GRAND BLVD SAINT LOUIS,MO 63104	43-0685341	501(C)(3)	6,000				SUPPORT THE HEALTHCARE NEEDS OF THE MENTAL HEALTH COMMUNITY OF ST LOUIS
VARIETY THE CHILDRENS CHARITY 2200 WESTPORT PLAZA DR SAINT LOUIS,MO 631463211	43-6078016	501(C)(3)	6,000				SUPPORT CHILDREN AND FAMILIES WITH VARIOUS LEVELS OF ADVERSITY

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CITIZENS FOR MODERN TRANSIT 911 WASHINGTON AVE STE 200 SAINT LOUIS,MO 631011208	43-1412738	501(C)(3)	6,000				SUPPORT CMT TRANSIT FINANCING STUDY
ARTHRITIS FOUNDATION 9433 OLIVE BLVD SUITE 100 SAINT LOUIS,MO 631323132	43-0722930	501(C)(3)	6,000				SUPPORT FOR RESEARCH FOR ARTHRITIS
THE MILDRED THIMES FOUNDATION 4601 NEWBERRY TERRACE SAINT LOUIS,MO 63113	46-1460090	501(C)(3)	6,000				SUPPORT THE MILDRED THIMES FOUNDATION FOR PANCREATIC CANCER

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

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 on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☑ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☑ Tax idemnification and gross-up payments	☑ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
		Base (i) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
BJC HEALTH SYS GROUP 1 RETURN SEE SCHEDULE 0	(i)	8,401,813	5,280,260	424,701	718,862	1,047,187	15,872,823	710,670
	(ii)	0	0	0	0	0	0	0
BJC HEALTH SYS GROUP 2 RETURN SEE SCHEDULE 0	(i)	745,620	480,334	23,026	47,137	128,852	1,424,969	56,032
	(ii)	0	0	0	0	0	0	0
BJC HEALTH SYS GROUP 3 RETURN SEE SCHEDULE 0	(i)	3,973,066	315,814	14,865	111,954	127,134	4,542,833	0
	(ii)	0	0	0	0	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 2015 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

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Schedule K (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2015

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		84,490,000	3,830,000	
2	Amount of bonds legally defeased				
3	Total proceeds of issue	271,000,000	165,270,543	369,074,888	200,000,000
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds		1,113,773		
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds		1,599,273	711,712	
8	Credit enhancement from proceeds		55,000		
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	50,000,000	63,471,011	124,788,176	200,000,000
11	Other spent proceeds	221,000,000	99,031,486	243,575,000	
12	Other unspent proceeds				
13	Year of substantial completion	2013	2007	2008	2011

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X			X	X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X				X		X
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 ▶		3 290 %		0 %		0 250 %		0 520 %
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 ▶								
6	Total of lines 4 and 5		3 290 %		0 %		0 250 %		0 520 %
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, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		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 "Yes" to 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			
c	Term of hedge					2340 0000000000 %			
d	Was the hedge superintegrated?						X		
e	Was the hedge terminated?						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
DATE REBATE COMPUTATION PERFORMED	ISSUER NAME HEALTH & EDUC FACILITIES AUTHORITY, STATE OF MISSOURI DATE THE REBATE COMPUTATION WAS PERFORMED 05/15/2010

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 SERIES 2003 BONDS (ISSUED ON 7/24/03) AND TO FINANCE, IN PART, CAPITAL EXPENDITURES AT VARIOUS AFFILIATE HOSPITALS SERIES 2005A BONDS WERE ISSUED TO REFUND SERIES 1993 A & B BONDS ISSUED ON (11/18/93) SERIES 2005B BONDS WERE ISSUED 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 SERIES 2008 BONDS WERE ISSUED IN PART TO REFUND SERIES 2006 BONDS (ISSUED ON 4/4/06) AND TO FINANCE, IN PART, CAPITAL EXPENDITURES AT VARIOUS AFFILIATE HOSPITALS SERIES 2011A BONDS WERE ISSUED TO FUND CAPITAL EXPENDITURES AT VARIOUS AFFILITATE HOSPITALS SERIES 2011B BONDS WERE ISSUED TO FUND CAPITAL EXPENDITURES AT VARIOUS AFFILIATE HOSPITALS SERIES 2013A BONDS WERE ISSUED TO FUND CAPITAL EXPENDITURES AT VARIOUS AFFILIATE HOSPITALS SERIES 2013B BONDS WERE ISSUED TO FUND CAPITAL EXPENDITURES AT VARIOUS AFFILIATE HOSPITALS SERIES 2013C BONDS WERE ISSUED TO FUND CAPITAL EXPENDITURES AT VARIOUS AFFILIATE HOSPITALS SERIES 2014 BONDS WERE ISSUED TO FUND CAPITAL EXPENDITURES AT VARIOUS AFFILIATED HOSPITALS SERIES 2015 BONDS WERE ISSUED TO FUND CAPITAL EXPENDITURES AT VARIOUS AFFILIATED HOSPITALS

