

Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047
2009
Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization: BJC Health System Group Return
 Doing Business As:
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: 4444 Forest Park Ave MS 90-66-500
 City or town, state or country, and ZIP + 4: St Louis, MO 63108

D Employer identification number: 75-3052953
E Telephone number: (314) 286-2057
G Gross receipts \$ 3,408,273,355

F Name and address of principal officer:
 Kevin V Roberts
 4444 FOREST PARK AVE
 St Louis, MO 63108

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list (see instructions)
H(c) Group exemption number: 3844

I Tax-exempt status: 501(c) (3) (Insert no) 4947(a)(1) or 527

J Website: www.bjc.org

K Form of organization: Corporation Trust Association Other
L Year of formation
M State of legal domicile

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities HEALTHCARE services and Health education to COMMUNITIES we SERVE		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	214
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	145
	5	Total number of employees (Part V, line 2a)	5	28,287
	6	Total number of volunteers (estimate if necessary)	6	3,507
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	18,641,283
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	11,595,612	23,010,299
	9	Program service revenue (Part VIII, line 2g)	3,038,365,840	3,265,888,471
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-132,454,554	64,766,232
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	68,272,217	54,146,753
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,985,779,115	3,407,811,755
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,760,226
14		Benefits paid to or for members (Part IX, column (A), line 4)		0
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,297,310,397	1,368,819,957
16a		Professional fundraising fees (Part IX, column (A), line 11e)		0
b		Total fundraising expenses (Part IX, column (D), line 25) \rightarrow 0		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,690,249,397	1,797,412,231
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,992,320,020	3,191,703,587	
19	Revenue less expenses Subtract line 18 from line 12	-6,540,905	216,108,168	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	4,432,366,747	4,543,465,709
	21	Total liabilities (Part X, line 26)	2,277,518,247	1,844,414,616
	22	Net assets or fund balances Subtract line 21 from line 20	2,154,848,500	2,699,051,093

Part II Signature Block

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

Signature of officer: _____
 Kevin V Roberts Senior Vice PreS, CFO
 Type or print name and title

Preparer's signature: _____ Date: _____
 Firm's name (or yours if self-employed), address, and ZIP + 4: ERNST & YOUNG US LLP
 190 CARONDELET PLAZA STE 1300
 CLAYTON, MO 63105

May the IRS discuss this return with the preparer shown above? (see instructions)

Part III Statement of Program Service Accomplishments**1** Briefly describe the organization's mission

THE 13 HOSPITALS & MULTIPLE SERVICE ORGANIZATIONS OF BJC HEALTHCARE SERVE THE HEALTHCARE NEEDS OF THE RESIDENTS OF METROPOLITAN ST LOUIS, MID-MISSOURI & SOUTHERN ILLINOIS BASED IN URBAN, SUBURBAN & RURAL COMMUNITIES, BJC HOSPITALS INCLUDE ACADEMIC MEDICAL CENTERS, LARGE & SMALL COMMUNITY HOSPITALS BJC'S HOSPITALS HAVE REMAINED IN COMMUNITIES THAT OTHER HEALTH SYSTEMS ABANDONED WITH NO PUBLIC HOSPITAL IN THE REGION, BJC'S ACADEMIC MEDICAL CENTERS SERVE AS A CRITICAL COMPONENT OF THE HEALTH SAFETY NET FOR UNINSURED & UNDERINSURED PATIENTS BJC ORGANIZATIONS PROVIDE INPATIENT/ OUTPATIENT CARE, REHABILITATION, PRIMARY CARE, HOME CARE, HOSPICE, LONG-TERM CARE, COMMUNITY MENTAL HEALTH, WORKPLACE HEALTH & COMMUNITY HEALTH & WELLNESS BJC HOSPITALS & SERVICE ORGANIZATIONS ALSO SUPPORT THE TRAINING OF FUTURE HEALTH PROFESSIONALS, ADVANCEMENT OF MEDICAL RESEARCH, REGIONAL HEALTH SAFETY NET SERVICES & EMERGENCY PREPAREDNESS, COMMUNITY OUTREACH & HEALTH LITERACY, 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 exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 1,844,316,118 including grants of \$ 25,471,399) (Revenue \$ 2,172,555,514)

HEALTH CARE SERVICES BJC HOSPITALS & SERVICE ORGANIZATIONS PROVIDE FULL, COMPREHENSIVE MEDICAL CARE FOR PATIENTS OF ALL AGES, REGARDLESS OF ABILITY TO PAY, THROUGH AN INTEGRATED NETWORK OF HOSPITALS, OUTPATIENT CENTERS, PRIMARY CARE PROVIDERS, HOME CARE SERVICES, REHABILITATION FACILITIES, LONG-TERM CARE FACILITIES, CORPORATE HEALTH SERVICES, COMMUNITY MENTAL HEALTH SERVICES & COMMUNITY OUTREACH PROGRAMS IN BUSINESSES, SCHOOLS & PLACES OF WORSHIP BJC ENSURES THAT THE COMMUNITY HAS ACCESS TO THE HIGHEST LEVEL OF SPECIALIZED SERVICES AVAILABLE, INCLUDING, THE FOLLOWING MAJOR PROGRAMS SITEMAN CANCER CENTER, THE REGION'S ONLY NATIONAL CANCER INSTITUTE-DESIGNATED COMPREHENSIVE CANCER CENTER, LEVEL I ADULT & PEDIATRIC TRAUMA CENTERS, ADULT & PEDIATRIC ORGAN & BONE MARROW TRANSPLANT SERVICES, LEVEL III NEONATAL INTENSIVE CARE, & NATIONALLY RECOGNIZED PROGRAMS IN CRITICAL CARE, INFECTIOUS DISEASES, NEUROLOGY, NEUROSURGERY, HEART & HEART SURGERY, RESPIRATORY & KIDNEY DISEASES BJC ALSO IS COMMITTED TO UNDER-SERVED COMMUNITIES & PROVIDES THE ONLY OBSTETRICS SERVICE IN THE CITY OF ST LOUIS BJC'S URBAN ACADEMIC MEDICAL CENTERS SERVE AS A CRITICAL COMPONENT OF THE HEALTH SAFETY NET FOR UNINSURED & UNDER-INSURED PATIENTS THROUGHOUT THE REGION

4b (Code) (Expenses \$ 683,869,387 including grants of \$ 0) (Revenue \$ 548,051,239)

CHARITY CARE, UNREIMBURSED MEDICAID & MEANS-TESTED UNCOMPENSATED CARE BJC HEALTHCARE HOSPITALS & SERVICE ORGANIZATIONS (BJC) CARE FOR ALL PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY BJC PROVIDED \$57.9 MILLION IN NET CHARITY CARE IN 2009 TO PATIENTS WHO WERE UNABLE TO PAY FOR ANY OR ALL OF THE CARE THEY NEEDED CHARITY CARE CONSISTS OF MEDICAL SERVICES GIVEN FREE OF CHARGE TO THOSE WITHOUT INSURANCE OR WITH INADEQUATE INSURANCE WHO HAVE DEMONSTRATED THEY ARE UNABLE TO PAY FOR THEIR CARE ADDITIONALLY, BJC HOSPITALS PROVIDED \$77.9 MILLION DURING 2009 IN NET UNREIMBURSED CARE TO MEDICAID PATIENTS, ABSORBING THE SHORTFALL BETWEEN THE COST OF NEEDED MEDICAL SERVICES & THE REIMBURSEMENT RECEIVED FROM STATE PROGRAMS FOR QUALIFYING LOW-INCOME PATIENTS THE COST OF CARE FOR CHARITY & UNREIMBURSED MEDICAID PATIENTS TOTALLED \$135.8 MILLION BJC ALSO ABSORBS THE COST OF CARING FOR PATIENTS WHO ARE UNABLE TO PAY THEIR CO-PAYS, DEDUCTIBLES OR OTHER HEALTH CARE COSTS FOR A WIDE RANGE OF REASONS THAT THEY MAY OR MAY NOT SHARE WITH BJC BJC PROVIDED \$63.4 MILLION DURING 2009 IN CARE TO PATIENTS WHO, BASED UPON AN EXTENSIVE ANALYSIS OF ZIP CODE & OTHER INFORMATION, WERE PRESUMED TO HAVE BEEN ELIGIBLE FOR CHARITY CARE UNDER THE BJC POLICY, HAD FINANCIAL INFORMATION BEEN PROVIDED TO THE ORGANIZATION THESE PATIENTS RECEIVED NEEDED MEDICAL SERVICES &, IN FACT, RECEIVED THE EQUIVALENT OF CHARITY CARE BUT WERE NOT INITIALLY IDENTIFIED AS QUALIFYING FOR SUCH CARE

4c (Code) (Expenses \$ 216,155,935 including grants of \$ 0) (Revenue \$ 72,460,562)

HEALTH PROFESSIONS EDUCATION & RESEARCH BJC HELPS BUILD THE FUTURE OF HEALTH CARE BY EDUCATING HEALTH PROFESSIONALS & ADVANCING MEDICAL RESEARCH INNOVATIONS THROUGH ACADEMIC AFFILIATIONS WITH WASHINGTON UNIVERSITY SCHOOL OF MEDICINE TO TRAIN FUTURE PHYSICIANS, BJC HELPS ENSURE THE ONGOING TRAINING & DEVELOPMENT OF HEALTH CARE PROFESSIONALS, WHICH ARE CRITICAL TO THE HEALTH OF THE COMMUNITY & THE FUTURE OF HEALTH CARE DURING 2009, BJC INVESTED \$192.9 MILLION IN THE TRAINING OF HEALTH CARE PROFESSIONALS INCLUDING 1,148 MEDICAL RESIDENTS & ADVANCED FELLOWS FROM WASHINGTON UNIVERSITY, 1,000 NURSING STUDENTS AT THE GOLDFARB SCHOOL OF NURSING, AND 1,561 STUDENTS AT THE MISSOURI BAPTIST MEDICAL CENTER CLINICAL NURSING INSTITUTE ADDITIONALLY, BJC IS COMMITTED TO BIOMEDICAL HEALTH RESEARCH EFFORTS THAT WILL CONTRIBUTE TO THE PREVENTION, DIAGNOSIS & TREATMENT OF DISEASE & DISABILITY DURING 2009, BJC INVESTED \$23.3 MILLION TO ENABLE RESEARCHERS TO COLLABORATE IN KEY THERAPEUTIC AREAS SUCH AS CANCER GENOMICS, DIABETIC CARDIOVASCULAR DISEASE & WOMEN'S INFECTIOUS DISEASES THE RESULTS OF THIS MULTI-DISCIPLINARY EFFORT ARE EXPECTED TO ADVANCE MEDICAL SCIENCE, TECHNOLOGY & PATIENT CARE PRACTICES

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**

(Expenses \$ 24,316,163 including grants of \$) (Revenue \$ 376,722)

4e Total program service expenses \$ 2,768,657,603

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)? <i>If "Yes," complete Schedule A</i> <input checked="" type="checkbox"/>	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? <input checked="" type="checkbox"/>	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> <input checked="" type="checkbox"/>		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> <input checked="" type="checkbox"/>	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> <input checked="" type="checkbox"/>		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? <i>If "Yes," complete Schedule D, Part II</i> <input checked="" type="checkbox"/>		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> <input checked="" type="checkbox"/>		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> <input checked="" type="checkbox"/>		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> <input checked="" type="checkbox"/>		No
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</i> <input checked="" type="checkbox"/>	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	◆ 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? <i>If "Yes," complete Schedule D, Part VII.</i>		
	◆ 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? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	◆ 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? <i>If "Yes," complete Schedule D, Part IX.</i>		
	◆ Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	◆ 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> <input checked="" type="checkbox"/>		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	<i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.</i> <input checked="" type="checkbox"/> 12A Yes <input type="checkbox"/> No		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Part II</i>		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? <i>If "Yes," complete Schedule F, Part III</i>		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? <i>If "Yes," complete Schedule G, Part I</i>		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? <i>If "Yes," complete Schedule G, Part II</i>	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> <input checked="" type="checkbox"/>	Yes	

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable		
	1a 2,133		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		
	1b 2		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return		
	2a 28,287		
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 this return (see instructions)	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	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)?		No
b	If "Yes," enter the name of the foreign country <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
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?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d 0		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	Yes	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
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	

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.

