Form **990-T**

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

For calendar year 2016 or other tax year beginning _____, and ending _____

▶ Information about Form 990-T and its instructions is available at *www.irs.gov/form990t.*

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

OMB No 1545-0687

2016

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

A ☐ Check box if address changed

B Exempt under section
☒ 501(c)(3)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a)

C Book value of all assets at end of year 4,504,621,451.

Print or Type

Name of organization (☐ Check box if name changed and see instructions.)
BJC HEALTH SYSTEM
DBA BJC HEALTHCARE

Number, street, and room or suite no. If a P.O. box, see instructions.
4901 FOREST PARK AVE MS9075570

City or town, state or province, country, and ZIP or foreign postal code
ST. LOUIS, MO 63108-1402

D Employer identification number (Employees' trust, see instructions)
43-1617558

E Unrelated business activity codes (See instructions)
525990 561499

F Group exemption number (See instructions.) ▶ 3844

G Check organization type ▶ ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust

H Describe the organization's primary unrelated business activity. ▶ SEE STATEMENT 1

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ ☐ Yes ☒ No

If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ LORI SCHREINER Telephone number ▶ 314-286-2057

Part I Unrelated Trade or Business Income

			(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances c Balance ▶	1c			
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b	4,968,147.		4,968,147.
c	Capital loss deduction for trusts	4c			
5	Income (loss) from partnerships and S corporations (attach statement)	5	1,675,405.	STMT 3	1,675,405.
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions; attach schedule) SEE STATEMENT 4	12	3,501,072.		3,501,072.
13	**Total.** Combine lines 3 through 12	13	10,144,624.		10,144,624.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions)

(Except for contributions, deductions must be directly connected with the unrelated business income)

14	Compensation of officers, directors, and trustees (Schedule K)			14	
15	Salaries and wages			15	1,453,294.
16	Repairs and maintenance			16	
17	Bad debts			17	
18	Interest (attach schedule)			18	
19	Taxes and licenses			19	312,319.
20	Charitable contributions (See instructions for limitation rules) SEE STATEMENT 7	SEE STATEMENT 5		20	0.
21	Depreciation (attach Form 4562)	21	237.		
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		22b	237.
23	Depletion			23	
24	Contributions to deferred compensation plans			24	
25	Employee benefit programs			25	
26	Excess exempt expenses (Schedule I)			26	
27	Excess readership costs (Schedule J)			27	
28	Other deductions (attach schedule)	SEE STATEMENT 6		28	6,089,423.
29	**Total deductions.** Add lines 14 through 28			29	7,855,273.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			30	2,289,351.
31	Net operating loss deduction (limited to the amount on line 30)	SEE STATEMENT 8 AND 17		31	2,289,351.
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30			32	0.
33	Specific deduction (Generally $1,000, but see line 33 instructions for exceptions)			33	1,000.
34	**Unrelated business taxable income.** Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32			34	0.

Part III Tax Computation

35	**Organizations Taxable as Corporations.** See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here ▶ [X] **See instructions** and:		
a	Enter your share of the $50,000, $25,000, and $9,925,000 taxable income brackets (in that order): (1) $ (2) $ (3) $		
b	Enter organization's share of: (1) Additional 5% tax (not more than $11,750) $		
	(2) Additional 3% tax (not more than $100,000) $		
c	Income tax on the amount on line 34 ▶	35c	0.
36	**Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from: [ ] Tax rate schedule or [ ] Schedule D (Form 1041) ▶	36	
37	**Proxy tax.** See instructions ▶	37	
38	Alternative minimum tax	38	468,894.
39	**Tax on Non-Compliant Facility Income.** See instructions	39	
40	**Total.** Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40	468,894.

Part IV Tax and Payments

41a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a			
b	Other credits (see instructions)	41b			
c	General business credit. Attach Form 3800	41c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	41d			
e	**Total credits.** Add lines 41a through 41d			41e	
42	Subtract line 41e from line 40			42	468,894.
43	Other taxes. Check if from: [ ] Form 4255 [ ] Form 8611 [ ] Form 8697 [ ] Form 8866 [ ] Other (attach schedule)			43	
44	**Total tax.** Add lines 42 and 43			44	468,894.
45 a	Payments: A 2015 overpayment credited to 2016	45a	1,500,000.		
b	2016 estimated tax payments	45b			
c	Tax deposited with Form 8868	45c			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	45d			
e	Backup withholding (see instructions)	45e			
f	Credit for small employer health insurance premiums (Attach Form 8941)	45f			
g	Other credits and payments: [ ] Form 2439 [ ] Form 4136 [ ] Other Total ▶	45g			
46	**Total payments.** Add lines 45a through 45g			46	1,500,000.
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ [ ]			47	
48	**Tax due.** If line 46 is less than the total of lines 44 and 47, enter amount owed ▶			48	
49	**Overpayment.** If line 46 is larger than the total of lines 44 and 47, enter amount overpaid ▶			49	1,031,106.
50	Enter the amount of line 49 you want: **Credited to 2017 estimated tax** ▶ 500,000. **Refunded** ▶			50	531,106.

Part V Statements Regarding Certain Activities and Other Information (see instructions)

		Yes	No
51	At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶ SEE STATEMENT 9	X	
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
53	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ $ 39,971.		

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge

▶ Signature of officer Date 11/8/2017 ▶ SENIOR VICE PRES, CFO Title

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
JENNIFER RICHTER		11/8/17		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

Form **990-T** (2016)

623711 01-18-17

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶ N/A

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	**Cost of goods sold.** Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3	Cost of labor	3					
4a	Additional section 263A costs (attach schedule)	4a		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
b	Other costs (attach schedule)	4b					
5	**Total.** Add lines 1 through 4b	5					

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)
(2)
(3)
(4)

	2. Rent received or accrued		
	(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)			
(2)			
(3)			
(4)			
Total	0.	0.	

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶ 0.

(b) Total deductions Enter here and on page 1, Part I, line 6, column (B) ▶ 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

	1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				

	4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			%		
(2)			%		
(3)			%		
(4)			%		
				Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals			▶	0.	0.
Total dividends-received deductions included in column 8				▶	0.