Return Reference	Explanation
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

Return Reference	Explanation
SCHEDULE K, PART II, LINE 4	THE RESERVE FUND WITH TRANSFERRED PROCEEDS ALLOCABLE TO THE 2005 BONDS HAS BEEN SPENT THE AMOUNT WAS USED TO PAY OFF THE REMAINING OUTSTANDING 1993A BONDS ON MAY 15, 2014

Return Reference	Explanation
SCHEDULE K, PART II, LINE 11	SERIES 2013C RESIDUAL EARNINGS USED TO PAY INTEREST

Return Reference	Explanation
SCHEDULE K, PART II, LINE 12	LINE 12 INCLUDES $106,209,392 OF BOND PROCEEDS REMAINING IN THE PROJECT FUND AND $570,680 WHICH REPRESENTS A LOSS ON THE INVESTMENTS OF BOND PROCEEDS AS OF THE FISCAL YEAR END

Return Reference	Explanation
SCHEDULE K, PART III, LINES 3B AND 3D	INTERNAL LEGAL COUNSEL IS FAMILIAR WITH TAX LAWS AND ROUTINELY REVIEWS THESE AGREEMENTS

Return Reference	Explanation
SCHEDULE K, PART III, LINE 4	THE MAXIMUM AMOUNT OF PRIVATE BUSINESS USE RELATED TO THE BOND ISSUE IS LISTED

Return Reference	Explanation
SCHEDULE K, PART III, PAGE2, COLUMN D AND PAGE 3 COLUMN A	RESPONSES APPLY TO THOSE PROJECTS THAT HAVE BEEN COMPLETED FOR SERIES 2014 AND SERIES 2015

Return Reference	Explanation
SCHEDULE K, PART IV, LINE 2	SERIES 2005 BONDS - FORM 8038-T WAS FILED AND IS "NO REBATE DUE " AS OF THE SECOND INSTALLMENT CALCULATION DATE NO REBATE DUE, DATE OF COMPUTATION IS MAY 15, 2014 SERIES 2008 BONDS IS "NO REBATE DUE " REBATE CALCULATION WAS PERFORMED ON MAY 15,2010 SERIES 2014 BOND IS "NO REBATE DUE " REBATE CALCULATION WAS PERFORMED ON MARCH 15, 2016 SERIES 2015 BOND IS "REBATE NOT DUE YET" AS THE ISSUANCE HAS UNSPENT PROCEEDS AND IS WITHIN THE 5 YEAR ARBITRAGE REBATE DUE DATE

Return Reference	Explanation
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

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Schedule K (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2015

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	60637AEG3	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
D	HEALTH & EDUC FACILITIES AUTHORITY STATE OF MISSOURI	43-1178966	60637AFE7	03-13-2014	209,195,546	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	100,949,143	101,059,509	213,573,719
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	100,949,143	101,059,490	213,573,719
11	Other spent proceeds			19	
12	Other unspent proceeds				
13	Year of substantial completion	2013	2016	2016	2016

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

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

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		X
b	Exception to rebate?	X		X		X			X
c	No rebate due?		X		X		X	X	
	If "Yes" to 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								
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		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).

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Schedule K (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2015

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	60637AHZ8	04-30-2015	150,000,000	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	150,000,000			
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	43,219,928			
11	Other spent proceeds				
12	Other unspent proceeds	106,780,072			
13	Year of substantial completion				

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?		X						
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	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						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		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						
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?								
c	Are there any research agreements that may result in private business use of bond-financed property?		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 %						
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 ▶								
6	Total of lines 4 and 5		0 %						
7	Does the bond issue meet the private security or payment test?		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						
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							

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X							
b	Exception to rebate?		X						
c	No rebate due?		X						
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X						
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		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						
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						
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	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							