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body (214); 1b Enter the number of voting members that are independent (145); 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? (Yes); 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? (No); 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a material diversion of the organization's assets? (No); 6 Does the organization have members or stockholders? (No); 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? (No); 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (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 (No).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?; 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11A Describe in Schedule O the process, if any, used by the organization to review the Form 990; 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done (Yes); 13 Does the organization have a written whistleblower policy? (Yes); 14 Does the organization have a written document retention and destruction policy? (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? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); 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? (Yes); 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? (Yes).

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (IL); 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 make these available. Check all that apply: Own website, Another's website, Upon request (checked); 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table; 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization (Larry Kayser, 4444 Forest Park Ave MS 90-66-500, St Louis, MO 631081621, (314) 362-0638).

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

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. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees. 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 the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
See add'l data										

1b Total	20,998,338	462,837	2,598,749
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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1,100**

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

(A) Name and business address	(B) Description of services	(C) Compensation
Washington Univ School of Medicine 660 S EUCLID St Louis, MO 63110	MEDICAL SERVICES	150,985,926
Morrison Health Care Inc 5801 Peachtree Dunwdy Atlanta, GA 30342	Food Services	28,344,708
mid American Transplant Serv 1110 HIGHLAND PL DR E 100 st Louis, MO 63110	pROUREMENT OF TRANSPLANTS	12,745,598
Anesthesia Assoc of St Louis 3455 MILL RUN DR STE 450 HILLIARD, OH 43026	MEDICAL SERVICES	4,645,930
Mayo Collaborative Srvs inc 200 1st St Southwest Minneapolis, MN 55905	MEDICAL SERVICES	4,370,901

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **165**

Part VIII Statement of Revenue

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514		
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a						
	b	Membership dues 1b						
	c	Fundraising events 1c	90,909					
	d	Related organizations 1d	9,731,747					
	e	Government grants (contributions) 1e	3,608,146					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	9,579,497					
	g	Noncash contributions included in lines 1a-1f \$ <u>127,083</u>						
	h	Total. Add lines 1a-1f		23,010,299				
Program Service Revenue	2a	Program Service Revenue	621,990	3,140,956,717	2,689,575,575	263,612	451,117,530	
	b	Other Program Services	900,099	80,386,763	80,386,763	0	0	
	c	Program Rental Income	531,190	19,008,398	19,008,398	0		
	d	Retail Pharmacy	621,400	14,432,629		4,460,338	9,972,291	
	e	Reference Laboratory	621,400	12,207,531	0	12,207,531	0	
	f	All other program service revenue		-1,103,567	-1,411,303	235,236	72,500	
	g	Total. Add lines 2a-2f		3,265,888,471				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		64,766,232			64,766,232	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6a	Gross Rents	(i) Real	123,185				
			(ii) Personal					
	b	Less rental expenses						
	c	Rental income or (loss)	123,185					
	d	Net rental income or (loss)		123,185			123,185	
	7a	Gross amount from sales of assets other than inventory	(i) Securities					
			(ii) Other					
b			Less cost or other basis and sales expenses					
c			Gain or (loss)					
d	Net gain or (loss)							
8a	Gross income from fundraising events (not including \$ <u>90,909</u> of contributions reported on line 1c) See Part IV, line 18	a	152,061					
		b	Less direct expenses b	77,749				
		c	Net income or (loss) from fundraising events		74,312			74,312
9a	Gross income from gaming activities See Part IV, line 19	a	13,400					
		b	Less direct expenses b	10,138				
		c	Net income or (loss) from gaming activities		3,262			3,262
10a	Gross sales of inventory, less returns and allowances	a	658,002					
		b	Less cost of goods sold b	373,713				
		c	Net income or (loss) from sales of inventory		284,289			284,289
	Miscellaneous Revenue	Business Code						
11a	Cafeteria Sales		722,210	18,564,917	2,925,435	159,608	15,479,874	
		b	Other Operating	900,099	14,967,405	342,715	0	14,624,690
		c	Employee Swipe Rev	453,000	6,917,401	1,185,265	0	5,732,136
		d	All other revenue		13,211,982	1,431,189	1,314,958	10,465,835
		e	Total. Add lines 11a-11d		53,661,705			
12	Total revenue. See Instructions		3,407,811,755	2,793,444,037	18,641,283	572,716,136		

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	24,544,008	24,544,008		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	927,391	927,391		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	10,988,699		10,988,699	
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	1,076,194,593	1,001,293,183	74,901,410	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	62,099,294	47,940,213	14,159,081	
9	Other employee benefits	139,493,589	108,789,166	30,704,423	
10	Payroll taxes	80,043,782	73,059,710	6,984,072	
11	Fees for services (non-employees)				
a	Management	8,741,389	1,851,345	6,890,044	
b	Legal	403,841	195,815	208,026	
c	Accounting	188,649	58,190	130,459	
d	Lobbying	354,875		354,875	
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	209,083,541	191,207,826	17,875,715	
12	Advertising and promotion	8,032,109	5,801,443	2,230,666	
13	Office expenses	767,419,656	742,288,003	25,131,653	
14	Information technology	78,853,516	36,790,517	42,062,999	
15	Royalties	29,644	29,644		
16	Occupancy	90,426,531	58,024,914	32,401,617	
17	Travel	4,126,543	3,883,094	243,449	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,267,079	3,300,988	966,091	
20	Interest	17,829,719	12,971,157	4,858,562	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	213,669,553	164,786,622	48,882,880	51
23	Insurance	25,404,318	17,024,761	8,379,557	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	Other Miscellaneous	142,195,826	84,432,735	57,763,142	-51
b	Bad Debt	117,299,611	85,824,401	31,475,210	
c	Teaching Services	82,122,723	82,122,723		
d	Service Contract Fees	14,861,302	14,411,328	449,974	
e	Recruitment	5,451,811	3,930,910	1,520,901	
f	All other expenses	6,649,995	3,167,516	3,482,479	
25	Total functional expenses. Add lines 1 through 24f	3,191,703,587	2,768,657,603	423,045,984	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	2,519,718	1	2,394,849
	2 Savings and temporary cash investments	607,828,460	2	24,495,114
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	418,340,404	4	424,271,825
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	23,042,681	7	20,823,177
	8 Inventories for sale or use	60,258,043	8	73,354,245
	9 Prepaid expenses and deferred charges	17,452,302	9	11,967,464
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	3,705,759,527		
	b Less accumulated depreciation	2,070,634,253	10c	1,635,125,274
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11	1,610,647,242	12	2,260,333,441
	13 Investments—program-related. See Part IV, line 11	13,661,977	13	12,212,490
	14 Intangible assets	572,311	14	
	15 Other assets. See Part IV, line 11	108,571,220	15	78,487,830
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,432,366,747	16	4,543,465,709	
Liabilities	17 Accounts payable and accrued expenses	253,498,309	17	265,500,233
	18 Grants payable	100,000	18	100,000
	19 Deferred revenue	1,338,985	19	521,707
	20 Tax-exempt bond liabilities	268,205,044	20	253,165,871
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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	21,864,981	23	20,622,553
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	1,732,510,928	25	1,304,504,252
	26 Total liabilities. Add lines 17 through 25	2,277,518,247	26	1,844,414,616
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,148,323,259	27	2,690,426,982
	28 Temporarily restricted net assets	6,525,241	28	8,624,111
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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	2,154,848,500	33	2,699,051,093	
34 Total liabilities and net assets/fund balances	4,432,366,747	34	4,543,465,709	

Part XI Financial Statements and Reporting

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

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public Inspection

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
BJC Health System Group Return

Employer identification number

75-3052953

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

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

- 1 A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
 (ii) a family member of a person described in (i) above?
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) 14

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 15

16a 33 1/3% support test—2009. 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—2008. If the organization did not check the 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—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2009. 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—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Explanation

Schedule A, Part IV, Supplemental Information CHRISTIAN HEALTH SERVICES DEVELOPMENT CORPORATION EIN 43-1230583 (ORGANIZATION) IS A SUBORDINATE MEMBER OF THE BJC HEALTH SYSTEM GROUP RULING THE ORGANIZATION'S PUBLIC CHARITY STATUS IS SECTION 509(A)(3) FOLLOWING INFORMATION RELATES TO THIS ORGANIZATION FOR 2009 11e - THE ORGANIZATION CERTIFIES THAT IT WAS NOT CONTROLLED DIRECTLY OR INDIRECTLY BY ONE OR MORE DISQUALIFIED PERSONS OTHER THAN FOUNDATION MANAGERS AND OTHER THAN ONE OR MORE PUBLICLY SUPPORTED ORGANIZATIONS DESCRIBED IN SECTION 509(A)(1) OR SECTION 509(A)(2) 11f - THE ORGANIZATION HAS NOT RECEIVED WRITTEN DETERMINATION FROM THE IRS THAT IT IS A TYPE I, TYPE II, OR TYPE III SUPPORTING ORGANIZATION 11g - SINCE AUGUST 17, 2006, THE ORGANIZATION HAS NOT ACCEPTED ANY GIFT OR CONTRIBUTION FROM ANY PERSONS LISTED ON LINE 11g (i), (ii), (iii) 11h - INFORMATION REGARDING SUPPORTED ORGANIZATIONS CHRISTIAN HOSPITAL NE-NW (CHNE) EIN 43-6057893 SEC 170(B)(1)(A)(III) CH ALLIED SERVICES, INC (CHAS) EIN 43-1279063 SEC 170(B)(1)(A)(III) VILLAGE NORTH, INC (VNI) EIN 43-1207154 SEC 509(A)(2) ALL OF THE ABOVE SUPPORTED ORGANIZATIONS ARE U S CORPORATIONS AND ARE LISTED IN THE GOVERNING DOCUMENTS FOR CHRISTIAN HEALTH SERVICES DEVELOPMENT CORPORATION SUPPORTED ORGANIZATIONS WERE NOTIFIED OF SUPPORT FOR VARIOUS PROGRAM EXPENSES REPORTED ON FORM 990, SCHEDULE R, PART V PART III PUBLIC SUPPORT FOR ORGANIZATIONS DESCRIBED IN SEC 509(A)(2) THE FOLLOWING SUBORDINATES OF THE BJC GROUP RULING MAINTAIN PUBLIC CHARITY STATUS AS SEC 509(A)(2) ORGANIZATIONS BJC HOME CARE SERVICES CHILDREN'S HEALTH NETWORK VILLAGE NORTH, INC BECAUSE THE MAJORITY OF THE GROUP MEMBERS MAINTAIN PUBLIC CHARITY STATUS AS HOSPITAL ORGANIZATIONS DESCRIBED IN SEC 170(B)(1)(A)(III), THE SOFTWARE USED TO PREPARE THE BJC GROUP RETURN DOES NOT ALLOW FOR MULTIPLE PUBLIC CHARITY STATUSES ACCORDINGLY, THE ABOVE ORGANIZATIONS HAVE SEPARATELY DOCUMENTED THEIR PUBLIC SUPPORT AND INVESTMENT INCOME PERCENTAGES AGGREGATED AS FOLLOWS PUBLIC SUPPORT PERCENTAGE FOR 2009 97 12% INVESTMENT INCOME PERCENTAGE FOR 2009 1 16% PUBLIC SUPPORT PERCENTAGE FOR 2008 96 89%

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. See separate instructions.

