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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

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017

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)
4901 FOREST PARK AVE MS 90-75-570

Room/suite

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

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 (SEE SCHEDULE O FOR REMAINDER OF MISSION STATEMENT) BJC OPERATES 15 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 $ 194,521,828 including grants of $) (Revenue $ 194,521,828)

See Additional Data

4b (Code) (Expenses $ 180,038,335 including grants of $) (Revenue $ 180,038,333)

See Additional Data

4c (Code) (Expenses $ 50,177,108 including grants of $) (Revenue $ 50,177,108)

See Additional Data

(Code) (Expenses $ 229,217,950 including grants of $ 178,778,354) (Revenue $ 264,278,728)

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

4d Other program services (Describe in Schedule O)

(Expenses $ 229,217,950 including grants of $ 178,778,354) (Revenue $ 264,278,728)

4e **Total program service expenses ▶** 653,955,221

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

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	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**		
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**	Yes	
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	3,538		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	3,233		
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
▶LORI SCHREINER 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 O	40 00	X		X				10,226,272	0	1,840,804
(2) BJC HEALTH SYS GROUP RETURN SEE SCHEDULE O	40 00				X			1,445,639	0	257,872
(3) BJC HEALTH SYS GROUP RETURN SEE SCHEDULE O	40 00					X		4,668,315	0	425,855
(4) BJC HEALTH SYS GROUP RETURN FORMER SEE SCHEDULE O	0 00						X	1,673,176	0	121,957

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) . . . . . ▶								18,013,402	0	2,646,488

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 ▶ 452

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

Check if Schedule O contains a response 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	311,000			
	e Government grants (contributions)	1e	89,943			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	510,153			
	g Noncash contributions included in lines 1a-1f $ 9,899					
	h **Total.** Add lines 1a-1f		911,096			
Program Service Revenue		Business Code				
	2a SVCS TO AFFILIATES	561000	576,461,955	576,461,955		
	b PROGRAM SVC REVENUE	621110	102,875,804	102,875,804		
	c WASHINGTON UNIV OTHER	531190	8,169,881	236,015	7,933,866	
	d PROGRAM OTHER OPER INC	900099	1,312,796	1,312,796		
	e BILLING REVENUE	541900	116,080	100,820	15,260	
	f All other program service revenue		79,481	79,481		
	g **Total.** Add lines 2a–2f		689,015,997			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		81,791,125		-1,197,484	82,988,609
	4 Income from investment of tax-exempt bond proceeds		12,049,679			12,049,679
	5 Royalties		1,393			1,393
		(i) Real	(ii) Personal			
	6a Gross rents	755,907				
	b Less rental expenses	0				
	c Rental income or (loss)	755,907				
	d Net rental income or (loss)		755,907			755,907
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	2,815,673,917	8,216			
	b Less cost or other basis and sales expenses	2,554,933,034	13,889			
	c Gain or (loss)	260,740,883	-5,673			
	d Net gain or (loss)		260,735,210			260,735,210
	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 CLIN ENG & TRAIN REV	611600	3,608,699		3,608,699	
	b OTHER OPERATING INCOME	900099	3,309,276			3,309,276
	c EMPLOYEE SWIPE REVENUE	900099	324,238			324,238
	d All other revenue		2,305,649			2,305,649
	e **Total.** Add lines 11a–11d		9,547,862			
	12 Total revenue. See Instructions		1,054,808,269	681,066,871	10,360,341	362,469,961

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	178,728,354	178,728,354		
2 Grants and other assistance to domestic individuals See Part IV, line 22	50,000	50,000		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	22,601,487		22,601,487	
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	281,152,968	215,805,259	65,347,709	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	23,821,412	15,442,218	8,379,194	
9 Other employee benefits	24,644,083	17,176,771	7,467,312	
10 Payroll taxes	21,955,808	15,827,782	6,128,026	
11 Fees for services (non-employees)				
a Management	257,826		257,826	
b Legal	10,836,885		10,836,885	
c Accounting	1,188,093		1,188,093	
d Lobbying	666,458		666,458	
e Professional fundraising services See Part IV, line 17				
f Investment management fees	2,844,295		2,844,295	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	104,554,345	76,097,476	28,456,869	
12 Advertising and promotion	2,693,316	641,814	2,051,502	
13 Office expenses	5,799,814	3,377,953	2,421,861	
14 Information technology	65,311,273	45,014,986	20,296,287	
15 Royalties				
16 Occupancy	33,110,470	22,572,166	10,538,304	
17 Travel	3,164,584	2,423,203	741,381	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,766,369	1,295,151	471,218	
20 Interest	6,801,977		6,801,977	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	11,831,275	11,801,913	29,362	
23 Insurance	-1,084,234	-2,933,422	1,849,188	
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	47,272,793	34,917,932	12,354,861	
b MEDICAL SUPPLIES	8,450,763	8,450,763		
c RECRUITMENT	4,185,240	4,068,232	117,008	
d CATERING AND MEAL CHARG	1,653,061	1,184,665	468,396	
e All other expenses	17,258,142	2,012,005	15,246,137	
25 **Total functional expenses.** Add lines 1 through 24e	881,516,857	653,955,221	227,561,636	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 IX . . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	301,274	1	9,752
	2	Savings and temporary cash investments	31,440,216	2	20,424,807
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	6,446,292	4	5,225,840
	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	10,550,894	7	10,550,894
	8	Inventories for sale or use	4,553,476	8	3,008,196
	9	Prepaid expenses and deferred charges	39,445,968	9	47,560,650
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 558,041,640			
	b	Less accumulated depreciation — 10b: 196,618,026	366,044,523	10c	361,423,614
	11	Investments—publicly traded securities	2,234,560,894	11	1,603,621,517
	12	Investments—other securities See Part IV, line 11	1,689,854,774	12	2,695,300,216
	13	Investments—program-related See Part IV, line 11	22,800,402	13	19,073,539
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	98,622,738	15	102,621,380
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	4,504,621,451	16	4,868,820,405
Liabilities	17	Accounts payable and accrued expenses	277,999,021	17	264,959,485
	18	Grants payable		18	
	19	Deferred revenue	8,000,032	19	0
	20	Tax-exempt bond liabilities	1,644,810,000	20	1,952,930,000
	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	836,049,562	25	1,004,156,822
	26	**Total liabilities.** Add lines 17 through 25	2,766,858,615	26	3,222,046,307
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	1,737,728,020	27	1,646,761,282
	28	Temporarily restricted net assets	34,816	28	12,816
	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	1,737,762,836	33	1,646,774,098
	34	Total liabilities and net assets/fund balances	4,504,621,451	34	4,868,820,405

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	1,054,808,269
2	Total expenses (must equal Part IX, column (A), line 25)	2	881,516,857
3	Revenue less expenses Subtract line 2 from line 1	3	173,291,412
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,737,762,836
5	Net unrealized gains (losses) on investments	5	43,868,659
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	-308,148,811
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,646,774,098