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

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

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	THE ORGANIZATION PREPARES DRAFT COPIES OF FORM 990 AND ATTACHMENTS FOR REVIEW BY MEMBERS OF MANAGEMENT THESE DRAFT COPIES HAVE BEEN REVIEWED BY A INDEPENDENT ACCOUNTING FIRM AFTER RESOLVING ANY OPEN ITEMS, THE FINAL DRAFT RETURNS ARE MADE AVAILABLE TO THE BOARD AND TO TWO BOARD COMMITTEES FOR THEIR REVIEW QUESTIONS AND COMMENTS THAT ARISE FROM THE COMMITTEES OR INDIVIDUAL BOARD MEMBER REVIEWS ARE ADDRESSED IN ADVANCE OF SUBMISSION TO THE APPROPRIATE TAXING AUTHORITIES
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS COMPLIANCE WITH THE POLICY BY ISSUING ANNUALLY A CONFLICT OF INTEREST QUESTIONNAIRE REMINDING COVERED INDIVIDUALS OF THEIR OBLI GATIONS TO DISCLOSE POTENTIAL CONFLICTS AND REQUESTING THAT THEY COMPLETE A CONFLICTS OF I NTEREST QUESTIONNAIRE THE QUESTIONNAIRE REQUIRES THE DISCLOSURE OF CONFLICTS AND AN ATTES TATION TO THEIR CONTINUING OBLIGATION TO DISCLOSE SAID CONFLICTS SHOULD THE NEED ARISE TH E RESULTS OF THE CONFLICT OF INTEREST QUESTIONNAIRE ARE REVIEWED BY A CENTRALIZED COMPLIAN CE DEPARTMENT AND APPROPRIATE ACTION TAKEN AS NECESSARY SHOULD THE ORGANIZATION BECOME AW ARE OF A CONFLICT NOT PREVIOUSLY REPORTED, ITS GENERAL COUNSEL WOULD INVESTIGATE THE ISSUE AND RESPOND IN ACCORDANCE WITH THE POLICY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION AND BENEFIT AMOUNTS OF THE ORGANIZATION'S OFFICERS AND TOP MANAGEMENT OFFICIALS ARE DETERMINED BY AN INDEPENDENT COMMITTEE OF THE BOARD OF DIRECTORS OF BJC HEALTH SYSTEM THIS COMMITTEE IS COMPRISED OF INDEPENDENT PERSONS AND USES COMPENSATION CONSULTING STUDIES AND BENCHMARKING DATA PROVIDED BY AN INDEPENDENT MANAGEMENT CONSULTANT TO ESTABLISH COMPENSATION AMOUNTS AND GUIDELINES THE PROCESS INCLUDES A VALIDATION OF JOB DESCRIPTIONS AS WELL AS REPORTING ALL FORMS OF COMPENSATION THE CONSULTANT USES SURVEY DATA TO DETERMINE MARKET RATES OF BASE SALARY AND OTHER SHORT AND LONG TERM INCENTIVES FOR THE BJC HEALTH SYSTEM CEO AND OTHER SENIOR EXECUTIVES THE COMMITTEE REVIEWS, APPROVES, AND SUBSEQUENTLY RECONCILES EXECUTIVE COMPENSATION AS WELL AS DELIBERATES ON THE REASONABLENESS OF THE DATA THIS REVIEW IS DOCUMENTED IN THE MINUTES OF THE BOARD COMMITTEE MEETINGS
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND CONFLICT OF INTER EST POLICY AVAILABLE FOR INSPECTION BY THE GENERAL PUBLIC UPON REQUEST AT THE ADMINISTRATI VE OFFICES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII	PURSUANT TO TREASURY REG SECTION 1 6033-2(D)(5), BJC HEALTH SYSTEM HAS ELECTED TO REPORT INFORMATION ABOUT 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	TRANSFERS TO/FROM BJC ENTITIES -64,672,886 INCREASE PENSION LIAB PER ACTUARIAL REPORTS 42,314,874 INTEREST RATE SWAP GAIN/LOSS 8,645 ASSET RELEASED FROM RESTRICTIONS 314,635

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
BJC HEALTH SYSTEM

Employer identification number
43-1617558

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

(a) Name, address, and EIN (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	149,065,544	18,456,768	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		727,189	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	(g) 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) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) THE HEART CARE INSTITUTE LLC 1020 NORTH MASON ROAD ST LOUIS, MO 63141 43-1870517	MEDICAL SERVICES	MO	N/A									
GAMMA KNIFE CENTER AT BARNES **(2)** JEWISH HOSP LLC 216 SOUTH KINGSHIGHWAY ST LOUIS, MO 63110 43-1846941	OUTPATIENT CARE SERVICES	MO	N/A									
(3) SURGERY CENTER OF FARMINGTON LLC 400 PARKLAND DRIVE FARMINGTON, MO 63640 43-1811835	MEDICAL SERVICES	MO	N/A									
(4) 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	(i) No
(1) ATG ASSURANCE COMPANY LTD PO BOX 1109 GRAND CAYMAN CAYMAN ISLANDS CJ 98-0599167	INSURANCE	CJ	BJC HEALTH SYSTEM	C	15,227	10,829,074	100 000 %	Yes	
(2)PF SERVICES INC 11155 DUNN ROAD ST LOUIS, MO 63136 43-1237767	MANAGEMENT SERVICES	MO	N/A	C				Yes	
(3) MB MEDICAL SERVICES INC 3015 N BALLAS ROAD ST LOUIS, MO 63131 43-1437404	HEALTHCARE SERVICES	MO	N/A	C				Yes	
ST PETERS MED OFFICE **(4)**BLDG A CONDO ASSN INC 1040 N MASON SUITE 109 ST LOUIS, MO 63141 43-1472188	CONDOMINIUM ASSOCIATION	MO	N/A	T				Yes	
(5)DMP MIDWEST INC ONE METROPOLITAN SQ 2600 ST LOUIS, MO 63102 27-1943910	INACTIVE	MO	N/A	C				Yes	
(6)WLA INVESTMENT LTD PO BOX 178 OKOTOKS, ALBERTA CA	INVESTMENT HOLDINGS	CA	BMCA PRIVATE EQUITY LLC	C	-9,857,993	6,400,547	100 000 %	Yes	