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

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

Name of the organization BJC Health System Group Return

Employer identification number

75-3052953

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures

\$

3 Volunteer hours

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

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

\$

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

\$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

Yes No

4a Was a correction made?

Yes No

b If "Yes," describe in Part IV

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

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

\$

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

\$

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

\$

4 Did the filing organization file Form 1120-POL for this year?

Yes No

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

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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

- A** Check if the filing organization belongs to an affiliated group
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a If zero or less, enter -0-														
i Subtract line 1f from line 1c If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?	Yes		349,875
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		5,000
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities? If "Yes," describe in Part IV		No	
j Total lines 1c through 1i			354,875
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2009

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization BJC Health System Group Return

Employer identification number 75-3052953

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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

Table with 2 columns: Held at the End of the Year. Rows 2a, 2b, 2c, 2d.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1; (ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1; b Assets included in Form 990, Part X

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

3 Using the organization's 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 XIV

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

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

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

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

Table with 2 columns: Description (1c-1f) and Amount

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

b If "Yes," explain the arrangement in Part XIV

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

Table with 6 columns: (a) Current Year, (b) Prior Year, (c) Two Years Back, (d) Three Years Back, (e) Four Years Back. Rows 1a-1g.

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment %, b Permanent endowment %, c Term endowment %

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

Table with 3 columns: Description (3a(i), 3a(ii), 3b), Yes, No

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows 1a-1e and Total.

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, and (c) Method of valuation. Rows include Financial derivatives, Investment Capital Improvement, Investment Self Insurance Trust, etc.

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment type, (b) Book value, and (c) Method of valuation.

Part IX Other Assets. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description and (b) Book value.

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

Table with 2 columns: (a) Description of Liability and (b) Amount. Rows include Federal Income Taxes, Due to Related Party Liabilities, Long Term Pension Liabilities, etc.

2. Fin 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

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

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

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

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

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
		FOR 2009, THE NET ASSETS AND ACTIVITIES OF THE REPORTING ORGANIZATION ARE INCLUDED IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF BJC HEALTH SYSTEM AND AFFILIATES (BJC). THE AUDIT IS CONDUCTED IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES. NO SEPARATE AUDITED FINANCIAL STATEMENTS ARE PREPARED FOR THE REPORTING ORGANIZATION. ACCORDINGLY, FORM 990, SCHEDULE D, PART(S) XI, XII, AND XIII RECONCILIATION OF CHANGE IN NET ASSETS, REVENUE AND EXPENSES FROM FORM 990 TO AUDITED FINANCIAL STATEMENTS ARE NOT REQUIRED TO BE COMPLETED.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2009

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization BJC Health System Group Return

Employer identification number 75-3052953

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations, b Internet and e-mail solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events. 2a Did the organization have a written or oral agreement with any individual... 2b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part III Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<u>Charity Ball</u> (event type)	<u>Big Bear Brunch</u> (event type)	<u>3</u> (total number)	(Add col (a) through col (c))
Revenue	1 Gross receipts	50,344	86,768	93,747	230,859
	2 Less Charitable contributions	18,265	30,101	38,217	86,583
	3 Gross income (line 1 minus line 2)	32,079	56,667	55,530	144,276
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	24,602	17,501	35,646	77,749
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				77,749
11 Net income summary Combine lines 3, column d, and line 10. ▶				66,527	

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Combine lines 1, column d, and line 7 ▶					

		Yes	No
9 Enter the state(s) in which the organization operates gaming activities _____			
a Is the organization licensed to operate gaming activities in each of these states?	9a		
b If "No," Explain _____			
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b If "Yes," Explain _____			
11 Does the organization operate gaming activities with nonmembers?	11		
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

		Yes	No
13 Indicate the percentage of gaming activity operated in			
a The organization's facility	13a		
b An outside facility	13b		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records			
Name ▶ _____			
Address ▶ _____			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		15a	
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____			
c If "Yes," enter name and address			
Name ▶ _____			
Address ▶ _____			
16 Gaming manager information			
Name ▶ _____			
Gaming manager compensation ▶ \$ _____			
Description of services provided ▶ _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17 Mandatory distributions			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		17a	
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____			

SCHEDULE H (Form 990)

Hospitals

OMB No 1545-0047

2009

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, question 20. Attach to Form 990. See separate instructions.

Name of the organization BJC Health System Group Return

Employer identification number 75-3052953

Part I Charity Care and Certain Other Community Benefits at Cost

1a Does the organization have a charity care policy? 1b If "Yes," is it a written policy? 2 If the organization has multiple hospitals... 3 Answer the following based on the charity care eligibility criteria... 4 Does the organization's policy provide free or discounted care to the "medically indigent"?

7 Charity Care and Certain Other Community Benefits at Cost

Table with 7 columns: (a) Number of activities or programs (optional), (b) Persons served (optional), (c) Total community benefit expense, (d) Direct offsetting revenue, (e) Net community benefit expense, (f) Percent of total expense. Rows include Charity Care and Means-Tested Government Programs and Other Benefits.

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing	1	0	443,000	365	442,635	0.010 %
2 Economic development	4	0	1,328,050	1,188	1,326,862	0.040 %
3 Community support	18	264	1,729,312	0	1,729,312	0.060 %
4 Environmental improvements	2	0	312,155	0	312,155	0.010 %
5 Leadership development and training for community members	0	0	0	0		
6 Coalition building	1	962	1,889	0	1,889	0 %
7 Community health improvement advocacy		0	0	0		
8 Workforce development	0	0	0	0		
9 Other	0	0	0	0		
10 Total	26	1,226	3,814,406	1,553	3,812,853	0.120 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	1	Yes	No
1 Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense (at cost)	2	77,810,693	
3 Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	63,353,376	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	715,605,107
6 Enter Medicare allowable costs of care relating to payments on line 5	6	691,740,359
7 Subtract line 6 from line 5. This is the surplus or (shortfall)	7	23,864,748
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a Does the organization have a written debt collection policy?	9a	Yes	
9b If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI.	9b	Yes	

Part IV Management Companies and Joint Ventures

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 The Rehabilitation Institute of St Louis LLC	Operation of rehabilitation hospital	50.000 %	0 %	0 %
2 Gamma Knife Center at Barnes-Jewish Hospital LLC	Operation of radiation gamma beam	50.000 %	0 %	0 %
3 The Heart Care Institute LLC	Provide outpatient cardiac care svcs	50.000 %	0 %	0 %
4 Surgery Center of Farmington LLC	Provide outpatient surgery services	50.000 %	2.000 %	48.000 %
5 Twin Rivers MRI LLC	Provide diagnostic imaging services	75.000 %	5.250 %	19.750 %
6				
7				
8				
9				
10				
11				
12				
13				
14				

Part V Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
Barnes-Jewish Hospital NorthSouth 216 South Kingshighway Saint Louis, MO 63110	X	X		X			X		
Christian Hospital Northeast-Northwest 11133 Dunn Road saint Louis, MO 63136	X	X					X		
Northwest Healthcare 1225 graham road florissant, MO 63031	X						X		
Barnes-Jewish West County Hospital 12634 Olive Boulevard creve coeur, MO 63141	X	X					X		
Barnes-Jewish St Peters Hospital Inc 10 hospital drive saint peters, MO 63376	X	X					X		
St Louis children's hospital One Childrens Place saint Louis, MO 63110	X	X	X	X			X		
Missouri Baptist Medical Center 3015 North Ballas Road Town Country, MO 63131	X	X					X		
missouri baptist hospital of sullivan 751 Sappington Bridge Road sullivan, MO 63080	X	X					X		
progress West Healthcare 2 Progress Point Pkwy OFallon, MO 63366	X	X					X		
Alton Memorial Hospital One memorial Drive Alton, IL 62002	X	X					X		
Boone Hospital Center 1600 East Broadway Columbia, MO 65201	X	X					X		OPER VIA LEASE W/ BOONE COUNTY HOSP TRUST
PARKLAND HEALTH CENTER - BONNE TERRE 7245 RAIDER ROAD BONNE TERRE, MO 63628	X	X			X		X		
PARKLAND HEALTH CENTER - FARMINGTON 1101 WEST LIBERTY STREET FARMINGTON, MO 63640	X	X					X		
BJCHEALTHSOUTH REHABILITATION CTRLLC 4455 DUNCAN AVENUE SAINT LOUIS, MO 63110	X								50% OWNERSHIP
CLAY COUNTY HOSPITAL 911 STACEY BURK DRIVE FLORA, IL 62839	X	X			X		X		OPERATED VIA MANAGEMENT Svcs Agreement

**Schedule I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**
Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990**

OMB No 1545-0047
2009
**Open to Public
Inspection**

Name of the organization
BJC Health System Group Return

Employer identification number
75-3052953

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2	Enter total number of section 501(c)(3) and government organizations	21
3	Enter total number of other organizations	1

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Federal Grants - Pell Grants & FSEOG & Scholarships	352	927,391			
See Additional Data Table					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 DURING 2009, BJC HEALTH SYSTEM AND AFFILIATES MADE GRANTS TO OTHER SECTION 501(C)(3) PUBLIC CHARITIES FOR GENERAL OPERATIONS AND TO BE USED IN FULFILLING THE EXEMPT PURPOSE OF THE GRANTEE CHARITABLE ORGANIZATION WHILE IMMEDIATE OVERSIGHT OF THE CHARITY IS NOT CONSIDERED NECESSARY, GRANT MATERIALS PROVIDE STRICT GUIDELINES FOR USE OF ALL GRANTS OR AWARDS AS WELL AS RECOVERY OF GRANT MONIES NOT USED FOR STATED PURPOSES FEDERAL GRANTS AND AWARDS PROVIDED TO INDIVIDUALS ARE MONITORED TO ENSURE COMPLIANCE WITH THE FEDERAL GRANT PROCEDURES

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
BJC Health System Group Return

Employer identification number

75-3052953

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items
- | | |
|--|---|
| <input checked="" type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax idemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e g , maid, chauffeur, chef) |

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.