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 (2017)

Form 990, Part III, Line 4a:

BJC INFORMATION SERVICES AND TECHNOLOGY SERVICES DEPARTMENT PLANS, DEVELOPS AND SUPPORTS INFORMATION TECHNOLOGY AND TELECOMMUNICATIONS INITIATIVES THROUGHOUT BJC THE 700-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

Form 990, Part III, Line 4b:

2017 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 705,110 VISITS

Form 990, Part III, Line 4c:

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 15 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

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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

2017

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 12, 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

_____

10 ☐ 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)

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

12 ☑ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

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- 10 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						
Total 3					416,836,533	0

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170 (b)(1)(A)(ix)**

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
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)2013	(b)2014	(c)2015	(d)2016	(e)2017	(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 2017 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2016 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2017.** 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—2016.** 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—2017.** 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—2016.** 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 10 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2016** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2017.** 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—2016.** 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 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d 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 12a or 12b 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	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 I of Schedule L (Form 990 or 990-EZ)*	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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b 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		

Part IV Supporting Organizations (continued)

			Yes	No
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

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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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 (explain in Part VI) **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 2017 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-2017**	**(iii) Distributable Amount for 2017**
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 **Excess distributions carryover to 2018.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
SECTION A, LINE 6	DURING 2017, BJC HEALTH SYSTEM (BJC) PROVIDED GRANTS OR ALLOCATIONS TO OTHER ORGANIZATIONS AND COMMUNITY GROUPS ON BEHALF OF ITS SUPPORTED ORGANIZATIONS THE PURPOSE OF THESE GRANT S WERE TO FURTHER THE CHARITABLE, SCIENTIFIC AND EDUCATIONAL PURPOSES OF THE SUPPORTED ORG ANIZATIONS AND TO PROMOTE AND SUPPORT THE INTERESTS AND PURPOSES OF THOSE SUPPORTED ORGANI ZATIONS SPECIFIED IN BJC'S ORGANIZING DOCUMENTS THESE GRANTS AND ALLOCATIONS WERE INSIGNI FICANT IN RELATION TO BJC HEALTH SYSTEM'S OVERALL ACTIVITIES

990 Schedule A, Supplemental Information

Return Reference	Explanation
SECTION D, LINE 3	BJC MAINTAINS A CLOSE AND CONTINUOUS WORKING RELATIONSHIP WITH ITS SPECIFIED SUPPORTED ORG ANIZATIONS AND APPOINTS THE MAJORITY OF OFFICERS AND DIRECTORS SERVING ON THE BOARDS OF TH ESE SUPPORTED ORGANIZATIONS BECAUSE AND AS A RESULT OF THIS CLOSE WORKING RELATIONSHIP, T HE SPECIFIED SUPPORTED ORGANIZATIONS PROVIDE INPUT ON MONTHLY FINANCIAL OPERATIONS, ANNUAL BUDGET PROCESS INCLUDING ALLOCATIONS FOR CAPITAL PROJECTS, USE OF HEALTH INFORMATION SYST EMS AND OTHER MATTERS CONCERNING SUBORDINATE HOSPITAL OPERATIONS

990 Schedule A, Supplemental Information

Return Reference	Explanation
SECTION E, LINE 3A	AS SOLE MEMBER OF ITS SUPPORTED ORGANIZATIONS, BJC HEALTH SYSTEM HAS RESERVED POWERS TO AP POINT 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

990 Schedule A, Supplemental Information

Return Reference	Explanation
SECTION E, LINE 3B	BJC HEALTH SYSTEM (BJC) EXERCISES A SUBSTANTIAL DEGREE OF DIRECTION OVER THE POLICIES, PRO GRAMS AND ACTIVITIES OF EACH OF ITS SUPPORTED ORGANIZATIONS BJC REQUIRES THAT EACH SUPPOR TED ORGANIZATION ADOPT ITS STANDARD CONFLICT OF INTEREST, WHISTLEBLOWER, DOCUMENT RETENTIO N, 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 12g - 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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) BARNES-JEWISH HOSPITAL	237309937	3	Yes		259,888,101	0
(A) MISSOURI BAPTIST MEDICAL CENTER	430652656	3	Yes		82,055,208	0
(B) ST LOUIS CHILDREN'S HOSPITAL	430654870	3	Yes		74,893,224	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

2017

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

[redacted]

[redacted]

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		666,458
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total Add lines 1c through 1i			666,458
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," [redacted]			

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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

2017

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.

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

b If "Yes," explain the arrangement in Part XIII and complete the following table

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

2a Did the organization include an amount on Form 990, Part X, line 21, 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" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c 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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		11,485,859		11,485,859
b Buildings		57,820,569	48,825,942	8,994,627
c Leasehold improvements		16,730,558	13,887,137	2,843,421
d Equipment		145,680,507	113,073,369	32,607,138
e Other		326,324,147	20,831,578	305,492,569
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				361,423,614

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	727,692,781	F
(B) HEDGE FUNDS	547,406,726	F
(C) REAL ESTATE FUNDS	502,081,214	F
(D) OTHER	918,119,495	F
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	2,695,300,216	

Part VIII **Investments—Program Related.**

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	

[redacted]

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	88,752,664
PENSION LIABILITY	551,742,012
OTHER CURRENT LIAB	5,369,572
OTHER LONG TERM LIABILITIES	103,000,607
SELF FUNDED MALPR	143,752,313
INTEREST PAYABLE	24,606,607
DEFERRED COMPENSATION PAYABLE	37,997,537
RELATED PARTY LIABILITY	48,935,510

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE AUTHORITATIVE GUIDANCE IN ASC 740, INCOME TAXES, CREATES A SINGLE MODEL TO ADDRESS UNC ERTAINTY 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 ORGANIZAT

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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

2017

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

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	(d) Amount of	(e) Manner of cash	(f) Amount of	(g) Description	(h) Method of

[redacted]

5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	0 %		0 %		0 460 %		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

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 separately 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

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).