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

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

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

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

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

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 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	149,065,544	18,456,768	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		727,189	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
ALTON MEMORIAL HEALTH SERVICES FOUNDATION 1109 N OXFORDSHIRE LANE EDWARDSVILLE, IL 62025 37-1177053	SUPPORT TO AMH	IL	501(C)(3)	11A	ALTON MEMORIAL HOSPITAL	Yes	
FOUNDATION FOR BARNES-JEWISH HOSPITAL 1001 HIGHLANDS PLAZA DR WEST SUITE ST LOUIS, MO 63110 43-1648435	SUPPORT TO BJH	MO	501(C)(3)	7	BARNES-JEWISH HOSPITAL	Yes	
BARNES JEWISH HOSP AUXILIARY PARKVIEW CHAPTER 216 SO KINGSHIGHWAY CAB 140 ST LOUIS, MO 63110 23-7000410	SUPPORT TO BJH	MO	501(C)(3)	11C	BARNES-JEWISH HOSPITAL	Yes	
BARNES-JEWISH ST PETERS HOSPITAL AUXILIARY 10 HOSPITAL DRIVE ST PETERS, MO 63376 43-1232811	SUPPORT TO BJSP HOSPITAL	MO	501(C)(3)	3	BARNES-JEWISH ST PETERS HOSPITAL	Yes	
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	
CHRISTIAN HOSPITAL FOUNDATION 11155 DUNN ROAD SUITE 300 N ST LOUIS, MO 63136 43-1947644	SUPPORT TO CHNE	MO	501(C)(3)	11A	CHRISTIAN HOSPITAL NORTHEAST-NORTHWEST	Yes	
FAIRVIEW HEIGHTS MEDICAL GROUP SC 670 MASON RIDGE CENTER DR SUITE 300 ST LOUIS, MO 63141 36-4147189	HEALTHCARE SERVICES	IL	501(C)(3)	3	BJC HEALTH SYSTEM	Yes	
MISSOURI BAPTIST HEALTHCARE FOUNDATION 3015 N BALLAS ROAD ST LOUIS, MO 63131 43-1472026	SUPPORT TO MBMC	MO	501(C)(3)	7	MISSOURI BAPTIST MEDICAL CENTER	Yes	
PARKLAND HEALTH CENTER FOUNDATION 1101 WEST LIBERTY ST FARMINGTON, MO 63640 90-0424964	SUPPORT TO PHC	MO	501(C)(3)	7	PARKLAND HEALTH CENTER	Yes	
ST LOUIS CHILDREN'S HOSPITAL FOUNDATION ONE CHILDRENS PLACE ST LOUIS, MO 63110 43-1626863	SUPPORT TO SLCH	MO	501(C)(3)	7	ST LOUIS CHILDREN'S HOSPITAL	Yes	
MISSOURI BAPTIST HOSPITAL OF SULLIVAN AUXILIARY 751 SAPPINGTON BRIDGE SULLIVAN, MO 63080 43-1349641	SUPPORT TO MBHS	MO	501(C)(3)	3	MISSOURI BAPTIST HOSPITAL OF SULLIVAN	Yes	

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	ALTON MEMORIAL HOSPITAL	J	82,197	
(1)	ALTON MEMORIAL HOSPITAL	N	539,697	
(2)	ALTON MEMORIAL HOSPITAL	K	804,016	
(3)	ALTON MEMORIAL HOSPITAL	A	843,853	
(4)	ALTON MEMORIAL HOSPITAL	L	2,033,659	
(5)	ALTON MEMORIAL HOSPITAL	M	3,081,167	
(6)	ALTON MEMORIAL HOSPITAL	O	24,397,737	
(7)	ALTON MEMORIAL HOSPITAL	I	36,639,342	
(8)	ALTON MEMORIAL HOSPITAL	S	37,720,332	
(9)	ALTON MEMORIAL HOSPITAL	R	166,164,103	
(10)	ALTON MEMORIAL HOSPITAL	Q	212,792,485	
(11)	ALTON MEMORIAL HOSPITAL	P	339,600,349	
(12)	BARNES-JEWISH HOSPITAL	C	2,595,228	
(13)	BARNES-JEWISH HOSPITAL	J	3,794,371	
(14)	BARNES-JEWISH HOSPITAL	I	4,086,248	
(15)	BARNES-JEWISH HOSPITAL	K	5,712,070	
(16)	BARNES-JEWISH HOSPITAL	N	6,752,692	
(17)	BARNES-JEWISH HOSPITAL	B	8,849,861	
(18)	BARNES-JEWISH HOSPITAL	A	21,224,783	
(19)	BARNES-JEWISH HOSPITAL	L	42,347,247	
(20)	BARNES-JEWISH HOSPITAL	M	45,939,398	
(21)	BARNES-JEWISH HOSPITAL	S	275,987,171	
(22)	BARNES-JEWISH HOSPITAL	O	303,106,512	
(23)	BARNES-JEWISH HOSPITAL	R	2,165,901,739	
(24)	BARNES-JEWISH HOSPITAL	Q	3,312,752,421	