5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

a The organization?

b Any related organization?
If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

a The organization?

b Any related organization?
If "Yes," to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

	Yes	No
1b	Yes	
2	Yes	
4a	Yes	
4b	Yes	
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	Part I, Line 1a	<p>SCHEDULE J, PART I, LINE 1A AND 1B DURING 2009, THE ORGANIZATION PAID DIRECTLY OR REIMBURSED EXPENSES FOR THE FOLLOWING CHARTER TRAVEL FOR BUSINESS PURPOSES, AIR TRAVEL DURING THE RECRUITING PROCESS FOR FAMILY MEMBERS TO VISIT THE AREA, TEMPORARY HOUSING FOR CERTAIN EXECUTIVES RECRUITED TO THE ST LOUIS AREA, TAX GROSS UP PAYMENTS RELATED TO CERTAIN TAXABLE FRINGE BENEFITS AND REIMBURSED EXPENSES FOR SOCIAL CLUB DUES FOR CERTAIN EXECUTIVES THE PAYMENTS WERE MADE PURSUANT TO A WRITTEN POLICY THAT ALLOWS FOR DIRECT PAYMENTS OR REIMBURSEMENTS BASED ON ADEQUATE SUBSTANTIATION OF THE ALLOWABLE EXPENSE DOCUMENTATION OF THESE EXPENSES IS RETAINED IN THE ADMINISTRATIVE OFFICES OF THE ORGANIZATION AND, IF REQUIRED, INCLUDED IN THE REPORTABLE COMPENSATION OF THE INDIVIDUALS LISTED HEREIN CHARTER AIR TRAVEL - CURRENT EXPENSE POLICY OF THE ORGANIZATION PROHIBITS PAYMENT OF (OR REIMBURSEMENT FOR) FIRST CLASS AIR TRAVEL OR CHARTER TRAVEL HOWEVER, ON THREE SEPARATE OCCASIONS WHEN SENIOR EXECUTIVES WERE REQUIRED TO ATTEND MEETINGS IN CITIES WHERE TIME AND DISTANCE DID NOT ALLOW FOR TRAVEL BY NORMAL MEANS, EXCEPTIONS WERE MADE ON A CASE BY CASE BASIS THE ORGANIZATION ENGAGED THE SERVICES OF AN UNRELATED AIR CHARTER COMPANY EXPENSES ASSOCIATED WITH CHARTER TRAVEL DURING 2009 WERE \$ 6,001 TRAVEL FOR COMPANIONS - CURRENT EXPENSE POLICY OF THE ORGANIZATION PROHIBITS PAYMENT OF (OR REIMBURSEMENT FOR) TRAVEL WITH COMPANIONS OR OTHER FAMILY MEMBERS DURING 2009, THE ORGANIZATION INCURRED EXPENSES TO ALLOW FAMILY MEMBERS OF AN EXECUTIVE BEING RECRUITED TO THE ST LOUIS AREA TO VISIT ST LOUIS PRIOR TO SIGNING AN EMPLOYMENT AGREEMENT PAYMENTS FOR AIR TRAVEL FOR FAMILY MEMBERS ASSOCIATED WITH THE RECRUITMENT OF THIS OFFICER WERE \$3,688 FOR 2009 WHICH HAS BEEN APPROVED AND INCLUDED IN THE REPORTABLE COMPENSATION OF THE INDIVIDUAL TAX INDEMNIFICATION AND GROSS UP PAYMENTS - CURRENT EXPENSE POLICY OF THE ORGANIZATION PROVIDES THAT CERTAIN TAXABLE FRINGE BENEFITS BE GROSSED UP TO PROVIDE RELIEF OF FEDERAL AND STATE INCOME TAXES ASSOCIATED WITH CERTAIN EXPENSES INCURRED ON BEHALF OF THE ORGANIZATION, YET NOT DEDUCTIBLE FOR PERSONAL TAX PURPOSES HOUSING ALLOWANCE - CURRENT EXPENSE POLICY OF THE ORGANIZATION PROHIBITS PAYMENT OF (OR REIMBURSEMENT FOR) HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE UNLESS PART OF A RELOCATION PACKAGE PAYMENTS PURSUANT TO A RELOCATION PLAN MUST BE APPROVED BY THE SENIOR HUMAN RESOURCE OFFICER AT THE RELEVANT ORGANIZATION DURING 2009, THE ORGANIZATION PROVIDED TEMPORARY HOUSING TO THE CHIEF FINANCIAL OFFICER OF BJC HEALTH SYSTEM RECRUITED TO THE ST LOUIS AREA HOUSING ALLOWANCE AND OTHER PAYMENTS ASSOCIATED WITH THE RECRUITMENT OF THIS OFFICER WERE \$51,622 FOR 2009 WHICH HAS BEEN APPROVED AND INCLUDED IN THE REPORTABLE COMPENSATION OF THE INDIVIDUAL HEALTH OR SOCIAL CLUB DUES OR FEES - CURRENT EXPENSE POLICY OF THE ORGANIZATION ALLOWS PAYMENT OF (OR REIMBURSEMENT FOR) SOCIAL CLUB DUES OR FEES INCURRED FOR BUSINESS PURPOSES AT TIMES AN EXECUTIVE MAY INCUR EXPENSES FOR PERSONAL USE OF THE SOCIAL CLUB AND AN ALLOCATION IS MADE BETWEEN THE BUSINESS AND PERSONAL USE OF THE CLUB DUES THE ALLOCATION OF SOCIAL CLUB DUES CONSIDERED PERSONAL USE IS CONSIDERED TAXABLE TO THE EXECUTIVE DURING 2009, THE ORGANIZATION PROVIDED TOTAL REIMBURSEMENTS OF \$21,262 INCLUDING TAX GROSS UP PAYMENTS FOR THE PERSONAL USE PORTION OF SOCIAL CLUB DUES TO SEVEN EXECUTIVES DOCUMENTATION OF THESE EXPENSES IS RETAINED IN THE ADMINISTRATIVE OFFICES OF THE ORGANIZATION AND INCLUDED IN THE REPORTABLE COMPENSATION OF THE INDIVIDUALS LISTED HEREIN</p>
	Part I, Line 4a	<p>PART I, LINE 4A DURING 2009, THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAYMENTS FROM THE ORGANIZATION AS REPORTED IN THE DETAILS OF COMPENSATION AND BENEFITS (SEE FORM 990, PART VII, AND SCHEDULE J, PART II) Davidson, Raymond MD \$164,800 Ross, Cameron David \$207,542 Part I, Line 4b DURING 2009, THE FOLLOWING INDIVIDUALS RECEIVED SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN PAYMENTS FROM THE ORGANIZATION AS REPORTED IN THE DETAILS OF COMPENSATION AND BENEFITS (SEE FORM 990, PART VII AND SCHEDULE J, PART II) LIPSTEIN, STEVEN H \$178,958 ROSS, CAMERON DAVID \$107,532 ZISKIND MD, ANDREW A \$103,698 CANNON, ROBERT W \$67,112 ROBERTS, KEVIN V \$66,000 MAGRUDER, JOAN R \$61,598 VAN TREASE, SANDRA \$61,595 DAVIDSON MD, RAYMOND P \$56,812 FETTER, LEE F \$50,057 SHAW, JOANN M \$44,026 WEISS, DAVID A \$41,736 KRIEGER, MARK H \$37,839 PEREA, CARLOS \$37,418 JAQUES MD, DAVID \$34,220 NORONHA II, AUGUSTO A \$31,362 MCMULLEN, RONALD B \$28,618 GOTTLIEB MD, JONATHAN \$28,299 APLINGTON, DAVID R \$25,782 KATSIANIS, JOHN N \$25,298 ANTES, JOHN D \$25,031 CARTER, DOYLE EDWARD \$22,625 Morrow, Randy \$22,518 O'KEEFE, SHARON L \$19,747 VANDERSLICE, DOUGLAS \$19,639 GLOSS, JOHN J \$18,175 LIEKWEG, RICHARD J \$16,775 SCHWARM, TONY L \$14,935 BRAASCH, DAVID A \$14,920 SCHWAEGL, GLEN \$14,776 GLADSTONE, KIM M \$13,115 KRETTEK JR, JOHN E \$12,731 TRACY JR, LARRY A \$12,461 KARL, THOMAS P \$11,722 CASTELLANO, RUTH NOELLE \$11,680 SKYLES, JILL M \$8,766 CONKLIN, RICHARD \$1,624</p>

**Schedule K
(Form 990)**

OMB No 1545-0047

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 Schedule O (Form 990).**

2009

▶ **Attach to Form 990. ▶ See separate instructions.**

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
BJC Health System Group Return

Employer identification number

75-3052953

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	
							Yes	No	Yes	No
A	HEALTH & EDUC FACILITIES AUTHORITY STATE OF MISSOURI	43-1178966	60635RR33	04-07-2005	161,556,888	SEE SCHEDULE O		X		X

Part II Proceeds

	A	B	C	D	E
1 Total proceeds of issue	161,556,888				
2 Gross proceeds in reserve funds	960,437				
3 Proceeds in refunding or defeasance escrows	99,031,485				
4 Other unspent proceeds					
5 Issuance costs from proceeds	1,654,646				
6 Working capital expenditures from proceeds					
7 Capital expenditures from proceeds	64,584,524				
8 Year of substantial completion	2009				
	Yes	No	Yes	No	Yes
9 Were the bonds issued as part of a current refunding issue?	X				
10 Were the bonds issued as part of an advance refunding issue?		X			
11 Has the final allocation of proceeds been made?	X				
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X				

Part III Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?	X									
3b	Are there any research agreements with respect to the financed property which may result in private business use?	X									
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	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		0 030 %								
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		0 010 %								
6	Total of lines 4 and 5		0 040 %								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X									

Part IV Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	X									
2	Is the bond issue a variable rate issue?	X									
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X								
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?		X								
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?		X								
6	Did the bond issue qualify for an exception to rebate?		X								

SCHEDULE M (Form 990)

NonCash Contributions

OMB No 1545-0047

2009

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization BJC Health System Group Return

Employer identification number 75-3052953

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of Contributions, (c) Revenues reported on Form 990, Part VIII, line 1g, (d) Method of determining revenues. Rows include Art, Books, Cars, Boats, Intellectual property, Securities, Real estate, etc.

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

Table with 3 columns: Question, Yes, No. Rows include 30a, 31, 32a, 33 regarding contribution reporting and policies.