ReturnReference	Explanation

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

(a) Region	(b) Number of offices in the	(c) Number of employees or	(d) Activities conducted in region (by type) (i.e.	(e) If activity listed in (d) is a program service	(f) Total expenditures for region

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

(a) Region	(b) Number of offices in the	(c) Number of employees or	(d) Activities conducted in region (by type) (i.e.	(e) If activity listed in (d) is a program service	(f) Total expenditures for region

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			PROGRAM SERVICES	PROGRAM SERVICES EXPENSES INCLUDING CLINICAL EXCELLENCE, HEALTHCARE EQUIPMENT AND SUPPLY PURCHASES	84,182
NORTH AMERICA			INVESTMENTS		42,256,668

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	1		INVESTMENT EXPENDITURES		2,209,011
NORTH AMERICA			PROGRAM SERVICES	PROGRAM SERVICES EXPENSES INCLUDING HEALTHCARE CLINICAL EQUIPMENT AND SUPPLY PURCHASES	622,441

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
MIDDLE EAST AND NORTH AFRICA	0		PROGRAM SERVICES	PROGRAM SERVICES EXPENSES INCLUDING HEALTHCARE CLINICAL EQUIPMENT AND SUPPLY PURCHASES	3,000
SOUTH AMERICA	0		INVESTMENT EXPENDITURES		6,850

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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

2017

Open to Public Inspection

Name of the organization

Employer identification number

[redacted]

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	(c) Amount of	(d) Amount of	(e) Method of valuation (book	(f) Description of noncash assistance

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
[redacted]							

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 OASIS INSTITUTE 11780 BORMAN DRIVE SUITE 400 ST LOUIS, MO 63146	43-1830354	501(C)(3)	400,000				SUPPORT SERVICES AND PROGRAMS FOR OLDER ADULTS TO KEEP THEM HEALTHY, ACTIVE, AND ENGAGED

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 ST LOUIS, MO 63108	30-0082817	501(C)(3)	217,568				SUPPORT COMMUNITY DETERIORATION AND FOSTER URBAN GROWTH WITHIN THE COMMUNITES
THE SCHOLARSHIP FOUNDATION OF ST LOUIS 6825 CLAYTON AVE SUITE 100 ST LOUIS, MO 63139	43-6031323	501(C)(3)	168,000				SUPPORT POSTSECONDARY EDUCATION IN THE COMMUNITY

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 FOUNDATION FOR HEALTH 415 S 18TH ST STE 400 ST LOUIS, MO 63103	43-1880952	501(C)(3)	132,000				SUPPORT THE COMMUNITY A GRANT TO BUILD WALKING PATH IN FARMINGTON
PARENTS AS TEACHERS	43-1569124	501(C)(3)	100.000				SUPPORT CIVIC

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

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
AMERICAN HEART ASSOCIATION MIDWEST AFFILIATE PO BOX 50035 PRESCOTT, AZ 863045035	13-5613797	501(C)(3)	75,000				SUPPORT AND BUILD HEALTHIER LIVES FREE OF CARDIOVASCULAR DISEASES AND STROKE
NATIONAL CENTER FOR HEALTHCARE LEADERSHIP 1700 W VAN BUREN SUITE 126B CHICAGO, IL 60612	36-4483505	501(C)(3)	50,000				SUPPORT BEST PRACTICE IN EXCELLENCE IN HEALTHCARE LEADERSHIP AND MANAGEMENT

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

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
CIVIC PROGRESS 800 MARKET STREET SUITE 1900 ST LOUIS, MO 63101	43-0965792	501(C)(3)	40,000				SUPPORT BUSINESS BY WORKING ON INITIATIVES TO IMPROVE THE REGION'S ECONOMY
ST LOUIS AMERICAN FOUNDATION 2315 PINE STREET ST LOUIS, MO 63103	43-1686282	501(C)(3)	28,375				SUPPORT OF EDUCATION AND 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
AMERICAN JEWISH COMMITTEE 165 EAST 56 STREET NEW YORK, NY 10022	13-5563393	501(C)(3)	18,000				SUPPORT JEWISH PEOPLE AND TO ADVANCE HUMAN RIGHTS AND DEMOCRATIC VALUES
NATIONAL MULTIPLE SCLEROSIS SOCIETY 1867 LACKLAND HILL PARKWAY ST LOUIS, MO 63146	13-5661935	501(C)(3)	15,500				SUPPORT FOR RESEARCH FOR MULTIPLE SCLEROSIS

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

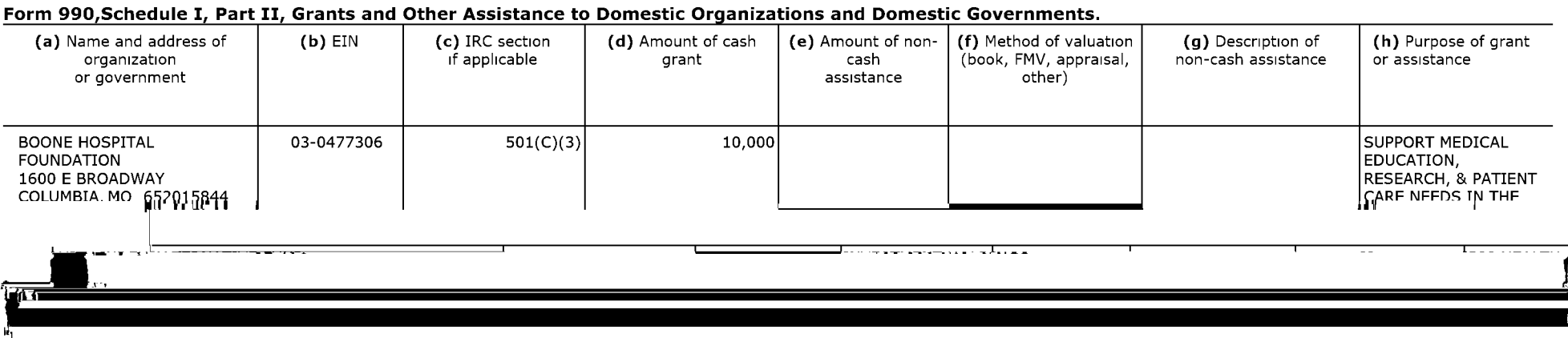
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
URBAN LEAGUE METROPOLITAN STL	43-0653605	501(C)(3)	15,000				SUPPORT ECOMOMIC PROSPERITY

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

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	(g) Description of	(h) Purpose of grant
[redacted]							

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
BOONE HOSPITAL FOUNDATION 1600 E BROADWAY COLUMBIA, MO 652015844	03-0477306	501(C)(3)	10,000				SUPPORT MEDICAL EDUCATION, RESEARCH, & PATIENT CARE NEEDS IN THE



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

(a) Name and address of organization	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash	(f) Method of valuation (book, FMV, appraisal	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
[redacted]							
BARNES-JEWISH HOSPITAL				R	2,113,613,788		

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
MENTAL HEALTH AMERICA 1905 S GRAND BLVD ST LOUIS, MO 63104	43-0685341	501(C)(3)	10,000				SUPPORT MEDICAL EDUCATION, RESEARCH, & PATIENT CARE NEEDS IN THE COMMUNITIES
[redacted]							