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	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(26)	BARNES-JEWISH HOSPITAL	P	5,120,701,219	
(1)	BJ ST PETERS AND PROGRESS WEST FOUNDATION	R	202,826	
(2)	BJ ST PETERS AND PROGRESS WEST FOUNDATION	Q	375,293	
(3)	BJ ST PETERS AND PROGRESS WEST FOUNDATION	P	527,797	
(4)	BJ ST PETERS HOSPITAL	J	50,704	
(5)	BJ ST PETERS HOSPITAL	K	491,489	
(6)	BJ ST PETERS HOSPITAL	H	729,467	
(7)	BJ ST PETERS HOSPITAL	M	1,275,967	
(8)	BJ ST PETERS HOSPITAL	A	1,441,035	
(9)	BJ ST PETERS HOSPITAL	L	1,992,265	
(10)	BJ ST PETERS HOSPITAL	N	2,655,541	
(11)	BJ ST PETERS HOSPITAL	S	11,506,182	
(12)	BJ ST PETERS HOSPITAL	O	19,229,817	
(13)	BJ ST PETERS HOSPITAL	R	123,990,223	
(14)	BJ ST PETERS HOSPITAL	Q	163,624,238	
(15)	BJ ST PETERS HOSPITAL	P	268,413,686	
(16)	BJ WEST COUNTY HOSPITAL	I	356,547	
(17)	BJ WEST COUNTY HOSPITAL	M	468,069	
(18)	BJ WEST COUNTY HOSPITAL	A	1,461,554	
(19)	BJ WEST COUNTY HOSPITAL	L	4,127,861	
(20)	BJ WEST COUNTY HOSPITAL	J	6,822,653	
(21)	BJ WEST COUNTY HOSPITAL	K	7,052,426	
(22)	BJ WEST COUNTY HOSPITAL	N	9,147,788	
(23)	BJ WEST COUNTY HOSPITAL	O	16,220,715	
(24)	BJ WEST COUNTY HOSPITAL	S	18,264,498	

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	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(51)	BJ WEST COUNTY HOSPITAL	R	118,855,310	
(1)	BJ WEST COUNTY HOSPITAL	Q	155,221,284	
(2)	BJ WEST COUNTY HOSPITAL	P	246,343,132	
(3)	BJC BEHAVIORAL HEALTH	K	50,570	
(4)	BJC BEHAVIORAL HEALTH	L	150,349	
(5)	BJC BEHAVIORAL HEALTH	M	246,208	
(6)	BJC BEHAVIORAL HEALTH	J	529,323	
(7)	BJC BEHAVIORAL HEALTH	S	4,604,548	
(8)	BJC BEHAVIORAL HEALTH	O	13,439,734	
(9)	BJC BEHAVIORAL HEALTH	R	62,126,383	
(10)	BJC BEHAVIORAL HEALTH	Q	76,513,404	
(11)	BJC BEHAVIORAL HEALTH	P	130,781,253	
(12)	BJC CORPORATE HEALTH SERVICES	L	585,561	
(13)	BJC CORPORATE HEALTH SERVICES	S	724,533	
(14)	BJC CORPORATE HEALTH SERVICES	M	922,577	
(15)	BJC CORPORATE HEALTH SERVICES	O	4,401,942	
(16)	BJC CORPORATE HEALTH SERVICES	R	9,777,838	
(17)	BJC CORPORATE HEALTH SERVICES	Q	18,555,067	
(18)	BJC CORPORATE HEALTH SERVICES	P	27,730,816	
(19)	BJC HOME CARE SERVICES	C	100,328	
(20)	BJC HOME CARE SERVICES	L	179,261	
(21)	BJC HOME CARE SERVICES	M	254,531	
(22)	BJC HOME CARE SERVICES	J	337,450	
(23)	BJC HOME CARE SERVICES	B	487,622	
(24)	BJC HOME CARE SERVICES	S	5,643,146	

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	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(76)	BJC HOME CARE SERVICES	O	20,094,892	
(1)	BJC HOME CARE SERVICES	R	77,055,876	
(2)	BJC HOME CARE SERVICES	Q	104,314,378	
(3)	BJC HOME CARE SERVICES	P	169,559,937	
(4)	BOONE HOSPITAL CENTER	K	409,836	
(5)	BOONE HOSPITAL CENTER	M	575,925	
(6)	BOONE HOSPITAL CENTER	J	3,634,122	
(7)	BOONE HOSPITAL CENTER	N	3,954,600	
(8)	BOONE HOSPITAL CENTER	L	18,129,833	
(9)	BOONE HOSPITAL CENTER	O	51,200,625	
(10)	BOONE HOSPITAL CENTER	S	208,886,234	
(11)	BOONE HOSPITAL CENTER	Q	388,077,009	
(12)	BOONE HOSPITAL CENTER	R	501,018,804	
(13)	BOONE HOSPITAL CENTER	P	646,277,823	
(14)	BOONE HOSPITAL HOME HEATH CARE	L	57,840	
(15)	BOONE HOSPITAL HOME HEATH CARE	S	92,223	
(16)	BOONE HOSPITAL HOME HEATH CARE	O	1,009,131	
(17)	BOONE HOSPITAL HOME HEATH CARE	R	2,267,069	
(18)	BOONE HOSPITAL HOME HEATH CARE	Q	3,417,880	
(19)	BOONE HOSPITAL HOME HEATH CARE	P	5,348,358	
(20)	CH ALLIED SERVICES	L	280,042	
(21)	CH ALLIED SERVICES	N	1,280,000	
(22)	CH ALLIED SERVICES	K	3,490,626	
(23)	CH ALLIED SERVICES	M	17,189,822	
(24)	CH ALLIED SERVICES	Q	58,266,120	