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ **Attach to Form 990.**

Name of the organization
BJC Health System Group Return

Employer identification number

75-3052953

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		CERTAIN OFFICERS, DIRECTORS OR KEY EMPLOYEES OF BJC HEALTH SYSTEM (BJC) MAY ALSO SERVE ON THE BOARDS OF OTHER RELATED OR UNRELATED ORGANIZATIONS. ADDITIONALLY, CERTAIN FAMILY MEMBERS OF OFFICERS, DIRECTORS OR KEY EMPLOYEES MAY, DURING THE NORMAL COURSE OF BUSINESS YET CONSISTENT WITH THE STATED EXEMPT PURPOSE OF BJC, ENGAGE IN TRANSACTIONS IN WHICH POTENTIAL CONFLICTS OF INTEREST COULD EXIST. THESE OFFICERS, DIRECTORS, KEY EMPLOYEES AND RELATED PERSONS DISCLOSE THESE POTENTIAL CONFLICTS TO BJC HEALTH SYSTEM ANNUALLY AND DO NOT PARTICIPATE IN DECISIONS IN WHICH THEY HAVE SUCH CONFLICTS. SUCH CONFLICTS AND RELATIONSHIPS ARE REVIEWED TO ENSURE THAT ANY PAYMENTS RECEIVED OR AMOUNTS PAID DO NOT EXCEED THE FAIR MARKET VALUE OF THE GOODS AND SERVICES RECEIVED BY THE REPORTING ORGANIZATION.
Form 990, Part VI, Section B, line 11		THE ORGANIZATION PREPARES DRAFT COPIES OF FORM 990 AND ATTACHMENTS FOR REVIEW BY MEMBERS OF MANAGEMENT. AFTER RESOLVING ANY OPEN ITEMS, THE FINAL DRAFT RETURNS ARE MADE AVAILABLE TO THE BOARD AND TO TWO BOARD COMMITTEES FOR THEIR REVIEW. QUESTIONS AND COMMENTS THAT ARISE FROM THE COMMITTEES OR INDIVIDUAL BOARD MEMBER REVIEWS ARE ADDRESSED IN ADVANCE OF SUBMISSION TO THE APPROPRIATE TAXING AUTHORITIES.
Form 990, Part VI, Section B, line 12c		THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS COMPLIANCE WITH THE POLICY BY ISSUING ANNUALLY A CONFLICT OF INTEREST QUESTIONNAIRE REMINDING COVERED INDIVIDUALS OF THEIR OBLIGATIONS TO DISCLOSE POTENTIAL CONFLICTS AND REQUESTING THAT THEY COMPLETE A CONFLICTS OF INTEREST QUESTIONNAIRE. THE QUESTIONNAIRE REQUIRES THE DISCLOSURE OF CONFLICTS AND AN ATTESTATION TO THEIR CONTINUING OBLIGATION TO DISCLOSE SAID CONFLICTS SHOULD THE NEED ARISE. THE RESULTS OF THE CONFLICT OF INTEREST QUESTIONNAIRE ARE REVIEWED BY A CENTRALIZED COMPLIANCE DEPARTMENT AND APPROPRIATE ACTION TAKEN AS NECESSARY. SHOULD THE ORGANIZATION BECOME AWARE OF A CONFLICT NOT PREVIOUSLY REPORTED, ITS GENERAL COUNSEL WOULD INVESTIGATE THE ISSUE AND RESPOND IN ACCORDANCE WITH THE POLICY.
Form 990, Part VI, Section B, line 15		THE COMPENSATION AND BENEFIT AMOUNTS OF THE ORGANIZATION'S OFFICERS AND TOP MANAGEMENT OFFICIALS ARE DETERMINED BY AN INDEPENDENT COMMITTEE OF THE BOARD OF DIRECTORS OF BJC HEALTH SYSTEM. THIS COMMITTEE IS COMPRISED OF INDEPENDENT PERSONS AND USES COMPENSATION CONSULTING STUDIES AND BENCHMARKING DATA PROVIDED BY AN INDEPENDENT MANAGEMENT CONSULTANT TO ESTABLISH COMPENSATION AMOUNTS AND GUIDELINES. THE PROCESS INCLUDES A VALIDATION OF JOB DESCRIPTIONS AS WELL AS REPORTING ALL FORMS OF COMPENSATION. THE CONSULTANT USES SURVEY DATA TO DETERMINE MARKET RATES OF BASE SALARY AND OTHER SHORT AND LONG TERM INCENTIVES FOR THE BJC HEALTH SYSTEM CEO AND OTHER SENIOR EXECUTIVES. THE COMMITTEE REVIEWS, APPROVES, AND SUBSEQUENTLY RECONCILES EXECUTIVE COMPENSATION AS WELL AS DELIBERATES ON THE REASONABLENESS OF THE DATA. THIS REVIEW IS DOCUMENTED IN THE MINUTES OF THE BOARD COMMITTEE MEETINGS.
Form 990, Part VI, Section C, line 19		THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, FINANCIAL STATEMENTS and CONFLICT OF INTEREST POLICY AVAILABLE FOR INSPECTION BY THE GENERAL PUBLIC UPON REQUEST AT THE ADMINISTRATIVE OFFICES.
Schedule K Supplemental Information		SERIES 2005A BONDS WERE ISSUED ON APRIL 7, 2005 AT A FIXED RATE WITH PROCEEDS OF \$84.5M USED TO REFUND SERIES 1993 BONDS. SERIES 2005B BONDS WERE ISSUED ON APRIL 7, 2005 AT A VARIABLE RATE WITH PROCEEDS OF \$73.4M USED IN PART TO REFUND SERIES 1986 BONDS AND TO FINANCE, IN PART, CONSTRUCTION OF PROGRESS WEST HEALTHCARE CENTER, A 72 BED COMMUNITY HOSPITAL IN O'FALLON, MISSOURI.
Form 990, PART VII, Section A, Line 1a		The organization used the following acronyms through out Form 990 part VII. Listed below are the definitions: AMH - ALTON MEMORIAL HOSPITAL; BJC - BJC HEALTHCARE; BJC BH - BJC BEHAVIORAL HEALTH; BJC CHS - BJC CORPORATE HEALTH SERVICES; BJC HOME - BJC HOME CARE SERVICES; BJH - BARNES-JEWISH HOSPITAL; BJSPH - BARNES-JEWISH ST. PETERS HOSPITAL; BJWCH - BARNES-JEWISH WEST COUNTY; CH - CHRISTIAN HOSPITAL NE/NW; CHAS - CH ALLIED SERVICES; CHIL - CHRISTIAN HOSPITAL-ILLINOIS SERVICES; CHN - CHILDREN'S HEALTH NETWORK; CHSDC - CHRISTIAN HEALTH SERVICES; MBHS - MISSOURI BAPTIST; SULLIVAN MBMC - MISSOURI BAPTIST MEDICAL CENTER; PEHC - PROGRESS EAST HEALTHCARE CENTER; PGLC - PHYSICIAN GROUPS, LC; PHC - PARKLAND HEALTH CENTER; PWHC - PROGRESS WEST HEALTHCARE CENTER; SLCH - ST LOUIS CHILDREN'S HOSPITAL; VNI - VILLAGE NORTH INC. SOME OF THE INDIVIDUALS LISTED AS DIRECTORS OR OFFICERS OF THE ABOVE CORPORATIONS SERVE AS FULL TIME EMPLOYEES OF RELATED ORGANIZATIONS. EACH RECEIVE COMPENSATION FOR AN AVERAGE OF 40 HOURS PER WEEK WITHOUT REGARD TO THEIR POSITION AS DIRECTOR OR OFFICER FOR THE RELATED ORGANIZATION.
FORM 990, PART I SUMMARY		THE BEGINNING OF THE CURRENT YEAR TOTAL ASSETS, TOTAL LIABILITIES AND NET ASSETS OR FUND BALANCE HAVE BEEN RESTATED TO INCLUDE THE INCOME AND ACTIVITY OF PROGRESS EAST HEALTHCARE CENTER FOR AMOUNTS THAT WERE NETTED ON THE BALANCE SHEET FOR THE YEAR ENDED DECEMBER 31, 2008. THE RESTATED BALANCE SHEET NOW REPORTS \$26.9M IN OTHER ASSETS AND RELATED LIABILITY OF \$26.9M FOR UNDEVELOPED PROPERTY HELD FOR FUTURE USE.

Identifier	Return Reference	Explanation
FORM 990, SCHEDULE K, DESCRIPTION OF PURPOSE		SERIES 2005A BONDS WERE ISSUED ON APRIL 7, 2005 AT A FIXED RATE WITH PROCEEDS OF \$84.5M USED TO REFUND SERIES 1993 A & B BONDS WHICH WERE ISSUED ON NOVEMBER 18, 1993. SERIES 2005B BONDS WERE ISSUED ON APRIL 7, 2005 AT A VARIABLE RATE WITH PROCEEDS OF \$73.4M USED IN PART TO REFUND SERIES 1989 A&B BONDS (ISSUED ON NOVEMBER 15, 1989) BONDS AND TO FINANCE, IN PART, THE CONSTRUCTION OF PROGRESS WEST HEALTHCARE CENTER, A 72 BED COMMUNITY HOSPITAL IN O'FALLON, MISSOURI.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2009

Open to Public Inspection

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Department of the Treasury
Internal Revenue Service

Name of the organization
BJC Health System Group Return

Employer identification number
75-3052953

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Heart Care Institute Affiliated Services LLC 1020 N Mason Road St Louis, MO 63141 43-1893498	Management/Clinical Svcs	MO	0	0	THE HEART CARE INSTITUTE LLC
MB Professional Billing Services LLC 3015 N Ballas Road St Louis, MO 63131 11-3794837	Billing Services	MO	2,280,235	503,610	MISSOURI BAPTIST MEDICAL CENTER
Missouri Baptist Physician Services LLC 3015 N Ballas Road St Louis, MO 63131 34-2028972	Physician Services	MO	2,969,897	193,740	MISSOURI BAPTIST MEDICAL CENTER
Christian Hospital Physician Billing Services LLC 11155 DUNN ROAD ST LOUIS, MO 63136 94-3448764	Billing Services	MO	1,065,088	140,829	CHRISTIAN HOSPITAL NE-NW
CHAS Physician Services LLC 1600 E Broadway Columbia, MO 65201 32-0275207	Physician Services	MO	1,122,202	321,237	CH ALLIED SERVICES INC

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
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See Additional Data Table

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No
TWIN RIVERS MRI LLC ONE MEMORIAL DRIVE ALTON, IL62002 37-1400120	HEALTH SERVICES	IL	ALTON MEMORIAL HOSPITAL	RELATED	1,523,105	4,430,157	No			Yes	
THE HEART CARE INSTITUTE LLC 1020 NORTH MASON ROAD ST LOUIS, MO63141 43-1870517	MEDICAL SERVICES	MO	BARNES-JEWISH HOSPITAL	RELATED	613,934	698,460	No			Yes	
THE HEART CARE INSTITUTE LLC 1020 NORTH MASON ROAD ST LOUIS, MO63141 43-1870517	MEDICAL SERVICES	MO	BARNES-JEWISH WEST COUNTY HOSPITAL	RELATED	613,934	425,560	No			Yes	
GAMMA KNIFE CENTER AT BARNES JEWISH HOSP LLC 216 SOUTH KINGSHIGHWAY ST LOUIS, MO63110 43-1846941	OUTPATIENT CARE SERVICES	MO	BARNES-JEWISH HOSPITAL	RELATED	1,961,546	1,695,794	No			Yes	
SURGERY CENTER OF FARMINGTON LLC 400 PARKLAND DRIVE FARMINGTON, MO63640 43-1811835	MEDICAL SERVICES	MO	PARKLAND HEALTH CENTER	RELATED	453,243	664,476	No			Yes	
CHILDREN'S DISCOVERY INST LLC 4444 FOREST PARK BLVD ST LOUIS, MO63108	SEARCH FOR CURES OF PEDIATRIC DISEASES	MO	ST LOUIS CHILDREN'S HOSPITAL	RELATED			No			Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
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See Additional Data Table

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)

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

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

- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses

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

	Yes	No
1a		No
1b		No
1c	Yes	
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l	Yes	
1m		No
1n	Yes	
1o	Yes	
1p	Yes	
1q		No
1r		No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
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(1) See Additional Data Table

(2)

(3)

(4)

(5)

(6)

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Software ID:
Software Version:
EIN: 75-3052953
Name: BJC Health System Group Return