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
AMERICAN RED CROSS EASTERN MISSOURI REG 10195 CORPORATE SQUARE DR ST LOUIS, MO 63132	53-0196605	501(C)(3)	10,000				SUPPORT FOR DISASTER PREPAREDNESS
CHRISTIAN HOSPITAL NORTHEAST NORTHWEST 11133 DUNN ROAD SUITE 300N ST LOUIS, MO 63136	43-6057893	501(C)(3)	9,460				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
ST LOUIS CRISIS NURSERY 11710 ADMINISTRATION DRIVE STE 18 ST LOUIS, MO 631463407	43-1410297	501(C)(3)	8,000				SUPPORT INFANT, CHILDREN AND FAMILIES WITH VARIOUS LEVELS OF ADVERSITY
[illegible]							

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 BAPTIST HEALTHCARE FOUNDATION 3015 NORTH BALLAS ROAD ST LOUIS, MO 63131	43-1472026	501(C)(3)	7,500				SUPPORT MEDICAL EDUCATION, RESEARCH, & PATIENT CARE NEEDS IN THE COMMUNITIES
THE FOUNDATION FOR BARNES JEWISH HOSPITAL 1001 HIGHLANDS PLAZA DR WEST SUITE 140 ST LOUIS, MO 63110	43-1648435	501(C)(3)	7,500				SUPPORT MEDICAL EDUCATION, RESEARCH, & PATIENT CARE NEEDS IN THE COMMUNITIES

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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

2017

Open to Public Inspection

Name of the organization
BJC HEALTH SYSTEM

Employer identification number
43-1617558

[redacted]

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
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 BJC HEALTH SYS GROUP RETURN SEE SCHEDULE O	(i)	6,929,501	3,015,638	281,133	1,564,540	276,264	12,067,076	338,476
	(ii)	0	0	0	0	0	0	0
2 BJC HEALTH SYS GROUP RETURN SEE SCHEDULE O	(i)	774,819	647,478	23,342	197,271	60,601	1,703,511	149,249
	(ii)	0	0	0	0	0	0	0
3 BJC HEALTH SYS GROUP RETURN SEE SCHEDULE O	(i)	4,196,746	440,730	30,839	275,672	150,183	5,094,170	0
	(ii)	0	0	0	0	0	0	0
4 BJC HEALTH SYS GROUP RETURN FORMER SEE SCHEDULE O	(i)	261,660	397,539	1,013,977	106,592	15,365	1,795,133	104,420
	(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 4	PURSUANT TO TREASURY REG SECTION 1 6033-2(D)(5), BJC HEALTH SYSTEM HAS ELECTED TO REPORT INFORMATION ABOUT CONTRIBUTIONS, GIFTS &

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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

2017

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	NONEAVAIL	10-31-2012	50,000,000	FUND CAPITAL EXP - SEE BELOW		X		X		X
B	HEALTH & EDUC FACILITIES AUTHORITY STATE OF MISSOURI	43-1178966	60635R2K2	04-22-2008	368,575,000	REFUND PRIOR BONDS & CAPITAL EXP - SEE BELOW		X		X		X
C	HEALTH & EDUC FACILITIES AUTHORITY STATE OF	43-1178966	NONEAVAIL	12-13-2011	200,000,000	FUND CAPITAL EXPENDITURES - SEE BELOW		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 %		0 250 %		0 520 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	0 %		0 250 %		0 520 %		0 %	

[redacted]

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								

Return Reference	Explanation
	SERIES 2012E BONDS WERE ISSUED AT A VARIABLE RATE WITH PROCEEDS OF $50M USED TO FINANCE CAPITAL

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 OR LOSS ON THE INVESTMENTS SERIES 2017ABC DID NOT HAVE INVESTMENT EARNINGS AS IT IS AN ADVANCED REFUNDING ISSUE

Return Reference	Explanation
SCHEDULE K, PART II, LINE 6	SERIES 2017ABC EARNINGS ON PROCEEDS IN REFUNDING ESCROW HAVE NOT BEEN INCLUDED

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

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, SERIES 2015, SERIES 2016A, SERIES 2016B, AND SERIES 2017DEFGHI

Return Reference	Explanation
SCHEDULE K, PART IV, LINE 2	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 "NO REBATE DUE " REBATE CALCULATION WAS PERFORMED ON APRIL 30,2017 SERIES 2017ABC IS "NO REBATE DUE" PROCEEDS ARE IN A YIELD RESTRICTED ESCROW ACCOUNT BELOW THE BOND YIELD

Return Reference	Explanation
	THE ORGANIZATION ENTERED INTO A QUALIFIED HEDGE RELATED TO SERIES 2008 A-E BONDS THE SERIES A-C HEDGES MATURE ON 5/15/2038 AT JP MORGAN THESE CARRY A FLOATING/FIXED RATE WHERE BJC PAYS 3 551% AND RECEIVES 68% OF ONE MONTH LIBOR THE ORGANIZATION ENTERED INTO A QUALIFIED HEDGE RELATED TO

Return Reference	Explanation
SCHEDULE K, PART IV, LINE 6	2017ABC GROSS PROCEEDS ARE IN A YIELD RESTRICTED ESCROW ACCOUNT BELOW THE BOND YIELD

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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

2017

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	60637AEG3	10-10-2013	100,000,000	FUND CAPITAL EXPENDITURES - SEE BELOW		X		X		X
B	HEALTH & EDUC FACILITIES AUTHORITY STATE OF MISSOURI	43-1178966	60637AEH1	10-31-2013	100,000,000	FUND CAPITAL EXPENDITURES - SEE BELOW		X		X		X
C	HEALTH & EDUC FACILITIES AUTHORITY STATE OF MISSOURI	43-1178966	60637AFE7	03-13-2014	209,195,546	FUND CAPITAL EXPENDITURES - SEE BELOW		X		X		X
D	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		5,920,000	3,950,000	
2	Amount of bonds legally defeased				
3	Total proceeds of issue	100,949,143	101,059,509	213,573,719	148,532,124
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	100,949,143	101,059,490	213,573,719	148,532,124

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								

[redacted]

(2)						
(3)						
(4)						
(5)						
3a Sub-total	1	0			1,738,435,364	

[redacted]

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).