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(101)	CH ALLIED SERVICES	P	78,670,128	
(1)	CHRISTIAN HEALTHCARE DEVELOPMENT CORP	A	95,981	
(2)	CHRISTIAN HEALTHCARE DEVELOPMENT CORP	O	193,533	
(3)	CHRISTIAN HEALTHCARE DEVELOPMENT CORP	S	983,273	
(4)	CHRISTIAN HEALTHCARE DEVELOPMENT CORP	I	2,105,043	
(5)	CHRISTIAN HEALTHCARE DEVELOPMENT CORP	H	2,112,758	
(6)	CHRISTIAN HEALTHCARE DEVELOPMENT CORP	R	2,428,171	
(7)	CHRISTIAN HEALTHCARE DEVELOPMENT CORP	P	5,586,337	
(8)	CHRISTIAN HEALTHCARE DEVELOPMENT CORP	Q	6,492,974	
(9)	CHRISTIAN HOSPITAL	J	115,586	
(10)	CHRISTIAN HOSPITAL	B	536,110	
(11)	CHRISTIAN HOSPITAL	K	1,120,157	
(12)	CHRISTIAN HOSPITAL	C	1,530,263	
(13)	CHRISTIAN HOSPITAL	A	1,673,616	
(14)	CHRISTIAN HOSPITAL	N	5,510,885	
(15)	CHRISTIAN HOSPITAL	M	5,949,285	
(16)	CHRISTIAN HOSPITAL	L	21,075,592	
(17)	CHRISTIAN HOSPITAL	S	51,730,830	
(18)	CHRISTIAN HOSPITAL	O	56,840,141	
(19)	CHRISTIAN HOSPITAL	R	318,822,867	
(20)	CHRISTIAN HOSPITAL	Q	427,589,568	
(21)	CHRISTIAN HOSPITAL	P	667,280,256	
(22)	CHRISTIAN HOSPITAL FOUNDATION	O	99,754	
(23)	CHRISTIAN HOSPITAL FOUNDATION	B	872,083	
(24)	CHRISTIAN HOSPITAL FOUNDATION	S	952,536	

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	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(126)	CHRISTIAN HOSPITAL FOUNDATION	R	2,099,057	
(1)	CHRISTIAN HOSPITAL FOUNDATION	Q	2,586,602	
(2)	CHRISTIAN HOSPITAL FOUNDATION	P	2,855,668	
(3)	COMMUNITY HEALTH CONNECTION	O	219,142	
(4)	COMMUNITY HEALTH CONNECTION	P	480,667	
(5)	COMMUNITY HEALTH CONNECTION	Q	507,692	
(6)	FAIRVIEW HEIGHTS MEDICAL GROUP SC	K	54,076	
(7)	FAIRVIEW HEIGHTS MEDICAL GROUP SC	J	1,017,468	
(8)	FAIRVIEW HEIGHTS MEDICAL GROUP SC	S	3,103,507	
(9)	FAIRVIEW HEIGHTS MEDICAL GROUP SC	M	3,247,989	
(10)	FAIRVIEW HEIGHTS MEDICAL GROUP SC	L	4,678,737	
(11)	FAIRVIEW HEIGHTS MEDICAL GROUP SC	O	14,364,812	
(12)	FAIRVIEW HEIGHTS MEDICAL GROUP SC	R	32,462,515	
(13)	FAIRVIEW HEIGHTS MEDICAL GROUP SC	Q	71,327,623	
(14)	FAIRVIEW HEIGHTS MEDICAL GROUP SC	P	95,723,743	
(15)	MISSOURI BAPTIST HEALTHCARE FOUNDATION	L	85,143	
(16)	MISSOURI BAPTIST HEALTHCARE FOUNDATION	O	124,340	
(17)	MISSOURI BAPTIST HEALTHCARE FOUNDATION	C	157,457	
(18)	MISSOURI BAPTIST HEALTHCARE FOUNDATION	B	617,862	
(19)	MISSOURI BAPTIST HEALTHCARE FOUNDATION	Q	2,738,100	
(20)	MISSOURI BAPTIST HEALTHCARE FOUNDATION	S	3,172,403	
(21)	MISSOURI BAPTIST HEALTHCARE FOUNDATION	P	4,129,246	
(22)	MISSOURI BAPTIST HEALTHCARE FOUNDATION	R	5,122,373	
(23)	MISSOURI BAPTIST HOSPITAL SULLIVAN	K	62,444	
(24)	MISSOURI BAPTIST HOSPITAL SULLIVAN	N	67,677	