Form **990-T** (2016)

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Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Exempt Controlled Organizations

1 Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)
Totals ▶			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions)

1. Description of income	2. Amount of income	3 Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
	Enter here and on page 1, Part I, line 9, column (A)			Enter here and on page 1, Part I, line 9, column (B)
Totals ▶	0.			0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)				Enter here and on page 1, Part II, line 26
Totals ▶	0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) ▶	0.	0.				0.

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical	2 Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5) ▶	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2 Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		▶	0.

Form **990-T** (2016)

SCHEDULE D (Form 1120)
Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
▶ Information about Schedule D (Form 1120) and its separate instructions is at www.irs.gov/form1120.

OMB No 1545-0123

2016

Name
BJC HEALTH SYSTEM
DBA BJC HEALTHCARE

Employer identification number
43-1617558

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below.
This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with **Box A** checked				
2 Totals for all transactions reported on Form(s) 8949 with **Box B** checked				
3 Totals for all transactions reported on Form(s) 8949 with **Box C** checked	1,169,751.	2,713,037.		-1,543,286.

4 Short-term capital gain from installment sales from Form 6252, line 26 or 37	4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824	5	
6 Unused capital loss carryover (attach computation) SEE STATEMENT 14	6	(4,190,831.)
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h	7	-5,734,117.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below.
This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with **Box D** checked				
9 Totals for all transactions reported on Form(s) 8949 with **Box E** checked				
10 Totals for all transactions reported on Form(s) 8949 with **Box F** checked	318,532.	6,149,164.		-5,830,632.

11 Enter gain from Form 4797, line 7 or 9	11	1,858,510.
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37	12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824	13	
14 Capital gain distributions	14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h	15	-3,972,122.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns. If the corporation has qualified timber gain, also complete Part IV	18	0.

Note: If losses exceed gains, see **Capital losses** in the instructions.

Part IV **Alternative Tax for Corporations with Qualified Timber Gain.** Complete Part IV **only** if the corporation has qualified timber gain under section 1201(b). Skip this part if you are filing Form 1120-RIC. See instructions.

19	Enter qualified timber gain (as defined in section 1201(b)(2))	19	
20	Enter taxable income from Form 1120, page 1, line 30, or the applicable line of your tax return	20	
21	Enter the smallest of: (a) the amount on line 19; (b) the amount on line 20; or (c) the amount on Part III, line 17	21	
22	Multiply line 21 by 23.8% (0.238)		22
23	Subtract line 17 from line 20. If zero or less, enter -0-	23	
24	Enter the tax on line 23, figured using the Tax Rate Schedule (or applicable tax rate) appropriate for the return with which Schedule D (Form 1120) is being filed		24
25	Add lines 21 and 23	25	
26	Subtract line 25 from line 20. If zero or less, enter -0-	26	
27	Multiply line 26 by 35% (0.35)		27
28	Add lines 22, 24, and 27		28
29	Enter the tax on line 20, figured using the Tax Rate Schedule (or applicable tax rate) appropriate for the return with which Schedule D (Form 1120) is being filed		29
30	Enter the smaller of line 28 or line 29. Also enter this amount on Form 1120, Schedule J, line 2, or the applicable line of your tax return		30

Form **4626**
Department of the Treasury
Internal Revenue Service

Alternative Minimum Tax - Corporations

▶ Attach to the corporation's tax return.

▶ Information about Form 4626 and its separate instructions is at www.irs gov/form4626.

OMB No 1545-0123

2016

Name BJC HEALTH SYSTEM
DBA BJC HEALTHCARE

Employer identification number 43-1617558

Note: See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).

1	Taxable income or (loss) before net operating loss deduction			1	2,288,351.
2	**Adjustments and preferences:**				
a	Depreciation of post-1986 property			2a	507,101.
b	Amortization of certified pollution control facilities			2b	
c	Amortization of mining exploration and development costs			2c	
d	Amortization of circulation expenditures (personal holding companies only)			2d	
e	Adjusted gain or loss			2e	-468,333.
f	Long-term contracts			2f	
g	Merchant marine capital construction funds			2g	
h	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)			2h	
i	Tax shelter farm activities (personal service corporations only)			2i	
j	Passive activities (closely held corporations and personal service corporations only)			2j	
k	Loss limitations			2k	
l	Depletion			2l	-758,010.
m	Tax-exempt interest income from specified private activity bonds			2m	
n	Intangible drilling costs			2n	1,951,574.
o	Other adjustments and preferences	SEE STATEMENT 12 *		2o	-260,497.
3	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o			3	3,260,186.
4	**Adjusted current earnings (ACE) adjustment:**				
a	ACE from line 10 of the ACE worksheet in the instructions	4a	3,260,186.		
b	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount. See instructions	4b	0.		
c	Multiply line 4b by 75% (0.75). Enter the result as a positive amount	4c			
d	Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments. See instructions. **Note:** You **must** enter an amount on line 4d (even if line 4b is positive)	4d			
e	ACE adjustment. • If line 4b is zero or more, enter the amount from line 4c • If line 4b is less than zero, enter the **smaller** of line 4c or line 4d as a negative amount			4e	0.
5	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT			5	3,260,186.
6	Alternative tax net operating loss deduction. See instructions	SEE STATEMENT 13, 18		6	915,714.
7	**Alternative minimum taxable income.** Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions			7	2,344,472.
8	**Exemption phase-out** (if line 7 is $310,000 or more, skip lines 8a and 8b and enter -0- on line 8c):				
a	Subtract $150,000 from line 7 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-	8a			
b	Multiply line 8a by 25% (0.25)	8b			
c	Exemption. Subtract line 8b from $40,000 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-			8c	0.
9	Subtract line 8c from line 7. If zero or less, enter -0-			9	2,344,472.
10	Multiply line 9 by 20% (0.20)			10	468,894.
11	Alternative minimum tax foreign tax credit (AMTFTC). See instructions			11	
12	Tentative minimum tax. Subtract line 11 from line 10			12	468,894.
13	Regular tax liability before applying all credits except the foreign tax credit			13	
14	**Alternative minimum tax.** Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return			14	468,894.

* SEE ALSO SEE STATEMENT 10
SEE STATEMENT 11

Adjusted Current Earnings (ACE) Worksheet

▶ See ACE Worksheet Instructions.