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		

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 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

2017

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 11B	THE ORGANIZATION PREPARES DRAFT COPIES OF FORM 990 AND ATTACHMENTS FOR REVIEW BY MEMBERS O F MANAGEMENT THESE DRAFT COPIES HAVE BEEN REVIEWED BY A INDEPENDENT ACCOUNTING FIRM AFTE R 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 COMMITT EES OR INDIVIDUAL BOARD MEMBER REVIEWS ARE ADDRESSED IN ADVANCE OF SUBMISSION TO THE APPRO PRIATE TAXING AUTHORITIES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS COMPLIANCE WITH THE POLICY BY ISSUING ANNUALLY A CONFLICT OF INTEREST QUESTIONNAIRE REMINDING COVERED INDIVIDUALS OF THEIR 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

[redacted]

990 Schedule O, Supplemental Information

Return Reference	Explanation
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
FROM 990	PURSUANT TO TREASURY REG SECTION 1.6033-2(D)(5) PUCH HEALTH SYSTEM HAS ELECTED TO REPORT I

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	PURCHASED SERVICES PROGRAM SERVICE EXPENSES 64,658,442 MANAGEMENT AND GENERAL EXPENSES 1 9,099,490 TOTAL EXPENSES 83,757,932 GENERAL CONSULTING FEES PROGRAM SERVICE EXPENSES 8, 425,619 MANAGEMENT AND GENERAL EXPENSES 6,400,076 TOTAL EXPENSES 14,825,695 OTHER FEES PROGRAM SERVICE EXPENSES 3,013,415 MANAGEMENT AND GENERAL EXPENSES 2,957,303 TOTAL EXPE NSES 5,970,718

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	TRANSFERS TO/FROM BJC ENTITIES -123,841,997 INCREASE PENSION LIAB PER ACTURIAL REPORT -18 4,300,740 ASSET RELEASED FROM RESTRICTIONS -6,074

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 25	DURING 2017 BJC HEALTH SYSTEM (BJC) AGREED TO MAKE ANNUAL GIFTS TO WASHINGTON UNIVERSITY S CHOOL OF MEDICINE (WUSM) AS A COMMITMENT TO WUSM'S CLINICAL AND RESEARCH MISSIONS AS WE WO RK TOGETHER TO MAINTAIN OUR POSITION OF NATIONAL LEADERS IN PROVIDING HEALTH CARE TO THE C OMMUNITIES WE SERVE THUS, PROGRAM SERVICE EXPENSES FOR 2017 INCLUDES THE NET PRESENT VALU E OF ACCRUED CONTRIBUTIONS PAYABLE OF $20M PER YEAR THROUGH DECEMBER 31, 2027

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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

2017

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.

[redacted]

(1) BOOK BRIGADE PROGRAM, PUBLIC GRADE SCHOOL READING PROGRAM	24711		50,000	FMV	2ND GRADE READING BOOKS FOR STUDENTS IN THE ST LOUIS AREA IN PUBLIC SCHOOLS
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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 2017, BJC HEALTH SYSTEM AND AFFILIATES MADE GRANTS TO OTHER SECTION 501(C)(3) PUBLIC CHARITIES OR OTHER ORGANIZATIONS IN SUPPORT OF

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) THE HEART CARE INSTITUTE LLC 1020 NORTH MASON ROAD ST LOUIS, MO 63141 43-1870517	MEDICAL SERVICES	MO	N/A									
(2) GAMMA KNIFE CENTER AT BARNES JEWISH HOSP LLC ONE BARNES-JEWISH HOSP PLZ ST LOUIS, MO 63110 43-1846941	OUTPATIENT CARE SERVICES	MO	N/A									
(3) BJCHEALTHSOUTH REHABILITATION CENTER LLC 3660 GRANDVIEW PKWY BIRMINGHAM, AL 35243 63-1254288	MEDICAL SERVICES	AL	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									
(5) Y-SIHVI LLC 4500 MEMORIAL DRIVE BELLEVILLE, IL 62226 37-1385862	PHYSICAL THERAPY & FITNESS	IL	N/A									
(6) SOUTHWEST ILLINOIS HEALTH SERVICES LLP 4500 MEMORIAL DRIVE BELLEVILLE, IL 62226 37-1312961	MEDICAL SERVICES	IL	N/A									
(7) SOUTHWEST ILLINOIS HEALTH SERVICES REAL ESTATE LLP 4500 MEMORIAL DRIVE BELLEVILLE, IL 62226 82-3633320	COMMERCIAL REAL ESTATE	IL	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

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

See Additional Data Table

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

Part VII **Supplemental Information**

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

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
PHYSICIAN GROUPS LC 670 MASON RIDGE CTR DR ST LOUIS, MO 63141 43-1681957	PROFESSIONAL & BILLING SVCS	MO	180,038,333	842,757	BJC HEALTH SYSTEM
MYHEALTHFOLDERS LLC 4901 FOREST PARK AVE ST LOUIS, MO 63108	HEALTH AWARENESS COMMUNICATIONS	MO	0	0	BJC HEALTH SYSTEM
BJC HEALTHCARE ACO LLC 670 MASON RIDGE CTR DR ST LOUIS, MO 63141 45-4480491	HEALTH CARE SERVICES	MO	455,942	425,619	BJC HEALTH SYSTEM
BMCA PRIVATE EQUITY LLC 4901 FOREST PARK AVE ST LOUIS, MO 63108 45-4578054	INVESTMENT HOLDINGS	MO	0	0	BJC HEALTH SYSTEM
BMCA GROWTH LLC 4901 FOREST PARK AVE ST LOUIS, MO 63108 45-4577941	INVESTMENT HOLDINGS	MO	0	0	BJC HEALTH SYSTEM
BMCA INCOME LLC 4901 FOREST PARK AVE ST LOUIS, MO 63108 45-4578306	INVESTMENT HOLDINGS	MO	0	0	BJC HEALTH SYSTEM

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)
[redacted]						
[redacted]						
[redacted]						
[redacted]						

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(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?		(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	
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 JEWISH HOSP LLC ONE BARNES-JEWISH HOSP PLZ ST LOUIS, MO 63110 43-1846941	OUTPATIENT CARE SERVICES	MO	N/A									
BJCHEALTHSOUTH REHABILITATION CENTER LLC 3660 GRANDVIEW PKWY BIRMINGHAM, AL 35243 63-1254288	MEDICAL SERVICES	AL	N/A									
CHILDREN'S DISCOVERY INSTITUTE LLC 4901 FOREST PARK AVE ST LOUIS, MO 63108	SEARCH FOR CURES OF PEDIATRIC DISEASES	MO	N/A									
Y-SIHVI LLC 4500 MEMORIAL DRIVE BELLEVILLE, IL 62226 37-1385862	PHYSICAL THERAPY & FITNESS	IL	N/A									
SOUTHWEST ILLINOIS HEALTH SERVICES LLP 4500 MEMORIAL DRIVE BELLEVILLE, IL 62226 37-1312961	MEDICAL SERVICES	IL	N/A									
SOUTHWEST ILLINOIS HEALTH SERVICES REAL ESTATE LLP 4500 MEMORIAL DRIVE BELLEVILLE, IL 62226 82-3633320	COMMERCIAL REAL ESTATE	IL	N/A									