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	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(151)	MISSOURI BAPTIST HOSPITAL SULLIVAN	A	564,563	
(1)	MISSOURI BAPTIST HOSPITAL SULLIVAN	M	818,764	
(2)	MISSOURI BAPTIST HOSPITAL SULLIVAN	L	1,849,931	
(3)	MISSOURI BAPTIST HOSPITAL SULLIVAN	S	5,781,591	
(4)	MISSOURI BAPTIST HOSPITAL SULLIVAN	O	11,828,926	
(5)	MISSOURI BAPTIST HOSPITAL SULLIVAN	R	57,021,595	
(6)	MISSOURI BAPTIST HOSPITAL SULLIVAN	Q	70,887,921	
(7)	MISSOURI BAPTIST HOSPITAL SULLIVAN	P	117,384,683	
(8)	MISSOURI BAPTIST MEDICAL CENTER	B	97,639	
(9)	MISSOURI BAPTIST MEDICAL CENTER	J	209,300	
(10)	MISSOURI BAPTIST MEDICAL CENTER	C	546,161	
(11)	MISSOURI BAPTIST MEDICAL CENTER	I	1,969,474	
(12)	MISSOURI BAPTIST MEDICAL CENTER	K	3,084,636	
(13)	MISSOURI BAPTIST MEDICAL CENTER	A	4,324,952	
(14)	MISSOURI BAPTIST MEDICAL CENTER	L	5,619,220	
(15)	MISSOURI BAPTIST MEDICAL CENTER	N	8,273,525	
(16)	MISSOURI BAPTIST MEDICAL CENTER	M	13,029,785	
(17)	MISSOURI BAPTIST MEDICAL CENTER	S	49,785,061	
(18)	MISSOURI BAPTIST MEDICAL CENTER	O	90,954,480	
(19)	MISSOURI BAPTIST MEDICAL CENTER	R	537,470,117	
(20)	MISSOURI BAPTIST MEDICAL CENTER	Q	690,457,840	
(21)	MISSOURI BAPTIST MEDICAL CENTER	P	1,165,390,908	
(22)	PARKLAND HEALTH CARE FOUNDATION	S	368,038	
(23)	PARKLAND HEALTH CARE FOUNDATION	R	1,186,998	
(24)	PARKLAND HEALTH CARE FOUNDATION	Q	1,607,166	

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	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(176)	PARKLAND HEALTH CARE FOUNDATION	P	2,382,619	
(1)	PARKLAND HEALTH CENTER	A	84,984	
(2)	PARKLAND HEALTH CENTER	N	268,644	
(3)	PARKLAND HEALTH CENTER	M	541,723	
(4)	PARKLAND HEALTH CENTER	K	582,334	
(5)	PARKLAND HEALTH CENTER	L	2,815,098	
(6)	PARKLAND HEALTH CENTER	S	9,044,036	
(7)	PARKLAND HEALTH CENTER	O	15,457,617	
(8)	PARKLAND HEALTH CENTER	R	82,623,932	
(9)	PARKLAND HEALTH CENTER	Q	113,476,793	
(10)	PARKLAND HEALTH CENTER	P	182,535,796	
(11)	PARKLAND HEALTH CENTER - WEBER ROAD	N	74,626	
(12)	PARKLAND HEALTH CENTER - WEBER ROAD	M	146,973	
(13)	PARKLAND HEALTH CENTER - WEBER ROAD	L	526,737	
(14)	PARKLAND HEALTH CENTER - WEBER ROAD	G	729,467	
(15)	PARKLAND HEALTH CENTER - WEBER ROAD	O	7,303,231	
(16)	PARKLAND HEALTH CENTER - WEBER ROAD	R	10,717,851	
(17)	PARKLAND HEALTH CENTER - WEBER ROAD	S	28,639,218	
(18)	PARKLAND HEALTH CENTER - WEBER ROAD	P	64,616,323	
(19)	PARKLAND HEALTH CENTER - WEBER ROAD	Q	83,027,880	
(20)	PROGRESS WEST HEALTHCARE CENTER	J	92,071	
(21)	PROGRESS WEST HEALTHCARE CENTER	M	119,783	
(22)	PROGRESS WEST HEALTHCARE CENTER	A	129,629	
(23)	PROGRESS WEST HEALTHCARE CENTER	K	558,832	
(24)	PROGRESS WEST HEALTHCARE CENTER	N	1,268,438	