1	Pre-adjustment AMTI. Enter the amount from line 3 of Form 4626				1	3,260,186.
2	ACE depreciation adjustment:					
a	AMT depreciation			2a		
b	ACE depreciation:					
	(1) Post-1993 property	2b(1)				
	(2) Post-1989, pre-1994 property	2b(2)				
	(3) Pre-1990 MACRS property	2b(3)				
	(4) Pre-1990 original ACRS property	2b(4)				
	(5) Property described in sections 168(f)(1) through (4)	2b(5)				
	(6) Other property	2b(6)				
	(7) Total ACE depreciation. Add lines 2b(1) through 2b(6)			2b(7)		
c	ACE depreciation adjustment. Subtract line 2b(7) from line 2a				2c	
3	Inclusion in ACE of items included in earnings and profits (E&P):					
a	Tax-exempt interest income			3a		
b	Death benefits from life insurance contracts			3b		
c	All other distributions from life insurance contracts (including surrenders)			3c		
d	Inside buildup of undistributed income in life insurance contracts			3d		
e	Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) for a partial list)			3e		
f	Total increase to ACE from inclusion in ACE of items included in E&P. Add lines 3a through 3e				3f	
4	Disallowance of items not deductible from E&P:					
a	Certain dividends received			4a		
b	Dividends paid on certain preferred stock of public utilities that are deductible under section 247 (as affected by P L 113-295, Div A, section 221(a)(41)(A), Dec 19, 2014, 128 Stat 4043)			4b		
c	Dividends paid to an ESOP that are deductible under section 404(k)			4c		
d	Nonpatronage dividends that are paid and deductible under section 1382(c)			4d		
e	Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a partial list)			4e		
f	Total increase to ACE because of disallowance of items not deductible from E&P. Add lines 4a through 4e				4f	
5	Other adjustments based on rules for figuring E&P:					
a	Intangible drilling costs			5a		
b	Circulation expenditures			5b		
c	Organizational expenditures			5c		
d	LIFO inventory adjustments			5d		
e	Installment sales			5e		
f	Total other E&P adjustments. Combine lines 5a through 5e				5f	
6	Disallowance of loss on exchange of debt pools				6	
7	Acquisition expenses of life insurance companies for qualified foreign contracts				7	
8	Depletion				8	
9	Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property				9	
10	**Adjusted current earnings.** Combine lines 1, 2c, 3f, 4f, and 5f through 9. Enter the result here and on line 4a of Form 4626				10	3,260,186.

Form **8827**

Department of the Treasury
Internal Revenue Service

Credit for Prior Year Minimum Tax - Corporations

▶ **Attach to the corporation's tax return**

▶ **Information about Form 8827 and its instructions is at www irs gov/form8827.**

OMB No. 1545-0123

2016

Name: BJC HEALTH SYSTEM
DBA BJC HEALTHCARE

Employer identification number: 43-1617558

1 Alternative minimum tax (AMT) for 2015. Enter the amount from line 14 of the 2015 Form 4626	1	
2 Minimum tax credit carryforward from 2015. Enter the amount from line 9 of the 2015 Form 8827	2	230,018.
3 Enter any 2015 unallowed qualified electric vehicle credit (see instructions)	3	
4 Add lines 1, 2, and 3	4	230,018.
5 Enter the corporation's 2016 regular income tax liability minus allowable tax credits (see instructions)	5	0.
6 Is the corporation a "small corporation" exempt from the AMT for 2016 (see instructions)? • **Yes.** Enter 25% of the excess of line 5 over $25,000. If line 5 is $25,000 or less, enter -0- • **No.** Complete Form 4626 for 2016 and enter the tentative minimum tax from line 12	6	468,894.
7a Subtract line 6 from line 5. If zero or less, enter -0-	7a	0.
b For a corporation electing to accelerate the minimum tax credit, enter the bonus depreciation amount attributable to the minimum tax credit (see instructions)	7b	
c Add lines 7a and 7b	7c	
8a Enter the **smaller** of line 4 or line 7c. If the corporation had a post-1986 ownership change or has pre-acquisition excess credits, see instructions	8a	
b **Current year minimum tax credit.** Enter the smaller of line 4 or line 7a here and on Form 1120, Schedule J, Part I, line 5d (or the applicable line of your return). If the corporation had a post-1986 ownership change or has pre-acquisition excess credits, see instructions. If you made an entry on line 7b, go to line 8c. Otherwise, skip line 8c	8b	0.
c Subtract line 8b from line 8a. This is the refundable amount for a corporation electing to accelerate the minimum tax credit. Include this amount on Form 1120, Schedule J, Part II, line 19c (or the applicable line of your return)	8c	
9 **Minimum tax credit carryforward to 2017.** Subtract line 8a from line 4. Keep a record of this amount to carry forward and use in future years	9	230,018.

Form **8949**

Department of the Treasury
Internal Revenue Service

Sales and Other Dispositions of Capital Assets

▶ **Information about Form 8949 and its separate instructions is at *www.irs.gov/form8949.***
▶ **File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.**

OMB No 1545-0074

2016

Attachment Sequence No **12A**

Name(s) shown on return
BJC HEALTH SYSTEM
DBA BJC HEALTHCARE

Social security number or taxpayer identification no.
43-1617558

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker A substitute statement will have the same information as Form 1099-B Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check

Part I **Short-Term.** Transactions involving capital assets you held 1 year or less are short-term For long-term transactions, see page 2
Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required Enter the totals directly on Schedule D, line 1a, you aren't required to report these transactions on Form 8949 (see instructions)