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
ALTON MEMORIAL HEALTH SERVICES FOUNDATION 1109 N OXFORDSHIRE LANE EDWARDSVILLE, IL62025 37-1177053	SUPPORT TO AMH	IL	501(c)(3)	11c	ALTON MEMORIAL HOSPITAL
BARNES-JEWISH HOSPITAL FOUNDATION 1001 HIGHLANDS PLAZA DR WEST SUITE ST LOUIS, MO63110 43-1648435	SUPPORT TO BJH	MO	501(c)(3)	7	BARNES-JEWISH HOSPITAL
BARNES JEWISH HOSP AUXILIARY PARKVIEW CHAPTER 216 SO KINGSHIGHWAY CAB 140 ST LOUIS, MO63110 23-7000410	SUPPORT TO BJH	MO	501(c)(3)	11c	BARNES-JEWISH HOSPITAL
BARNES-JEWISH ST PETERS HOSPITAL AUXILIARY 10 HOSPITAL DRIVE ST PETERS, MO63376 43-1232811	SUPPORT TO BJSP HOSPITAL	MO	501(c)(3)	3	BARNES-JEWISH ST PETERS HOSPITAL
BOONE HOSPITAL CENTER'S VISITING NURSES INC 601 BUSINESS LOOP 70 W SUITE 280 COLUMBIA, MO65203 43-0998347	HEALTHCARE SERVICES	MO	501(c)(3)	9	CH ALLIED SERVICES INC
CHRISTIAN HOSPITAL FOUNDATION 11155 DUNN ROAD SUITE 300 N ST LOUIS, MO63136 43-1947644	SUPPORT TO CHNE	MO	501(c)(3)	11a	CHRISTIAN HOSPITAL NORTHEAST-NORTHWEST
FAIRVIEW HEIGHTS MEDICAL GROUP SC 670 MASON RIDGE CENTER DR SUITE 300 ST LOUIS, MO63141 36-4147189	HEALTHCARE SERVICES	IL	501(c)(3)	3	
MISSOURI BAPTIST HEALTHCARE FOUNDATION 3015 N BALLAS ROAD ST LOUIS, MO63131 43-1472026	SUPPORT TO MBMC	MO	501(c)(3)	7	MISSOURI BAPTIST MEDICAL CENTER
PARKLAND HEALTH CENTER FOUNDATION 1101 WEST LIBERTY ST FARMINGTON, MO63640 90-0424964	SUPPORT TO PHC	MO	501(c)(3)	7	PARKLAND HEALTH CENTER
ST LOUIS CHILDREN'S HOSPITAL FOUNDATION ONE CHILDRENS PLACE ST LOUIS, MO63110 43-1626863	SUPPORT TO SLCH	MO	501(c)(3)	7	ST LOUIS CHILDREN'S HOSPITAL
MISSOURI BAPTIST HOSPITAL OF SULLIVAN AUXILIARY INC 751 SAPPINGTON BRIDGE RD SULLIVAN, MO63080 43-1349641	SUPPORT TO MBHS	MO	501(c)(3)	9	MISSOURI BAPTIST HOSPITAL OF SULLIVAN

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Percentage ownership
ATG ASSURANCE COMPANY LTD PO BOX 1109 GRAND CAYMAN CJ 98-0599167	INSURANCE	UK		C	132,687	17,535,141	
PF SERVICES INC 11155 DUNN ROAD ST LOUIS, MO 63136 43-1237767	MANAGEMENT SERVICES	MO	CHRISTIAN HEALTH SERVICES DEV CORP	C	260,433	319,080	100 000 %
INTEGRATED HEALTHCARE MGMT SOLUTIONS INC 11155 DUNN ROAD ST LOUIS, MO 63136 43-1423316	INACTIVE	MO	CHRISTIAN HEALTH SERVICES DEV CORP	C			100 000 %
MB MEDICAL SERVICES INC 3015 N BALLAS ROAD ST LOUIS, MO 63131 43-1437404	HEALTHCARE SERVICES	MO	MISSOURI BAPTIST MEDICAL CENTER	C			100 000 %
MISSOURI BAPTIST HOME HEALTH CARE INC 3015 N BALLAS ROAD ST LOUIS, MO 63131 43-1460430	INACTIVE	MO		C			
MB PHARMACY INC 3015 N BALLAS ROAD ST LOUIS, MO 63131 43-1640730	INACTIVE	MO		C			100 000 %
ST PETERS MED OFFICE BLDG A CONDO ASSN INC 1040 N MASON SUITE 109 ST LOUIS, MO 63141 43-1472188	CONDOMINIUM ASSOCIATION	MO	BARNES-JEWISH ST PETERS HOSPITAL	C	177,912	103,427	95 110 %
DMP MIDWEST INC ONE METROPOLITAN SQ 2600 ST LOUIS, MO 63102 27-1943910	INACTIVE	MO		C			

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)
(1) BARNES JEWISH HOSPITAL FOUNDATION	C	9,992,491
(2) BARNES JEWISH HOSPITAL FOUNDATION	L	13,418,738
(3) BARNES JEWISH HOSPITAL FOUNDATION	N	1,611,564
(4) BARNES JEWISH HOSPITAL FOUNDATION	O	24,038
(5) BARNES JEWISH HOSPITAL FOUNDATION	P	72,000
(6) Christian Hospital Foundation	C	250,000
(7) Missouri Baptist HEALTHCARE Foundation	C	2,487,589
(8) Parkland Health CENTER Foundation	C	75,000
(9) ST LOUIS CHILDREN'S HOSPITAL FOUNDATION	C	8,372,858

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Other Miscellaneous	142,195,826	84,432,735	57,763,142	-51
Bad Debt	117,299,611	85,824,401	31,475,210	
Teaching Services	82,122,723	82,122,723		
Service Contract Fees	14,861,302	14,411,328	449,974	
Recruitment	5,451,811	3,930,910	1,520,901	

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Program Service Revenu	621,990	3,140,956,717	2,689,575,575	263,612	451,117,530
Other Program Services	900,099	80,386,763	80,386,763	0	0
Program Rental Income	531,190	19,008,398	19,008,398	0	
Retail Pharmacy	621,400	14,432,629		4,460,338	9,972,291
Reference Laboratory	621,400	12,207,531	0	12,207,531	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
PHC-Conklin Richard FORMER Pres, Director	0 00						X	162,601	0	55,246

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
BJCHOME-CastellanoRuth Vice President	40 00			X				193,336	0	52,717
BJC-Roberts Kevin Sr VP, CFO, Treasurer	40 00			X				1,060,079	0	94,930
BJH-Krieger Mark Vice PreS, CFO, Treas	40 00			X				452,779	0	57,955
BJH-Liekweg Richard President	40 00			X				260,356	0	46,659
BJH-O'Keefe Sharon Vice President & COO	40 00			X				348,351	0	119,805
BJSPH-Skyles Jill Vice Pres/ Treasurer	40 00			X				201,777	0	48,879
CHAS-Morrow Randy Vice President - Finance	40 00			X				311,143	0	55,040
CH-Katsianis John Vice President, Finance	40 00			X				339,789	0	51,166
CHSDC-Katsianis John Vice President	1 00			X				0	0	0
MBHS-Schwarm Tony President	1 00			X				223,217	0	41,615
MBMC-Noronha Augusto II Vice President, Finance	40 00			X				390,307	0	48,429
PGLC-Davidson Raymond M President	5 00			X				0	0	0
PGLC-Lipstein Steven Manager	1 00			X				0	0	0
PWHC-Schwaegel Glen Vice President FINANCE	40 00			X				229,352	0	62,405
SLCH-Vanderslice Doug Vice President CFO	40 00			X				320,935	0	49,519
VNI-Katsianis John Vice President, Finance	1 00			X				0	0	0
BJC-HALL LANNIS E Physician	40 00					X		848,835	0	29,644
BJC-Perea Carlos SVP/CHIEF HR OFFICER	40 00					X		507,631	0	67,748
BJC-Shaw Joann VP/CHIEF LEARNING OFF	40 00					X		431,582	0	70,839
BJH-Gottlieb Johnathan Vice President, CMO	40 00					X		430,835	0	86,544
BJH-Jaques David MD Vice President	40 00					X		575,731	0	48,204
MBHS-Michalik Jaroslaw FORMER Director	0 00						X	383,772	0	27,513
PHC-O'Hara Patrick W MD FORMER Director	0 00						X	196,689	0	21,350
BJC Home-ConklinRichard Secretary, Treasurer, Di	0 00						X	0	0	0
AMH-McMullen Ronald President, Director	0 00						X	0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
MBMC-McCarthy Thomas Secretary, Director	1 00	X	X					0	0	0
MBMC-PrivottW Joseph PH Chairman, Director	1 00	X	X					0	0	0
MBMC-Ross David Vice Chairman, Director	1 00	X	X					0	0	0
PEHC-Aplington David Secretary, Director	1 00	X	X					0	0	0
PEHC-Cannon Robert President, Director	1 00	X	X					0	0	0
PEHC-DeHaven Michael Vice President, Director	1 00	X	X					0	0	0
PHC-Baker Mary Vice-Chairman, Director	1 00	X	X					0	0	0
PHC-Cook Kevin Vice-Chairman, Director	1 00	X	X					0	0	0
PHC-Karl Thomas President, Director	40 00	X	X					177,186	0	42,885
PHC-Wood Joyce Chairman, Director	1 00	X	X					0	0	0
PWHC-Antes John President, Director	40 00	X	X					325,471	0	40,976
SLCH-Cousins Steven Vice Chairman DIRECTOR	1 00	X	X					0	0	0
SLCH-Ferring John IV ASST TREAS, DIRECTOR	1 00	X	X					0	0	0
SLCH-Fetter Lee Pres SEO, Director-Ex-of	40 00	X	X					739,989	0	87,997
SLCH-Fusz Louis Jr SECRETARY, Director	1 00	X	X					0	0	0
SLCH-Gould James Vice Chairman, Director	1 00	X	X					0	0	0
SLCH-Harbison Keith Treasurer, Director	1 00	X	X					0	0	0
SLCH-Imbs Christopher VICE CHAIR, DIRECTOR	1 00	X	X					0	0	0
SLCH-Metcalf Walter JR ASST TREAS, Director	1 00	X	X					0	0	0
SLCH-Stupp John Jr Vice Chairman, Director	1 00	X	X					0	0	0
SLCH-Suggs Donald Asst Treas, Director	1 00	X	X					0	0	0
VNI-Gloss John Chairman, Director	5 00	X	X					261,918	0	57,637
VNI-McMullen Ronald President, Director	1 00	X	X					0	0	0
BJC-Davidson Raymond MD PRES - BJC MEDICAL GROUP	40 00		X					439,115	0	40,280
BJC-DeHaven Michael Sr VP, GenL Coun, Secy	40 00		X					954,326	0	98,164