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

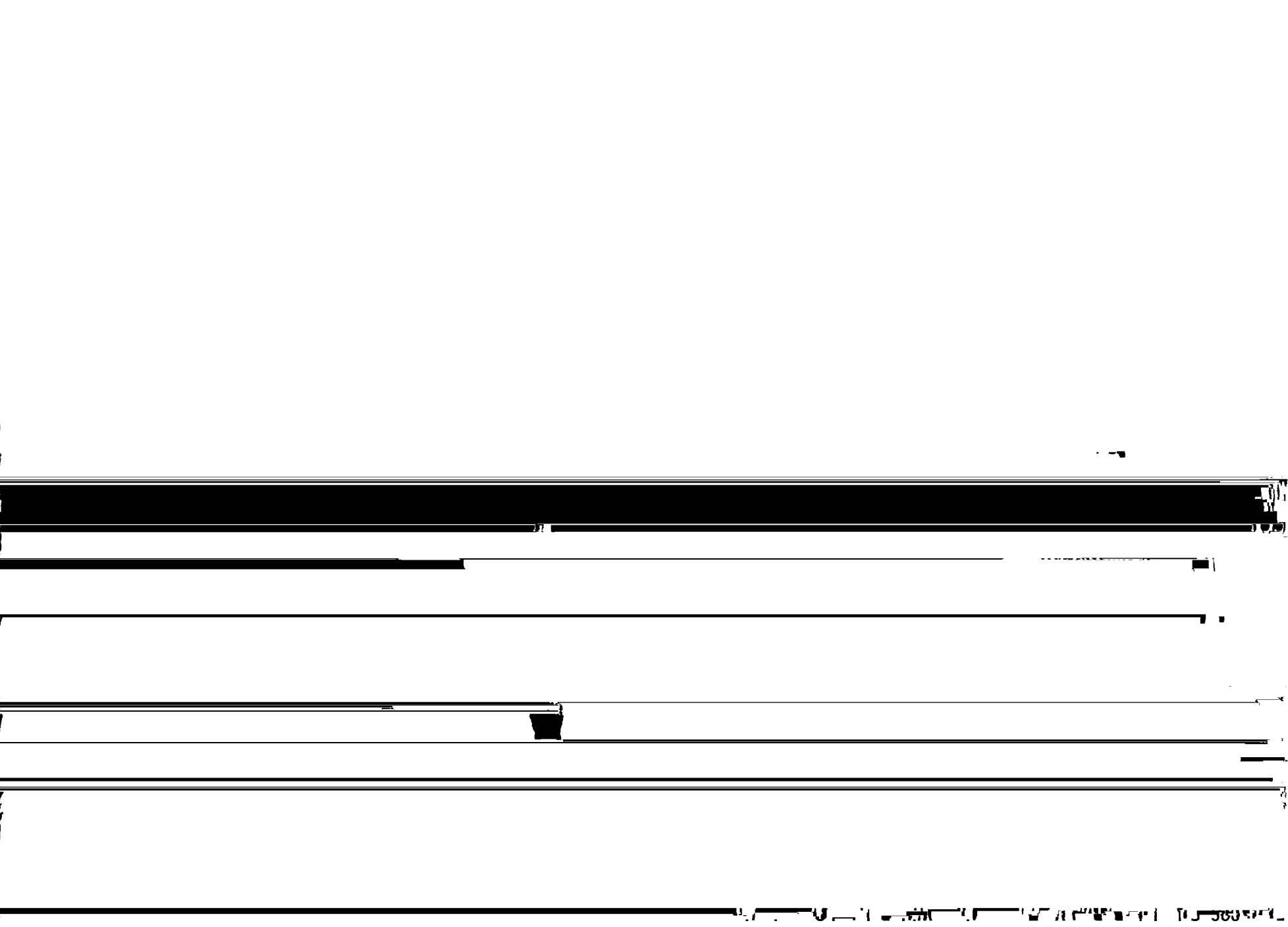
(a) Name, address, and EIN of	(b) Primary activity	(c) Legal	(d) Direct controlling	(e) Type of entity	(f) Share of total	(g) Share of end-of-year	(h) Percentage	(i) Section 512
[redacted]								
FAIR ST LOUIS FOUNDATION 301 PROSPECT AVE ST LOUIS, MO 631101215	43-1218720	501(C)(3)	15,000					SUPPORT ANNUAL SUMMER EVENTS FOR ST LOUIS COMMUNITY

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
ALTON MEMORIAL HOSPITAL	A	276,116	
ALTON MEMORIAL HOSPITAL	I	3,471,427	
ALTON MEMORIAL HOSPITAL	J	208,031	
ALTON MEMORIAL HOSPITAL	K	1,285,802	
ALTON MEMORIAL HOSPITAL	L	7,010,839	
ALTON MEMORIAL HOSPITAL	M	3,680,063	
ALTON MEMORIAL HOSPITAL	N	295,303	
ALTON MEMORIAL HOSPITAL	O	11,550,295	
ALTON MEMORIAL HOSPITAL	P	441,544,314	
ALTON MEMORIAL HOSPITAL	Q	313,457,526	
ALTON MEMORIAL HOSPITAL	R	163,935,980	
ALTON MEMORIAL HOSPITAL	S	29,108,111	
BARNES-JEWISH HOSPITAL	A	36,568,848	
BARNES-JEWISH HOSPITAL	B	1,142,735	
BARNES-JEWISH HOSPITAL	C	6,289,326	
BARNES-JEWISH HOSPITAL	G	1,494,158	
BARNES-JEWISH HOSPITAL	I	33,048,458	
BARNES-JEWISH HOSPITAL	J	4,452,411	
BARNES-JEWISH HOSPITAL	K	6,026,599	
BARNES-JEWISH HOSPITAL	L	48,975,877	
BARNES-JEWISH HOSPITAL	M	48,759,285	
BARNES-JEWISH HOSPITAL	N	87,693,565	
BARNES-JEWISH HOSPITAL	O	165,406,647	
BARNES-JEWISH HOSPITAL	P	4,918,441,002	
BARNES-JEWISH HOSPITAL	Q	3,061,974,325	

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

(a) Name of related organization	(b) Transaction type(a-r)	(c) Amount Involved	(d) Method of determining amount involved				
A MILLION STARS INC 110 N JEFFERSON AVE ST LOUIS, MO 631032207	20-4768985	501(C)(3)	10,000				GIFT TO HELP CHANGE STUDENTS' LIVES THROUGH HIGHER EDUCATION AND CAREER READINESS