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

☐ **(A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
☐ **(B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
☒ **(C)** Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr)	(c) Date sold or disposed of (Mo , day, yr)	(d) Proceeds (sales price)	(e) Cost or other basis See the **Note** below and see *Column (e)* in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). **See instructions.** (f) Code(s)	(g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
SHORT-TERM CAPITAL GAIN							
FROM DCP MIDSTREAM PARTNERS							
LP			1,050.				1,050.
SHORT-TERM CAPITAL LOSS							
FROM ENLINK MIDSTREAM							
PARTNERS LP				2.			<2.>
SHORT-TERM CAPITAL GAIN							
FROM MAGELLAN MIDSTREAM							
PARTNERS LP			224,336.				224,336.
SHORT-TERM CAPITAL LOSS							
FROM MPLX LP				13.			<13.>
SHORT-TERM CAPITAL LOSS							
FROM NGL ENERGY PARTNERS LP				17.			<17.>
SHORT-TERM CAPITAL LOSS							
FROM NUSTAR ENERGY LP				6.			<6.>
SHORT-TERM CAPITAL GAIN							
FROM RICE MIDSTREAM							
PARTNERS LP			1.				1.
SHORT-TERM CAPITAL LOSS							
FROM SPRAGUE RESOURCES LP				2.			<2.>
SHORT-TERM CAPITAL LOSS							
FROM WILLIAMS PARTNERS LP				13.			<13.>
SHORT-TERM CAPITAL LOSS							
FROM GARRISON OPPORTUNITY							
FUND IV A LLC				1,012,751.			<1,012,751.>
SHORT-TERM CAPITAL LOSS							
FROM GARRISON OPPORTUNITY							
PL CO-INVEST 2015-1 LP				941,500.			<941,500.>
SHORT-TERM CAPITAL LOSS							
FROM GARRISON OPPORTUNITY							
PL CO-INVEST 2015-3 LP				758,733.			<758,733.>
2 Totals. Add the amounts in columns (d), (e), (g) and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, **line 1b** (if **Box A** above is checked), **line 2** (if **Box B** above is checked), or **line 3** (if **Box C** above is checked) ▶			1,169,751.	2,713,037.			<1,543,286.>

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis See *Column (g)* in the separate instructions for how to figure the amount of the adjustment

Form **8949** Department of the Treasury Internal Revenue Service

Sales and Other Dispositions of Capital Assets

▶ Information about Form 8949 and its separate instructions is at *www.irs.gov/form8949.*
▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D

OMB No 1545-0074
2016
Attachment Sequence No **12A**

Name(s) shown on return
BJC HEALTH SYSTEM
DBA BJC HEALTHCARE

Social security number or taxpayer identification no.
43-1617558

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker A substitute statement will have the same information as Form 1099-B Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check

Part I **Short-Term.** Transactions involving capital assets you held 1 year or less are short-term For long-term transactions, see page 2
Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required Enter the totals directly on Schedule D, line 1a, you aren't required to report these transactions on Form 8949 (see instructions)

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

☐ **(A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
☐ **(B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
☒ **(C)** Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr)	(c) Date sold or disposed of (Mo , day, yr)	(d) Proceeds (sales price)	(e) Cost or other basis See the **Note** below and see *Column (e)* in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions. (f) Code(s)	(g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
SHORT-TERM CAPITAL GAIN							
FROM GSO COASTLINE CREDIT							
PARTNERS LP			159,756.				159,756.
SHORT-TERM CAPITAL GAIN							
FROM GSO ENERGY SELECT							
OPPORTUNITIES FUND LP			564,584.				564,584.
SHORT-TERM CAPITAL GAIN							
FROM PROVIDENCE DEBT FUND							
III LP			110,279.				110,279.
SHORT-TERM CAPITAL GAIN							
FROM QUANTUM ENERGY							
PARTNERS V LP			10,392.				10,392.
SHORT-TERM CAPITAL GAIN							
FROM TENNENBAUM ENHANCED							
YIELD FUND I LLC			63,428.				63,428.
SHORT-TERM CAPITAL GAIN							
FROM TENNENBAUM SPECIAL							
SITUATIONS FUND IX LLC			35,925.				35,925.
2 **Totals.** Add the amounts in columns (d), (e), (g) and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, **line 1b** (if **Box A** above is checked), **line 2** (if **Box B** above is checked), or **line 3** (if **Box C** above is checked) ▶							

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis See *Column (g)* in the separate instructions for how to figure the amount of the adjustment

Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on other side
BJC HEALTH SYSTEM
DBA BJC HEALTHCARE

Social security number or taxpayer identification no. 43-1617558

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check

Part II Long-Term. Transactions involving capital assets you held more than 1 year are long term For short-term transactions, see page 1
Note: You may aggregate all long-term transactions reported on Form(s) 1099 B showing basis was reported to the IRS and for which no adjustments or codes are required Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions)

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

☐ **(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
☐ **(E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
☒ **(F)** Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr)	(c) Date sold or disposed of (Mo , day, yr)	(d) Proceeds (sales price)	(e) Cost or other basis See the **Note** below and see *Column (e)* in the instructions	**Adjustment, if any, to gain or loss.** If you enter an amount in column (g), enter a code in column (f). **See instructions** (f) Code(s)	(g) Amount of adjustment	(h) **Gain or (loss).** Subtract column (e) from column (d) & combine the result with column (g)
LONG-TERM CAPITAL LOSS FROM							
ARCHROCK PARTNERS LP				63.			<63.>
LONG-TERM CAPITAL LOSS FROM							
DCP MIDSTREAM PARTNERS LP				29,488.			<29,488.>
LONG-TERM CAPITAL LOSS FROM							
ENLINK MIDSTREAM PARTNERS							
LP				7.			<7.>
LONG-TERM CAPITAL LOSS FROM							
MAGELLAN MIDSTREAM PARTNERS							
LP				198,907.			<198,907.>
LONG-TERM CAPITAL LOSS FROM							
MPLX LP				52.			<52.>
LONG-TERM CAPITAL LOSS FROM							
NGL ENERGY PARTNERS LP				117.			<117.>
LONG-TERM CAPITAL LOSS FROM							
NUSTAR ENERGY LP				37.			<37.>
LONG-TERM CAPITAL GAIN FROM							
RICE MIDSTREAM PARTNERS LP			12.				12.
LONG-TERM CAPITAL LOSS FROM							
SPRAGUE RESOURCES LP				5.			<5.>
LONG-TERM CAPITAL LOSS FROM							
WILLIAMS PARTNERS LP				19.			<19.>
LONG-TERM CAPITAL GAIN FROM							
FORTRESS CREDIT							
OPPORTUNITIES FUND (B) LP			87,317.				87,317.
LONG-TERM CAPITAL LOSS FROM							
GARRISON OPPORTUNITY FUND							
IV A LLC				1,990,938.			<1,990,938.>
LONG-TERM CAPITAL LOSS FROM							
GARRISON OPPORTUNITY PL							
CO-INVEST 2015-1 LP				1,980,643.			<1,980,643.>
2 **Totals.** Add the amounts in columns (d), (e), (g) and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, **line 8b** (if **Box D** above is checked), **line 9** (if **Box E** above is checked), or **line 10** (if **Box F** above is checked) ▶			318,532.	6,149,164.			<5,830,632.>

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment

Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on other side

BJC HEALTH SYSTEM

DBA BJC HEALTHCARE

Social security number or taxpayer identification no.