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
BJSPH-Ross David President, Director	40 00	X	X				734,395	0	42,493	
BJWCH-DeHaven Michael Secretary, Director	1 00	X	X				0	0	0	
BJWCH-Liekweg Richard President, Director	1 00	X	X				0	0	0	
BJWCH-Roberts Kevin Treasurer/Director/Ex-Of	1 00	X	X				0	0	0	
BJWCH-Tracy Larry Vice Pres/COO/Director	40 00	X	X				233,267	0	35,347	
BJWCH-Ziskind Andrew MD President, Director Ex-O	1 00	X	X				0	0	0	
CHAS-McDavid Robert MD Chairman, Director	1 00	X	X				0	0	0	
CHAS-Rothery Daniel President, Director	40 00	X	X				421,157	0	37,924	
CH-Daniels Jerry Chairman, Director	1 00	X	X				0	0	0	
CHIL -McMullen Ronald President, Director	1 00	X	X				0	0	0	
CHIL -Plummer Robert Chairman, Director	1 00	X	X				0	0	0	
CH-McMullen Ronald President, Director	40 00	X	X				451,330	0	65,764	
CHN-Fetter Lee President, Director	1 00	X	X				0	0	0	
CHN-Fusz Louis Jr SECRETARY, Director	1 00	X	X				0	0	0	
CHN-Harbison Keith Treasurer/ Director	1 00	X	X				0	0	0	
CHN-Mullins Birch Chairman/Director	1 00	X	X				0	0	0	
CH-Plummer Robert CHAIRMAN, Director	1 00	X	X				0	0	0	
CHSDC-Daniels Jerry CHAIRMAN, Director	1 00	X	X				0	0	0	
CHSDC-Plummer Robert VICE CHAIR, Director	1 00	X	X				0	0	0	
CHSDC-Van Trease Sandra Pres, Director	5 00	X	X				1,058,996	0	88,125	
CH-Zykan Don VICE CHAIR, Director	1 00	X	X				0	0	0	
MBHS-Owens Joseph Vice President, Director	1 00	X	X				0	0	0	
MBHS-Ruble Irene Secretary, Director	1 00	X	X				0	0	0	
MBMC-Beaver Lee Jr Vice Chair Emer, Directo	1 00	X	X				0	0	0	
MBMC-Magruder Joan President, Director	40 00	X	X				568,247	0	71,686	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
AMH-Braasch David Alan President, Director	40 00	X	X				269,785	0	43,771	
AMH-Handley James Vice Chairman, Director	1 00	X	X				0	0	0	
AMH-Lauschke Paul Jr Chairman, Director	1 00	X	X				0	0	0	
AMH-Milligan Ronald Vice Chairman, Director	1 00	X	X				0	0	0	
BJC BH-Aplington David Secretary, Director	5 00	X	X				429,481	0	65,637	
BJC BH-Cannon Robert Chairman, Director	5 00	X	X				537,097	0	67,334	
BJC BH-Stansberry Mark Pres, Exec Director	40 00	X	X				138,912	0	20,474	
BJC CHS-Aplington David Vice President, Director	1 00	X	X				0	0	0	
BJC CHS-Cannon Robert President, Director	1 00	X	X				0	0	0	
BJC CHS-Gladstone Kim Vice President, Director	40 00	X	X				150,139	0	44,728	
BJC-Dubinsky John Vice Chairman, Director	1 00	X	X				0	0	0	
BJCHOME-Cannon Robert Vice President, Director	1 00	X	X				0	0	0	
BJCHOME-Karl Tom Secretary, Treasurer	1 00	X	X				0	0	0	
BJC-Lipstein Steven Pres, CEO, Dir-Ex Off	40 00	X	X				2,118,993	0	124,625	
BJC-McKee Paul Jr Chairman, Director	1 00	X	X				0	0	0	
BJC-Stokes Patrick Vice Chairman, Director	1 00	X	X				0	0	0	
BJC-Westbrook Kelvin Vice Chairman, Director	1 00	X	X				0	0	0	
BJH-Carter Edward Vice President, SecY	40 00	X	X				323,729	0	49,750	
BJH-Fox Gregory Vice Chairman, Director	1 00	X	X				0	0	0	
BJH-Jordan John Jr Vice Chairman, Director	1 00	X	X				0	0	0	
BJH-Jost Gilbert Vice Chairman, Director	1 00	X	X				0	0	0	
BJH-Schnuck Craig Vice Chairman, Director	1 00	X	X				0	0	0	
BJH-Stokes Patrick Chairman, Director	1 00	X	X				0	0	0	
BJH-Ziskind Andrew MD Pres, Director Ex-Offici	40 00	X	X				969,006	0	102,402	
BJSPH-Antes John President, DIRECTOR	1 00	X	X				0	0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
SLCH-Danforth Donald Director	1 00	X						0	0	0
SLCH-Diemer Nancy Director	1 00	X						0	0	0
SLCH-Franklin Clifford Director	1 00	X						0	0	0
SLCH-HartTracy E Director	1 00	X						0	0	0
SLCH-Hermann Robert Director	1 00	X						0	0	0
SLCH-Lipstein Steven Director - Ex-officio	1 00	X						0	0	0
SLCH-Mark Richard Director	1 00	X						0	0	0
SLCH-McDonnellJames III Director	1 00	X						0	0	0
SLCH-Mueller Charles JR Director	1 00	X						0	0	0
SLCH-Mullins Birch Director	1 00	X						0	0	0
SLCH-NashAllison C MD Director, Ex-Officio	1 00	X						0	0	0
SLCH-O'Connell John Director	1 00	X						0	0	0
SLCH-Rhone Eric Director	1 00	X						0	0	0
SLCH-Rothbaum Robert MD Director Ex-off NON VOT	1 00	X						0	0	0
SLCH-Schwartz Alan MD Director Ex-off NON VOT	1 00	X						0	0	0
SLCH-Seldin Glenda Director Ex-off NON VOT	1 00	X						0	0	0
SLCH-Shapiro Larry MD Director	1 00	X						0	0	0
SLCH-Sherman David III Director	1 00	X						0	0	0
SLCH-WarnerBrad W MD Director Ex-off NON VOT	1 00	X						0	0	0
SLCH-Westbrook Kelvin Director	1 00	X						0	0	0
SLCH-Whitaker Patricia Director	1 00	X						0	0	0
VNI-Brink Ruth Director	1 00	X						0	0	0
VNI-Van Trease Sandra Director	1 00	X						0	0	0
BJC-Ross Donald CHAIRMAN, Director	1 00	X			X			0	0	0
AMH-Balsters Ken Vice Chairman, Director	1 00	X			X			0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
MBMC-Lipstein Steven Director - Ex-officio	1 00	X						0	0	0
MBMC-McClure Richard Director	1 00	X						0	0	0
MBMC-Petty Carl Jr Director	1 00	X						0	0	0
MBMC-Reynolds Palmer Director	1 00	X						0	0	0
MBMC-Schick Peter Director	1 00	X						0	0	0
MBMC-Van Trease Sandra Director (NON VOTING)	1 00	X						0	0	0
MBMC-Wood Joyce Director	1 00	X						0	0	0
PHC-Crouch John Director	1 00	X						0	0	0
PHC-Dickinson Betty M Director	1 00	X						0	0	0
PHC-DuMontier Edward MD Director	5 00	X						11,760	0	659
PHC-Grix Gary MD Director	5 00	X						267,039	0	21,867
PHC-Johnson Milton Jr Director	1 00	X						0	0	0
PHC-Mackay Jill Director	1 00	X						0	0	0
PHC-Rhodes Catherine Director	1 00	X						0	0	0
PHC-Skaggs Larry Director	1 00	X						0	0	0
PHC-Turner Joseph Director	1 00	X						0	0	0
PHC-Van Trease Sandra Director	1 00	X						0	0	0
PHC-Vibulakaopun Pairat Director	1 00	X						0	0	0
PWHC-DeHaven Michael Director	1 00	X						0	0	0
PWHC-Van Trease Sandra Director	1 00	X						0	0	0
PWHC-Weiss David Director	1 00	X						0	0	0
SLCH-Beachy Roger N PHD Director	1 00	X						0	0	0
SLCH-Berges James Director	1 00	X						0	0	0
SLCH-Boyce Gregory H Director	1 00	X						0	0	0
SLCH-Cole F Sessions MD Director, Ex-Off NON VOT	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
CHSDC-Zykan Donald Director	1 00	X						0	0	0
CH-Shaw David MD Director	1 00	X						0	0	0
CH-Van Trease Sandra Director	1 00	X						0	0	0
CH-Wright Chris PHD Director	1 00	X						0	0	0
CH-Zweig William MD Director	1 00	X						0	0	0
MBHS-Dace Sharon Director	1 00	X						0	0	0
MBHS-Giles Raymond Director	1 00	X						0	0	0
MBHS-Hoffman Mike Director	1 00	X						0	0	0
MBHS-King Melvin Director	1 00	X						0	0	0
MBHS-MatthewsDebbie Director	1 00	X						0	0	0
MBHS-Remo Jose MD Director	1 00	X						0	0	0
MBHS-TiefenbrunnMatt MD Director	1 00	X						0	0	0
MBHS-Van Trease Sandra Director	1 00	X						0	0	0
MBHS-Yoest Chris Director	1 00	X						0	0	0
MBMC-Bachmann John Director	1 00	X						0	0	0
MBMC-Buse Paul MD Physician, Director	5 00	X						69,692	0	0
MBMC-Copeland Douglas Director	1 00	X						0	0	0
MBMC-Dunne Thomas P Sr Director	1 00	X						0	0	0
MBMC-Eason Cliff Director	1 00	X						0	0	0
MBMC-Fields Harvey JR Director	1 00	X						0	0	0
MBMC-Fullerton Randall Director	1 00	X						0	0	0
MBMC-Giles Raymond Director	1 00	X						0	0	0
MBMC-Harmon Robert Director	1 00	X						0	0	0
MBMC-Holmes Michael Director	1 00	X						0	0	0
MBMC-Kopitsky Robert MD Director	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
CHAS-Van Trease Sandra Director	1 00	X						0	0	0
CH-ClarkRev F James M Director	1 00	X						0	0	0
CH-Dazey Andrew Director	1 00	X						0	0	0
CH-George Thomas F PhD Director	1 00	X						0	0	0
CH-Glotzbach Edward L Director	1 00	X						0	0	0
CHIL -McKee Paul J Director	1 00	X						0	0	0
CH-Jensen Joshua II MD Director	1 00	X						0	0	0
CH-Lipstein Steven Director - Ex-officio	1 00	X						0	0	0
CH-Margolis Robert MD Director	1 00	X						0	0	0
CH-McKee Paul Jr Director	1 00	X						0	0	0
CH-Milligan Ronald Director	1 00	X						0	0	0
CH-Moritz Gerald MD Director	1 00	X						0	0	0
CHN-Imbs Christopher Director	1 00	X						0	0	0
CH-Otto David Director	1 00	X						0	0	0
CH-Penilla Antonia R MD Director	5 00	X						0	462,837	32,285
CH-Ratliff Harry Director	1 00	X						0	0	0
CH-Rearden Tim MD Director	1 00	X						0	0	0
CH-Scherer George Director	1 00	X						0	0	0
CH-SchnettgoeckeWilliam Director	1 00	X						0	0	0
CHSDC-Lauschke Paul Jr Director	1 00	X						0	0	0
CHSDC-Lipstein Steven Director Ex Officio	1 00	X						0	0	0
CHSDC-McKeePaul Jr Director	1 00	X						0	0	0
CHSDC-Milligan Ronald Director	1 00	X						0	0	0
CHSDC-Moritz Gerald Director	1 00	X						0	0	0
CHSDC-Scherer George Director	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
BJH-Kruszewski Ron Director	1 00	X						0	0	0
BJH-Lipstein Steven Director - Ex-Officio	1 00	X						0	0	0
BJH-Luten Susie Director	1 00	X						0	0	0
BJH-McDonnell John F Director	1 00	X						0	0	0
BJH-Neal Jean Director, Bishop's desig	1 00	X						0	0	0
BJH-Parks Deborah MD Director	1 00	X						0	0	0
BJH-Roegner Darrell Director	1 00	X						0	0	0
BJH-ShapiroLarry MD Director Ex-Officio	1 00	X						0	0	0
BJH-Small Leslie Director	1 00	X						0	0	0
BJH-SpringerRuth Director	1 00	X						0	0	0
BJH-Steinback Kenneth Director	1 00	X						0	0	0
BJH-Steward David Director	1 00	X						0	0	0
BJH-Sullivan Diane Director	1 00	X						0	0	0
BJH-Thompson Anthony Director	1 00	X						0	0	0
BJH-Wrighton Mark PhD Director	1 00	X						0	0	0
BJH-Yaeger Douglas Director	1 00	X						0	0	0
BJSPH-DeHaven Michael Director	1 00	X						0	0	0
BJSPH-Orellana Felipe M Director	1 00	X						0	0	0
BJSPH-Van Trease Sandra Director	1 00	X						0	0	0
BJWCH-Cannon Robert Director	1 00	X						0	0	0
BJWCH-Crane James MD Director	1 00	X						0	0	0
BJWCH-Kenneally Cynthia Director Ex Officio	5 00	X						81,188	0	0
BJWCH-LondeAlan MD Director Ex Officio	1 00	X						0	0	0
BJWCH-Martin Jeffery MD Director	1 00	X						0	0	0
CHAS-Aplington David Director	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BJC-Jordan John Jr Director	1 00	X						0	0	0
BJC-McCarthy Thomas Director	1 00	X						0	0	0
BJC-McClure Richard Director	1 00	X						0	0	0
BJC-McDavid Robert Director	1 00	X						0	0	0
BJC-McDonnell John Director	1 00	X						0	0	0
BJC-Metcalf Walter Jr Director	1 00	X						0	0	0
BJC-Moritz Gerald Director	1 00	X						0	0	0
BJC-Mueller Charles Director	1 00	X						0	0	0
BJC-Plummer Robert Director	1 00	X						0	0	0
BJC-PrivottW Joseph PHD Director	1 00	X						0	0	0
BJC-Schnuck Craig Director	1 00	X						0	0	0
BJC-Shapiro Larry MD Director Ex officio	1 00	X						0	0	0
BJC-Stupp John Jr Director	1 00	X						0	0	0
BJC-Wrighton Mark MD Director-Ex Officio	1 00	X						0	0	0
BJC-Zykan Donald J Director	1 00	X						0	0	0
BJH-Bader Kathryn Director	1 00	X						0	0	0
BJH-Burson Charles Director	1 00	X						0	0	0
BJH-Clark Maxine Director	1 00	X						0	0	0
BJH-Donald Arnold Director	1 00	X						0	0	0
BJH-Dubinsky John Director	1 00	X						0	0	0
BJH-Edison Peter Director	1 00	X						0	0	0
BJH-Elias Peggy Director	1 00	X						0	0	0
BJH-Griffin Joanne Director	1 00	X						0	0	0
BJH-Kahn Eugene Director	1 00	X						0	0	0
BJH-Knight Charles F Director, Emeritus Membe	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
AMH-Bauer Brenda Director	1 00	X						0	0	0
AMH-Bryant Gay Director	1 00	X						0	0	0
AMH-Ennico Dolores Director	1 00	X						0	0	0
AMH-Ferguson Paul PhD Director	1 00	X						0	0	0
AMH-Hartrich Bruce A Director	1 00	X						0	0	0
AMH-Loy Kenneth Director	1 00	X						0	0	0
AMH-Milnor George Director	1 00	X						0	0	0
AMH-Riedel David MD Director	1 00	X						0	0	0
AMH-Schranck Charles MD Director	1 00	X						0	0	0
AMH-Van Trease Sandra Director	1 00	X						0	0	0
BJC-Bader Kathryn Director	1 00	X						0	0	0
BJC-Daniels Jerry Director	1 00	X						0	0	0
BJC-Donald Arnold Director	1 00	X						0	0	0
BJC-Eason Clifford J Director	1 00	X						0	0	0
BJC-Eberlein Timothy MD Director	1 00	X						0	0	0
BJC-Fox Gregory Director	1 00	X						0	0	0
BJC-Griffin Joanne Director	1 00	X						0	0	0
BJC-Harbison Keith Director	1 00	X						0	0	0
BJCHOME-Gee William MD Director	1 00	X						0	0	0
BJCHOME-Katsianis John Director	1 00	X						0	0	0
BJCHOME-KrettekJohn MD Director	1 00	X						442,119	0	48,178
BJCHOME-Mueth Melanie M Director	1 00	X						0	0	0
BJCHOME-Van TreaseSandr Director	1 00	X						0	0	0
BJCHOME-VlodarchykCoree Director	1 00	X						372,623	0	44,820
BJCHOME-Weiss David Director	5 00	X						582,281	0	86,734