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
BJC HOME CARE SERVICES	A	133,208	
BJC HOME CARE SERVICES	C	77,714	
BJC HOME CARE SERVICES	I	783,947	
BJC HOME CARE SERVICES	L	195,351	
BJC HOME CARE SERVICES	N	104,681	
BJC HOME CARE SERVICES	O	9,746,891	
BJC HOME CARE SERVICES	P	179,063,717	
BJC HOME CARE SERVICES	Q	109,910,591	
BJC HOME CARE SERVICES	R	74,957,016	
BJC HOME CARE SERVICES	S	2,514,724	
BOONE HOSPITAL CENTER	I	294,506	
BOONE HOSPITAL CENTER	J	1,328,318	
BOONE HOSPITAL CENTER	K	1,642,278	
BOONE HOSPITAL CENTER	L	32,637,582	
BOONE HOSPITAL CENTER	M	227,444	
BOONE HOSPITAL CENTER	N	1,336,596	
BOONE HOSPITAL CENTER	O	25,218,402	
BOONE HOSPITAL CENTER	P	760,711,605	
BOONE HOSPITAL CENTER	Q	490,406,848	
BOONE HOSPITAL CENTER	R	347,917,396	
BOONE HOSPITAL CENTER	S	41,852,572	
BOONE HOSPITAL HOME HEATH CARE	I	313,028	
BOONE HOSPITAL HOME HEATH CARE	J	98,461	
BOONE HOSPITAL HOME HEATH CARE	L	79,039	
BOONE HOSPITAL HOME HEATH CARE	M	302,418	

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
BOONE HOSPITAL HOME HEATH CARE	O	457,773	
BOONE HOSPITAL HOME HEATH CARE	P	10,879,574	
BOONE HOSPITAL HOME HEATH CARE	Q	8,391,612	
BOONE HOSPITAL HOME HEATH CARE	R	7,312,187	
BOONE HOSPITAL HOME HEATH CARE	S	4,533,548	
CH ALLIED SERVICES	I	3,575,623	
CH ALLIED SERVICES	M	21,154,960	
CH ALLIED SERVICES	N	226,875	
CH ALLIED SERVICES	P	89,560,096	
CH ALLIED SERVICES	Q	71,756,383	
CHRISTIAN HEALTHCARE DEVELOPMENT CORP	K	100,599	
CHRISTIAN HEALTHCARE DEVELOPMENT CORP	O	77,779	
CHRISTIAN HEALTHCARE DEVELOPMENT CORP	P	3,909,364	
CHRISTIAN HEALTHCARE DEVELOPMENT CORP	Q	4,335,021	
CHRISTIAN HEALTHCARE DEVELOPMENT CORP	R	607,761	
CHRISTIAN HEALTHCARE DEVELOPMENT CORP	S	1,185,000	
CHRISTIAN HOSPITAL	A	1,268,472	
CHRISTIAN HOSPITAL	B	70,590	
CHRISTIAN HOSPITAL	C	343,356	
CHRISTIAN HOSPITAL	I	5,514,924	
CHRISTIAN HOSPITAL	J	927,268	
CHRISTIAN HOSPITAL	K	3,291,379	
CHRISTIAN HOSPITAL	L	44,291,562	
CHRISTIAN HOSPITAL	M	7,420,083	
CHRISTIAN HOSPITAL	N	2,073,834	

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
CHRISTIAN HOSPITAL	O	30,976,860	
CHRISTIAN HOSPITAL	P	879,704,067	
CHRISTIAN HOSPITAL	Q	628,880,227	
CHRISTIAN HOSPITAL	R	331,044,990	
CHRISTIAN HOSPITAL	S	31,707,105	
CHRISTIAN HOSPITAL FOUNDATION	A	587,637	
CHRISTIAN HOSPITAL FOUNDATION	B	337,943	
CHRISTIAN HOSPITAL FOUNDATION	C	65,000	
CHRISTIAN HOSPITAL FOUNDATION	O	147,276	
CHRISTIAN HOSPITAL FOUNDATION	P	1,602,365	
CHRISTIAN HOSPITAL FOUNDATION	Q	1,121,213	
CHRISTIAN HOSPITAL FOUNDATION	R	639,794	

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
MEMORIAL CAPTIVE INSURANCE COMPANY	Q	8,732,005	
MEMORIAL CAPTIVE INSURANCE COMPANY	R	3,678,061	
MEMORIAL CAPTIVE INSURANCE COMPANY	S	950,000	
MEMORIAL FOUNDATION INC	A	353,475	
MEMORIAL FOUNDATION INC	O	140,306	
MEMORIAL FOUNDATION INC	P	4,482,387	
MEMORIAL FOUNDATION INC	Q	4,057,830	
MEMORIAL FOUNDATION INC	R	1,343,902	
MEMORIAL FOUNDATION INC	S	980,606	
MEMORIAL MEDICAL GROUP LLC	A	10,927	
MEMORIAL MEDICAL GROUP LLC	J	3,294,691	
MEMORIAL MEDICAL GROUP LLC	K	1,352,690	
MEMORIAL MEDICAL GROUP LLC	L	186,376	
MEMORIAL MEDICAL GROUP LLC	M	397,839	
MEMORIAL MEDICAL GROUP LLC	O	9,131,163	
MEMORIAL MEDICAL GROUP LLC	P	139,057,128	
MEMORIAL MEDICAL GROUP LLC	Q	104,386,174	

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
MEMORIAL REGIONAL HEALTH SERVICES INC	R	912,818	
MEMORIAL REGIONAL HEALTH SERVICES INC	S	241,067	
METRO-EAST SERVICES INC	A	12,970,655	
METRO-EAST SERVICES INC	I	2,289,657	
METRO-EAST SERVICES INC	J	135,400	
METRO-EAST SERVICES INC	K	258,178	
METRO-EAST SERVICES INC	L	4,328,318	
METRO-EAST SERVICES INC	M	1,661,738	
METRO-EAST SERVICES INC	O	10,003,530	
METRO-EAST SERVICES INC	P	969,569,633	
METRO-EAST SERVICES INC	Q	932,859,748	
METRO-EAST SERVICES INC	R	55,574,414	
METRO-EAST SERVICES INC	S	13,389,666	
MISSOURI BAPTIST HEALTHCARE FOUNDATION	A	1,044,041	
MISSOURI BAPTIST HEALTHCARE FOUNDATION	B	780,292	
MISSOURI BAPTIST HEALTHCARE FOUNDATION	L	152,608	
MISSOURI BAPTIST HEALTHCARE FOUNDATION	O	74,662	
MISSOURI BAPTIST HEALTHCARE FOUNDATION	P	7,018,731	
MISSOURI BAPTIST HEALTHCARE FOUNDATION	Q	7,277,341	
MISSOURI BAPTIST HEALTHCARE FOUNDATION	R	4,696,936	
MISSOURI BAPTIST HEALTHCARE FOUNDATION	S	4,029,756	
MISSOURI BAPTIST HOSPITAL SULLIVAN	A	482,219	
MISSOURI BAPTIST HOSPITAL SULLIVAN	I	733,133	
MISSOURI BAPTIST HOSPITAL SULLIVAN	J	67,251	
MISSOURI BAPTIST HOSPITAL SULLIVAN	K	205,787	