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	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(201)	PROGRESS WEST HEALTHCARE CENTER	L	2,528,915	
(1)	PROGRESS WEST HEALTHCARE CENTER	S	5,225,933	
(2)	PROGRESS WEST HEALTHCARE CENTER	O	12,261,633	
(3)	PROGRESS WEST HEALTHCARE CENTER	R	63,438,825	
(4)	PROGRESS WEST HEALTHCARE CENTER	Q	92,835,974	
(5)	PROGRESS WEST HEALTHCARE CENTER	P	146,557,627	
(6)	ST LOUIS CHILDREN'S HOSPITAL FOUNDATION	H	110,364	
(7)	ST LOUIS CHILDREN'S HOSPITAL FOUNDATION	J	176,374	
(8)	ST LOUIS CHILDREN'S HOSPITAL FOUNDATION	L	207,416	
(9)	ST LOUIS CHILDREN'S HOSPITAL FOUNDATION	K	307,033	
(10)	ST LOUIS CHILDREN'S HOSPITAL FOUNDATION	I	659,474	
(11)	ST LOUIS CHILDREN'S HOSPITAL FOUNDATION	N	906,894	
(12)	ST LOUIS CHILDREN'S HOSPITAL FOUNDATION	I	936,769	
(13)	ST LOUIS CHILDREN'S HOSPITAL FOUNDATION	J	1,054,011	
(14)	ST LOUIS CHILDREN'S HOSPITAL FOUNDATION	O	1,242,682	
(15)	ST LOUIS CHILDREN'S HOSPITAL FOUNDATION	B	2,687,546	
(16)	ST LOUIS CHILDREN'S HOSPITAL FOUNDATION	C	4,330,857	
(17)	ST LOUIS CHILDREN'S HOSPITAL FOUNDATION	A	5,231,212	
(18)	ST LOUIS CHILDREN'S HOSPITAL FOUNDATION	L	12,020,825	
(19)	ST LOUIS CHILDREN'S HOSPITAL FOUNDATION	M	13,697,719	
(20)	ST LOUIS CHILDREN'S HOSPITAL FOUNDATION	Q	58,310,528	
(21)	ST LOUIS CHILDREN'S HOSPITAL FOUNDATION	S	61,036,818	
(22)	ST LOUIS CHILDREN'S HOSPITAL FOUNDATION	C	69,979,853	
(23)	ST LOUIS CHILDREN'S HOSPITAL FOUNDATION	B	73,805,857	
(24)	ST LOUIS CHILDREN'S HOSPITAL FOUNDATION	P	78,832,291	

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	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(226)	ST LOUIS CHILDREN'S HOSPITAL FOUNDATION	R	86,103,426	
(1)	ST LOUIS CHILDREN'S HOSPITAL FOUNDATION	O	99,896,151	
(2)	ST LOUIS CHILDREN'S HOSPITAL FOUNDATION	S	545,838,714	
(3)	ST LOUIS CHILDREN'S HOSPITAL FOUNDATION	Q	799,794,280	
(4)	ST LOUIS CHILDREN'S HOSPITAL FOUNDATION	R	1,067,038,334	
(5)	ST LOUIS CHILDREN'S HOSPITAL FOUNDATION	P	1,294,837,796	
(6)	THE FOUNDATION FOR BARNES JEWISH HOSPITAL	H	83,686	
(7)	THE FOUNDATION FOR BARNES JEWISH HOSPITAL	J	150,942	
(8)	THE FOUNDATION FOR BARNES JEWISH HOSPITAL	K	322,249	
(9)	THE FOUNDATION FOR BARNES JEWISH HOSPITAL	L	357,913	
(10)	THE FOUNDATION FOR BARNES JEWISH HOSPITAL	A	501,649	
(11)	THE FOUNDATION FOR BARNES JEWISH HOSPITAL	O	1,015,012	
(12)	THE FOUNDATION FOR BARNES JEWISH HOSPITAL	I	1,031,547	
(13)	THE FOUNDATION FOR BARNES JEWISH HOSPITAL	S	37,940,058	
(14)	THE FOUNDATION FOR BARNES JEWISH HOSPITAL	R	48,877,159	
(15)	THE FOUNDATION FOR BARNES JEWISH HOSPITAL	C	70,278,874	
(16)	THE FOUNDATION FOR BARNES JEWISH HOSPITAL	B	71,925,836	
(17)	THE FOUNDATION FOR BARNES JEWISH HOSPITAL	Q	98,224,399	
(18)	THE FOUNDATION FOR BARNES JEWISH HOSPITAL	P	106,947,134	
(19)	TWIN RIVERS MRI INC	M	121,753	
(20)	TWIN RIVERS MRI INC	O	155,387	
(21)	TWIN RIVERS MRI INC	S	230,269	
(22)	TWIN RIVERS MRI INC	L	252,817	
(23)	TWIN RIVERS MRI INC	R	1,802,873	
(24)	TWIN RIVERS MRI INC	Q	15,563,862	

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(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(251) TWIN RIVERS MRI INC	P	17,032,746	
(1) TWIN RIVERS MRI INC	I	36,628,516	