43-1617558

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker A substitute statement will have the same information as Form 1099-B Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II **Long-Term.** Transactions involving capital assets you held more than 1 year are long term For short-term transactions, see page 1

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions)

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

☐ **(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

☐ **(E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS

☒ **(F)** Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr)	(c) Date sold or disposed of (Mo , day, yr)	(d) Proceeds (sales price)	(e) Cost or other basis See the **Note** below and see *Column (e)* in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions. (f) Code(s)	(g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
LONG-TERM CAPITAL LOSS FROM							
GARRISON OPPORTUNITY PL							
CO-INVEST 2015-3 LP				194,778.			<194,778.>
LONG-TERM CAPITAL LOSS FROM							
GSO COASTLINE CREDIT							
PARTNERS LP				1,154,823.			<1,154,823.>
LONG-TERM CAPITAL GAIN FROM							
PROVIDENCE DEBT FUND III LP			22,528.				22,528.
LONG-TERM CAPITAL GAIN FROM							
QUANTUM ENERGY PARTNERS V							
LP			30,530.				30,530.
LONG-TERM CAPITAL LOSS FROM							
RIVERSTONE/CARLYLE GLOBAL							
ENERGY AND POWER FUND				599,287.			<599,287.>
LONG-TERM CAPITAL GAIN FROM							
TENNENBAUM ENHANCED YIELD							
FUND I LLC			148,637.				148,637.
LONG-TERM CAPITAL GAIN FROM							
TENNEBAUM SPECIAL							
SITUATIONS FUND IX LLC			29,508.				29,508.
2 **Totals.** Add the amounts in columns (d), (e), (g) and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, **line 8b** (if **Box D** above is checked), **line 9** (if **Box E** above is checked), or **line 10** (if **Box F** above is checked) ▶							

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis See *Column (g)* in the separate instructions for how to figure the amount of the adjustment

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property) 990-T

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at *www.irs.gov/form4562.*

OMB No 1545-0172

2016

Attachment Sequence No **179**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
BJC HEALTH SYSTEM DBA BJC HEALTHCARE	FORM 990-T PAGE 1	43-1617558

Part I **Election To Expense Certain Property Under Section 179** **Note:** If you have any listed property, complete Part V before you complete Part I

1	Maximum amount (see instructions)	1	500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,010,000.
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

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

7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2015 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2017 Add lines 9 and 10, less line 12 ▶	13	

Note: Don't use Part II or Part III below for listed property Instead, use Part V

Part II **Special Depreciation Allowance and Other Depreciation (Don't** include listed property)

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

Part III **MACRS Depreciation (Don't** include listed property) (See instructions)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2016	17	237.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B - Assets Placed in Service During 2016 Tax Year Using the General Depreciation System

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

Section C - Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System

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

Part IV **Summary** (See instructions)

21	Listed property Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr	22	237.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

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

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

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

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

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

Section B - Information on Use of Vehicles

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

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

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

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons

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

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

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2016 tax year					
43 Amortization of costs that began before your 2016 tax year				43	
44 **Total.** Add amounts in column (f) See the instructions for where to report				44	

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY STATEMENT 1

PARTNERSHIP INVESTMENT INCOME
BILLING & MANAGEMENT SERVICES REVENUE
CLINICAL ENGINEERING SERVICES REVENUE

TO FORM 990-T, PAGE 1

IRC 751 STATEMENT

THE TAXPAYER HAS REPORTED ORDINARY INCOME UPON THE DISPOSITION OF UNITS IN PARTNERSHIPS, AS PROVIDED BY THE PARTNERSHIPS. THE AMOUNT WAS DETERMINED IN ACCORDANCE WITH INTERNAL REVENUE CODE SECTION 751. DETAILED INFORMATION IS AVAILABLE FROM THE PARTNERSHIPS UPON REQUEST.

FOLLOWING IS THE LIST OF PARTNERSHIPS TO WHICH THE 751 STATEMENT APPLIES:
ANTERO MIDSTREAM PARTNERS LP
ARCHROCK PARTNERS LP
AMERIGAS PARTNERS LP
BUCKEYE PARTNERS LP
BOARDWALK PIPELINE PARTNERS LP
CROSSAMERICA PARTNERS LP
CRESTWOOD EQUITY PARTNERS LP
COLUMBIA PIPELINE PARTNERS LP
CHENIERE ENERGY PARTNERS LP
DOMINION MIDSTREAM PARTNERS
DCP MIDSTREAM PARTNERS LP
ENBRIDGE ENERGY PARTNERS LP
ENABLE MIDSTREAM PARTNERS LP
ENLINK MIDSTREAM PARTNERS LP
ENTERPRISE PRODUCTS PARTNERS LP
EQT MIDSTREAM PARTNERS LP
ENERGY TRANSFER EQUITY LP
ENERGY TRANSFER PARTNERS LP
GENESIS ENERGY LP
HOLLY ENERGY PARTNERS
MAGELLAN MIDSTREAM PARTNERS LP
MPLX LP
NOBLE MIDSTREAM PARTNERS LP
NGL ENERGY PARTNERS LP
TARGA RESOURCES PARTNERS LP
NUSTAR ENERGY LP
NUSTAR GP HOLDINGS LLC
NORTHERN TIER ENERGY LP
ONEOK PARTNERS LP
PLAINS ALL AMERICAN PIPELINE LP
PBF LOGISTICS LP
PHILLIPS 66 PARTNERS LP
PENNTEX MIDSTREAM PARTNERS LP
RICE MIDSTREAM PARTNERS LP
SHELL MIDSTREAM PARTNERS LP
SUMMIT MIDSTREAM PARTNERS LP
SUBURBAN PROPANE PARTNERS LP
SPRAGUE RESOURCES LP
SUNOCO LOGISTICS PARTNERS LP
TALLGRASS ENERGY PARTNERS LP