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
MISSOURI BAPTIST HOSPITAL SULLIVAN	L	1,514,602	
MISSOURI BAPTIST HOSPITAL SULLIVAN	M	470,482	
MISSOURI BAPTIST HOSPITAL SULLIVAN	N	184,524	
MISSOURI BAPTIST HOSPITAL SULLIVAN	O	7,115,183	
MISSOURI BAPTIST HOSPITAL SULLIVAN	P	137,525,326	
MISSOURI BAPTIST HOSPITAL SULLIVAN	Q	84,758,212	
MISSOURI BAPTIST HOSPITAL SULLIVAN	R	63,789,466	
MISSOURI BAPTIST HOSPITAL SULLIVAN	S	7,373,642	
MISSOURI BAPTIST MEDICAL CENTER	A	3,964,281	
MISSOURI BAPTIST MEDICAL CENTER	C	769,069	
MISSOURI BAPTIST MEDICAL CENTER	I	7,713,370	
MISSOURI BAPTIST MEDICAL CENTER	J	5,246,917	
MISSOURI BAPTIST MEDICAL CENTER	K	9,819,058	
[illegible]	[illegible]	[illegible]	

Yes | No

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
PARKLAND HEALTH CARE FOUNDATION	R	157,990	
PARKLAND HEALTH CARE FOUNDATION	S	106,033	
PARKLAND HEALTH CENTER	A	59,261	
PARKLAND HEALTH CENTER	I	1,187,632	
PARKLAND HEALTH CENTER	J	56,658	
PARKLAND HEALTH CENTER	K	571,496	
PARKLAND HEALTH CENTER	L	4,976,867	
PARKLAND HEALTH CENTER	M	1,275,696	
PARKLAND HEALTH CENTER	N	288,057	
PARKLAND HEALTH CENTER	O	8,123,561	
PARKLAND HEALTH CENTER	P	223,680,891	
PARKLAND HEALTH CENTER	Q	137,777,438	
PARKLAND HEALTH CENTER	R	98,484,967	
PARKLAND HEALTH CENTER	S	7,683,343	
PARKLAND HEALTH CENTER - WEBER RD	I	1,128,574	
PARKLAND HEALTH CENTER - WEBER RD	K	65,233	
PARKLAND HEALTH CENTER - WEBER RD	P	5,514,614	
PARKLAND HEALTH CENTER - WEBER RD	Q	4,445,656	
PARKLAND HEALTH CENTER - WEBER RD	R	631,837	
PARKLAND HEALTH CENTER - WEBER RD	S	383,208	
PROGRESS EAST HEALTHCARE CENTER	P	8,328,979	
PROGRESS EAST HEALTHCARE CENTER	Q	50,631	
PROGRESS EAST HEALTHCARE CENTER	R	8,278,631	
PROGRESS WEST HEALTHCARE CENTER	A	623,098	
PROGRESS WEST HEALTHCARE CENTER	I	1,476,493	

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
PROGRESS WEST HEALTHCARE CENTER	J	602,529	
PROGRESS WEST HEALTHCARE CENTER	K	1,145,967	
PROGRESS WEST HEALTHCARE CENTER	L	2,847,090	
PROGRESS WEST HEALTHCARE CENTER	M	335,203	
PROGRESS WEST HEALTHCARE CENTER	N	117,250	
PROGRESS WEST HEALTHCARE CENTER	O	6,625,842	
PROGRESS WEST HEALTHCARE CENTER	P	168,386,361	
PROGRESS WEST HEALTHCARE CENTER	Q	112,024,192	
PROGRESS WEST HEALTHCARE CENTER	R	66,084,435	
PROGRESS WEST HEALTHCARE CENTER	S	4,545,920	
PROTESTANT MEMORIAL MEDICAL CENTER INC	A	2,524,089	
PROTESTANT MEMORIAL MEDICAL CENTER INC	I	2,306,906	
PROTESTANT MEMORIAL MEDICAL CENTER INC	J	4,636,825	
PROTESTANT MEMORIAL MEDICAL CENTER INC	K	3,482,426	
PROTESTANT MEMORIAL MEDICAL CENTER INC	L	4,983,678	
PROTESTANT MEMORIAL MEDICAL CENTER INC	M	7,280,293	
PROTESTANT MEMORIAL MEDICAL CENTER INC	N	880,159	
PROTESTANT MEMORIAL MEDICAL CENTER INC	O	41,606,662	
PROTESTANT MEMORIAL MEDICAL CENTER INC	P	2,045,494,010	
PROTESTANT MEMORIAL MEDICAL CENTER INC	Q	2,169,643,797	
PROTESTANT MEMORIAL MEDICAL CENTER INC	R	304,701,321	
PROTESTANT MEMORIAL MEDICAL CENTER INC	S	56,510,578	
ST LOUIS CHILDREN'S HOSPITAL	A	8,001,071	
ST LOUIS CHILDREN'S HOSPITAL	C	8,203,868	
ST LOUIS CHILDREN'S HOSPITAL	G	227,374	

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
ST LOUIS CHILDREN'S HOSPITAL	I	39,971,489	
ST LOUIS CHILDREN'S HOSPITAL	J	766,599	
ST LOUIS CHILDREN'S HOSPITAL	K	335,167	
ST LOUIS CHILDREN'S HOSPITAL	L	18,923,180	
ST LOUIS CHILDREN'S HOSPITAL	M	23,212,601	
ST LOUIS CHILDREN'S HOSPITAL	N	47,797,306	
ST LOUIS CHILDREN'S HOSPITAL	O	56,829,953	
ST LOUIS CHILDREN'S HOSPITAL	P	1,601,989,793	
ST LOUIS CHILDREN'S HOSPITAL	Q	1,083,894,298	
ST LOUIS CHILDREN'S HOSPITAL	R	699,994,129	
ST LOUIS CHILDREN'S HOSPITAL	S	123,357,436	
ST LOUIS CHILDREN'S HOSPITAL FOUNDATION	A	26,943,739	
ST LOUIS CHILDREN'S HOSPITAL FOUNDATION	B	6,951,898	
ST LOUIS CHILDREN'S HOSPITAL FOUNDATION	I	728,136	
ST LOUIS CHILDREN'S HOSPITAL FOUNDATION	J	241,455	
ST LOUIS CHILDREN'S HOSPITAL FOUNDATION	L	143,102	

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
THE FOUNDATION FOR BARNES JEWISH HOSPITAL	J	210,430	
THE FOUNDATION FOR BARNES JEWISH HOSPITAL	K	450,050	
THE FOUNDATION FOR BARNES JEWISH HOSPITAL	L	336,960	
THE FOUNDATION FOR BARNES JEWISH HOSPITAL	O	631,274	
THE FOUNDATION FOR BARNES JEWISH HOSPITAL	P	232,021,953	
THE FOUNDATION FOR BARNES JEWISH HOSPITAL	Q	215,690,946	
THE FOUNDATION FOR BARNES JEWISH HOSPITAL	R	32,830,224	
THE FOUNDATION FOR BARNES JEWISH HOSPITAL	S	14,088,783	