TEEKAY LNG PARTNERS LP
TESORO LOGISTICS LP
USA COMPRESSION PARTNERS LP
VALERO ENERGY PARTNERS LP
WESTERN GAS PARTNERS LP
WESTLAKE CHEMICAL PARTNERS LP
WESTERN REFINING LOGISTICS LP
WILLIAMS PARTNERS LP

IRC 754 STATEMENT

THE TAXPAYER IS A TRANSFEREE PARTNER IN THE FOLLOWING PARTNERSHIPS THAT HAVE MADE A SPECIAL ADJUSTMENT UNDER INTERNAL REVENUE CODE SECTION 743(B) PURSUANT TO THE IRC SECTION 754 ELECTION MADE BY THE PARTNERSHIPS. THE SPECIAL BASIS ADJUSTMENT WAS MADE IN ACCORDANCE WITH THE RULES PROVIDED IN IRC SECTION 743 AND 755 AND THE REGULATIONS THEREUNDER. DETAILED INFORMATION IS AVAILABLE IN THE OFFICES OF THE GENERAL PARTNERS UPON REQUEST.

FOLLOWING IS THE LIST OF PARTNERSHIPS TO WHICH THE 754 STATEMENT APPLIES:
AMERIGAS PARTNERS LP
ENABLE MIDSTREAM PARTNERS LP

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS AND S CORPORATIONS STATEMENT 3

DESCRIPTION	AMOUNT
TRADE/BUSINESS INCOME OR LOSS FROM PARTNERSHIPS	-11,156,944.
INTEREST INCOME FROM PARTNERSHIPS	17,196,097.
DIVIDEND INCOME FROM PARTNERSHIPS	46,882.
OTHER PORTFOLIO INCOME FROM PARTNERSHIPS	944,279.
ORD.GAIN FROM SEC.987 ADJ. FROM PARTNERSHIPS	3,216.
INVESTMENT INTEREST EXPENSE FROM PARTNERSHIPS	-2,945,769.
FOREIGN TAX WITHHELD FROM PARTNERSHIPS	-474,415.
STATE TAX PAID/WITHHELD FROM PARTNERSHIPS	-16,537.
PORTFOLIO DEDUCTIONS FROM PARTNERSHIPS	-1,921,404.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	1,675,405.

FORM 990-T OTHER INCOME STATEMENT 4

DESCRIPTION	AMOUNT
BILLING RECEIPTS	48,527.
CLINICAL ENGINEERING SERVICES	3,055,351.
TRAINING COURSES	45,453.
STATE TAX REFUNDS	73,818.
THE BJC COLLABORATIVE LLC EXPENSE REIMBURSEMENTS	277,923.
TOTAL TO FORM 990-T, PAGE 1, LINE 12	3,501,072.

FORM 990-T CONTRIBUTIONS STATEMENT 5

DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
VARIOUS-THROUGH K-1	N/A	7,433.
VARIOUS-BJC	N/A	1,674,364.
TOTAL TO FORM 990-T, PAGE 1, LINE 20		1,681,797.

FORM 990-T OTHER DEDUCTIONS STATEMENT 6

DESCRIPTION	AMOUNT
RENT EXPENSE	1,635.
SUPPLIES	1,300,347.
PURCHASED SERVICES	170,262.
UTILITIES	137.
ALLOCATED OVERHEAD INCL INFO SYS	523,887.
INFO SYSTEMS DIRECT COSTS	3,474.
MISCELLANEOUS	5,264.
OTHER EXPENSES	8,556.
PROFESSIONAL INVESTMENT ADVICE FEES	3,547,489.
TAX PREPARATION FEES	528,372.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	6,089,423.

FORM 990-T CONTRIBUTIONS SUMMARY STATEMENT 7

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT			
CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS			
FOR TAX YEAR 2011	1,041		
FOR TAX YEAR 2012			
FOR TAX YEAR 2013	3,359,357		
FOR TAX YEAR 2014	1,040,097		
FOR TAX YEAR 2015	1,669,779		
TOTAL CARRYOVER		6,070,274	
TOTAL CURRENT YEAR 10% CONTRIBUTIONS		1,681,797	
TOTAL CONTRIBUTIONS AVAILABLE		7,752,071	
TAXABLE INCOME LIMITATION AS ADJUSTED		0	
EXCESS 10% CONTRIBUTIONS		7,752,071	
EXCESS 100% CONTRIBUTIONS		0	
TOTAL EXCESS CONTRIBUTIONS		7,752,071	
ALLOWABLE CONTRIBUTIONS DEDUCTION			0
TOTAL CONTRIBUTION DEDUCTION			0

FORM 990-T NET OPERATING LOSS DEDUCTION STATEMENT 8

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/10	1,858,441.	736,283.	1,122,158.	1,122,158.
12/31/11	1,608,343.	0.	1,608,343.	1,608,343.
12/31/13	1,934,787.	0.	1,934,787.	1,934,787.
12/31/14	9,045,952.	0.	9,045,952.	9,045,952.
12/31/15	5,595,151.	0.	5,595,151.	5,595,151.
NOL CARRYOVER AVAILABLE THIS YEAR			19,306,391.	19,306,391.

FORM 990-T NAME OF FOREIGN COUNTRY IN WHICH ORGANIZATION HAS FINANCIAL INTEREST STATEMENT 9

NAME OF COUNTRY
CANADA
CAYMAN ISLANDS

FORM 4626 AMT CONTRIBUTION LIMITATION STATEMENT 10

1) REGULAR TAXABLE INCOME BEFORE NOL, CHARITABLE CONTRIBUTIONS, AND DOMESTIC PRODUCTION ACTIVITIES DEDUCTION (DPAD)	2,288,351
2) ADD: OTHER AMT ADJUSTMENT AND PREFERENCE ITEMS OTHER THAN ACE, CHARITABLE CONTRIBUTIONS AND DPAD	1,232,332
3) PREADJUSTMENT AMTI BEFORE ACE, CHARITABLE DEDUCTIONS, NOL AND DPAD	3,520,683
4) ACE ADJUSTMENT ITEMS	
5) ACE WITHOUT CHARITABLE CONTRIBUTIONS (LINE 3 PLUS LINE 4)	3,520,683
6) LINE 5 LESS LINE 3 (ENTER EXCESS AS A NEGATIVE AMOUNT)	
7) MULTIPLY LINE 6 BY 75%. ENTER RESULT AS A POSITIVE AMOUNT	
8) ENTER EXCESS OF THE CORPORATION'S PRIOR YEAR NET INCREASES IN AMTI DUE TO ACE	
9) ACE ADJUSTMENT: IF LINE 6 IS POSITIVE OR ZERO ENTER THE AMOUNT FROM LINE 7 HERE AS A POSITIVE AMOUNT IF LINE 6 IS NEGATIVE, ENTER THE SMALLER OF LINE 7 OR LINE 8 HERE AS A NEGATIVE AMOUNT	
10) AMTI WITHOUT CHARITABLE CONTRIBUTIONS, NOL AND DPAD (LINE 3 PLUS LINE 9)	3,520,683
11) CONTRIBUTION LIMITATION TO CALCULATE 90% AMTI LIMITATION FOR NOL .(LINE 10 PLUS SPECIAL DEDUCTIONS NOT PREVIOUSLY INCLUDED IN THE ACE ADJUSTMENT ON LINE 9 ABOVE, MULTIPLIED BY 10%).	352,068
12) TOTAL AVAILABLE CONTRIBUTIONS	7,646,871
13) CONTRIBUTION DEDUCTION TO CALCULATE 90% AMTI LIMITATION FOR NOL (LESSER OF LINE 11 OR LINE 12)	352,068
14) AMTI FOR PURPOSES OF 90% NOL LIMITATION (LINE 10 LESS LINE 13)	3,168,615
15) NOL LIMITATION (90% OF LINE 14).	2,851,754
16) TOTAL NOL AVAILABLE	915,714
17) AMT NOL (LESSER OF LINE 15 OR LINE 16)	915,714
18) AMTI FOR CHARITABLE DEDUCTION LIMITATION (LINE 10 PLUS SPECIAL DEDUCTIONS LESS AMT NOL ON LINE 17)	2,604,969
19) 10% OF LINE 18	260,497
20) AMT CHARITABLE DEDUCTION (LESSER OF LINE 12 OR LINE 19)	260,497
21) REGULAR CONTRIBUTION DEDUCTION	0
22) AMT CONTRIBUTION ADJUSTMENT (LINE 21 LESS LINE 20)	-260,497

FORM 4626 AMT CONTRIBUTIONS STATEMENT 11

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS		
FOR TAX YEAR 2011		
FOR TAX YEAR 2012		
FOR TAX YEAR 2013	3,359,357	
FOR TAX YEAR 2014	935,938	
FOR TAX YEAR 2015	1,669,779	
TOTAL CARRYOVER		5,965,074
CURRENT YEAR CONTRIBUTIONS		1,681,797
TOTAL CONTRIBUTIONS		7,646,871
10% OF TAXABLE INCOME AS ADJUSTED		260,497
EXCESS CONTRIBUTIONS		7,386,374
ALLOWABLE CONTRIBUTIONS		260,497

FORM 4626 OTHER AMT ADJUSTMENTS STATEMENT 12

DESCRIPTION	AMOUNT
CHARITABLE CONTRIBUTIONS	-260,497.
TOTAL TO FORM 4626, LINE 20	-260,497.

FORM 4626 ALTERNATIVE MINIMUM TAX NOL DEDUCTION STATEMENT 13

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING
12/31/10	889,754.	889,754.	0.
12/31/13	656,726.	656,726.	0.
12/31/15	915,714.	0.	915,714.
AMT NOL CARRYOVER AVAILABLE THIS YEAR			915,714.

SCHEDULE D CAPITAL LOSS CARRYOVER STATEMENT 14

LOSS YEAR	ORIGINAL LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING
2011			
2012			
2013			
2014			
2015	4,190,831		4,190,831
CAPITAL LOSS CARRYOVER TO CURRENT TAXABLE YEAR			4,190,831

BJC HEALTH SYSTEM (DBA BJC HEALTHCARE) 43-1617558
2016 Form 990-T
Part II, Line 31 Statement 17

Net Operating Loss Deduction

Year	Amount Incurred	Year(s) Utilized	Amount Utilized	Amount Expired	Amount Available
12/31/2010	1,858,441	12/31/2012	736,283		0
		12/31/2016	1,122,158		
12/31/2011	1,608,343	12/31/2016	1,167,193		441,150
12/31/2012	0				0
12/31/2013	1,934,787				1,934,787
12/31/2014	9,045,952				9,045,952
12/31/2015	5,595,151				5,595,151
12/31/2016	0				0
12/31/2016 Adjustment *	228,935				228,935
Carryforward to 12/31/2017	20,271,609		3,025,634	0	17,245,975
		12/31/2012	736,283		
		12/31/2016	2,289,351		
			3,025,634		

*

Federal contribution carryover has been adjusted due to net operating loss carryover per Income Tax Regulations Sec. 1.170A-11(C)(2) as follows:

Contribution deduction before NOL	228,935
Less contribution deduction after NOL	0
Adjustment to contribution carryover	228,935

BJC HEALTH SYSTEM (DBA BJC HEALTHCARE) 43-1617558
2016 Form 990-T, Form 4626
Line 6 Statement 18

Alternative Minimum Tax Net Operating Loss Deduction

Year	Amount Incurred	Year(s) Utilized	Amount Utilized	Amount Expired	Amount Available
12/31/2015	915,714	12/31/2016	915,714		0
12/31/2016	0				0
12/31/2016 Adjustment *	91,571				91,571
Carryforward to 12/31/2017	1,007,285		915,714	0	91,571

*

Federal contribution carryover has been adjusted due to net operating loss carryover per Income Tax Regulations Sec. 1.170A-11(C)(2) as follows:

Contribution deduction before NOL	91,571
Less contribution deduction after NOL	0
Adjustment to contribution carryover	91,571

BJC HEALTH SYSTEM (DBA BJC HEALTHCARE) 43-1617558
2016 Form 990-T
Part II, Line 20 Statement 19

Charitable Contributions

Year	Contribution Deduction	Year(s) Deducted	Amount Deducted	Amount Expired	Amount Available
12/31/2008	395,612			395,612	0
12/31/2009	201,285			201,285	0
12/31/2010	460			460	0
12/31/2011	1,041				1,041
12/31/2012	0				0
12/31/2013	3,359,357				3,359,357
12/31/2014	1,040,097				1,040,097
12/31/2015	1,669,779				1,669,779
12/31/2016	1,681,797				1,681,797
12/31/2016 Adjustment *	(228,935)				(228,935)
Carryforward to 12/31/2017	8,120,493		0	597,357	7,523,136

*

Federal contribution carryover has been adjusted due to net operating loss carryover per Income Tax Regulations Sec. 1.170A-11(C)(2) as follows:

Contribution deduction before NOL	228,935
Less contribution deduction after NOL	0
Adjustment to contribution carryover	228,935

BJC HEALTH SYSTEM (DBA BJC HEALTHCARE) 43-1617558
2016 Form 990-T, Form 4626
Line 2o Statement 20

Alternative Minimum Tax Charitable Contributions

Year	Contribution Deduction	Year(s) Deducted	Amount Deducted	Amount Expired	Amount Available
12/31/2008	583,964	12/31/2012	24,524	559,440	0
12/31/2009	201,285			201,285	0
12/31/2010	460			460	0
12/31/2011	0				0
12/31/2012	1,268	12/31/2012	1,268		0
12/31/2013	3,359,357	12/31/2016	260,497		3,098,860
12/31/2014	1,040,097	12/31/2014	104,159		935,938
12/31/2015	1,669,779				1,669,779
12/31/2016	0				0
12/31/2016 Adjustment *	(91,571)				(91,571)
Carryforward to 12/31/2016	6,764,639		390,448	761,185	5,613,006
		12/31/2012	25,792		
		12/31/2014	104,159		
		12/31/2016	260,497		
			390,448		

*

Federal contribution carryover has been adjusted due to net operating loss carryover per Income Tax Regulations Sec. 1.170A-11(C)(2) as follows:

Contribution deduction before NOL	91,571
Less contribution deduction after NOL	0
Adjustment to contribution carryover	91,571

BJC HEALTH SYSTEM (DBA BJC HEALTHCARE) 43-1617558
2016 Form 990-T
Part II, Line 31 Statement 21

Percentage Depletion

Year	Amount Incurred	Year(s) Utilized	Amount Utilized	Carryovers Lost on Partnerships Disposed	Amount Available
12/31/2009	58,808				58,808
12/31/2010	108,603				108,603
12/31/2011	316,138			3,329	312,809
12/31/2012	470,282			15,440	454,842
12/31/2013	297,113			7,133	289,980
12/31/2014	269,255			3,507	265,748
12/31/2015	537,356				537,356
12/31/2016	220,654				220,654
Carryforward to 12/31/2017	2,278,209		0	29,409	2,248,800

BJC HEALTH SYSTEM (DBA BJC HEALTHCARE) 43-1617558
2016 Form 990-T
Part II, Line 31 Statement 22

Percentage Depletion-AMT

Year	Amount Incurred	Year(s) Utilized	Amount Utilized	Carryovers Lost on Partnerships Disposed	Amount Available
12/31/2013	297,113	12/31/2014	296,182	931	0
12/31/2014	269,255	12/31/2014	269,255		0
12/31/2015	537,356	12/31/2016	537,356		0
12/31/2016	220,654	12/31/2016	220,654		0
Carryforward to 12/31/2017	1,324,378		1,323,447	931	0
		12/31/2014	565,437		
		12/31/2016	758,010		
			1,323,447		

BJC HEALTH SYSTEM (DBA BJC HEALTHCARE)
2016 Form 990-T

Statement 23

Capital Loss

	Year	Capital Losses	Year(s) Deducted	Amount Deducted	Amount Expired	Amount Available
	12/31/2015	4,190,831				4,190,831
	12/31/2016	5,515,408				5,515,408
Carryforward to 12/31/2017		9,706,239		0	0	9,706,239

BJC HEALTH SYSTEM (DBA BJC HEALTHCARE)
2016 Form 990-T

Statement 24

Capital Loss-AMT

Year	Capital Losses	Year(s) Deducted	Amount Deducted	Amount Expired	Amount Available
12/31/2015	4,190,831				4,190,831
12/31/2016	5,515,408				5,515,408
Carryforward to 12/31/2017	9,706,239		0	0	9,706,239

BJC HEALTH SYSTEM STATEMENT 25
EIN: 43-1617558
SECTION 1.263(a)-1(f) DE MINIMIS SAFE HARBOR ELECTION FOR
TAX YEAR ENDING 12/31/2016

SECTION 1.263(a)-1(f) DE MINIMIS SAFE HARBOR ELECTION STATEMENT

TAXPAYER NAME:	BJC HEALTH SYSTEM ("TAXPAYER")
TAXPAYER ADDRESS:	4901 FOREST PARK AVE MS9075570
	ST.LOUIS, MO 63108-1402
TAXPAYER EIN:	43-1617558

THE ABOVE-REFERENCED TAXPAYER IS MAKING THE DE MINIMIS SAFE HARBOR ELECTION UNDER SECTION 1.263(a)-1(f) FOR ITS TAX YEAR ENDING 12/31/2016.

BJC HEALTH SYSTEM STATEMENT 26
EIN: 43-1617558
SECTION 1.263(a)-3(n) ELECTION FOR TAX YEAR ENDING 12/31/2016

SECTION 1.263(a)-3(n) ELECTION STATEMENT

TAXPAYER NAME:	BJC HEALTH SYSTEM ("TAXPAYER")
TAXPAYER ADDRESS:	4901 FOREST PARK AVE MS9075570
	ST.LOUIS, MO 63108-1402
TAXPAYER EIN:	43-1617558

THE ABOVE-REFERENCED TAXPAYER IS MAKING THE ELECTION TO CAPITALIZE REPAIR AND MAINTENANCE COSTS UNDER SECTION 1.263(a)-3(n) FOR ITS TAX YEAR ENDING 12/31/2016.