Additional Data

Software ID:
Software Version:
EIN: 75-3052953
Name: BJC Health System Group Return

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

4d. Other program services

(Code) (Expenses \$ 24,316,163 including grants of \$ 0) (Revenue \$ 376,722)

OTHER HEALTHCARE SERVICES PROVIDED TO IMPROVE THE HEALTH OF PEOPLE IN THE COMMUNITIES WE SERVE NET OF DIRECT OFFSETTING PROGRAM FEES

Additional Data

Software ID:
Software Version:
EIN: 75-3052953
Name: BJC Health System Group Return

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

1	(a) Description of Liability	(b) Amount
	Due to Related Party Liabilities	1,062,509,022
	Long Term Pension Liabilities	3,593,723
	Self- Funded Insurance Liabilities	156,970,878
	Other Long Term Liabilities	32,362,765
	Due to Third Party Payors	38,825,514
	Other Current Liabilities	2,936,459
	Accrue Environmental Liabilities	6,033,000
	Interest Payable Total	1,272,891

Software ID:

Software Version:

EIN: 75-3052953

Name: BJC Health System Group Return

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Barnes-Jewish Hospital Foundation 1001 Highlands Plaza Drive West Suite 140 St Louis, MO 63110	43-1648435	501c(3)	10,839,592				Pledge to general funds
St Louis Childrens Hospital Foundation One Childrens Place St Louis, MO 63110	43-1626863	501c(3)	6,287,876				Support for healthcare needs of St Louis Children's Hospital
Christian Hospital Foundation POB 1 Suite 300N 11155 Dunn Road St Louis, MO 63136	43-1947644	501c(3)	1,893,561				Support for healthcare needs Christian Hospital
Boone Hospital Foundation 1600 E Broadway Columbia, MO 65201	03-0477306	501c(3)	1,019,800				Support to general funds
Alton Memorial Health Services Foundation 1109 North Oxfordshire Edwardsville, IL 62025	37-1177053	501c(3)	532,002				Support people affected by cancer by programs
Washington University School of Medicine Grants Office 660 South Euclid Avenue Box 8018 St Louis, MO 63130	43-0653611	501c(3)	462,991				Support research of WUSM to Support programs
Parkland Health Center Foundation 1101 W Liberty Street Farmington, MO 63640	90-0424964	501c(3)	250,000				Support for healthcare needs Parkland Hospital
MOBAP Foundation 3015 N Ballas Road St Louis, MO 63131	43-1472026	501c(3)	154,291				Support people affected by cancer by programs
Speaking of Women's Health 709 W Broadway Columbia, MO 65203	30-0193562	501c(3)	40,459				Support and educate women about their health
Family Health Center of Boone County 1001 East Worley Columbia, MO 65203	43-1709422	501c(3)	40,000				Support to community to provide access to healthcare

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Illinois Hospital Research & Educational Foundation 1151 East Warrenville Road PO Box 3015 Naperville, IL 60566	23-7421930	501c(3)	32,461				Support Hospital Mutual Assistance Program
American Heart Association 460 N Lindbergh Blvd St Louis, MO 63141	13-5613797	501c(3)	27,887				Support research of Heart diseases
JUNIOR ACHIEVEMENT OF MISSISSIPPI VALLEY INC 17339 NORTH OUTER FORTY RD Chesterfield, MO 63005	43-0652112	501c(3)	20,000				Support educating youth in business
National Marfan Foundation 660 South Euclid Avenue Box 8066 St Louis, MO 63110	52-1265361	501c(3)	17,500				Support for Marfan Syndrome and related disorders
SUSAN G KOMEN RACE FOR THE CURE PO Box 790129 DEPT SK St Louis, MO 63179	75-2844650	501c(3)	15,000				Support research for Breast Cancer
Youzeum PO Box 309 Columbia, MO 65205	43-1606126	501c(3)	10,987				Support community health
Columbia Chamber of Commerce 300 S Providence Road Columbia, MO 65205	43-0223250	501c(6)	7,985				Support and promote community healthcare awareness
American Diabetes Association 10280 Sunset Office Dr Suite 220 St Louis, MO 63127	13-1623888	501c(3)	7,000				Support Research of Diabetes
Juvenile Diabete Res Foundation 50 Crestwood Exe Center St Louis, MO 63126	23-1907729	501c(3)	6,000				Support Research of Juvenile Diabetes
American Cancer Society 4207 Lindell St Louis, MO 63108	74-1185665	501c(3)	5,727				Support people affected by cancer by programs

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
National Muscular Sclerosis Society 1867 Lackland Hill Pkwy St Louis, MO 63146	13-5661935	501c(3)	5,600				support research of MS
St Louis Crisis Nursery 11710 administration Dr Ste 18 St Louis, MO 63139	43-1410297	501c(3)	3,600	3,103	FMV	Food	Sponsorship for general support of the charity's efforts and provide Food for pantry

Software ID:
Software Version:
EIN: 75-3052953
Name: BJC Health System Group Return

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
BJCHOME-KrettekJohn MD PHD	(i) (ii)	285,848 0	140,503 0	15,768 0	36,852 0	11,326 0	490,297 0	0 0
BJCHOME-VlodarchykCoreen	(i) (ii)	278,528 0	91,060 0	3,035 0	32,834 0	11,986 0	417,443 0	0 0
BJCHOME-Weiss David	(i) (ii)	369,780 0	187,418 0	25,083 0	67,723 0	19,011 0	669,015 0	0 0
CH-Penilla Antonia R MD	(i) (ii)	0 455,979	0 0	0 6,858	0 18,959	0 13,326	0 495,122	0 0
PHC-Grix Gary MD	(i) (ii)	240,946 0	16,811 0	9,282 0	4,288 0	17,579 0	288,906 0	0 0
AMH-Braasch David Alan	(i) (ii)	185,549 0	68,782 0	15,454 0	14,077 0	29,694 0	313,556 0	5,131 0
BJC BH-Aplington David	(i) (ii)	264,376 0	147,498 0	17,607 0	40,081 0	25,556 0	495,118 0	9,238 0
BJC BH-Cannon Robert	(i) (ii)	331,386 0	204,038 0	1,673 0	50,283 0	17,051 0	604,431 0	31,371 0
BJC BH-Stansberry Mark	(i) (ii)	137,474 0	0 0	1,438 0	15,572 0	4,902 0	159,386 0	0 0
BJC CHS-Gladstone Kim	(i) (ii)	125,117 0	23,370 0	1,652 0	26,037 0	18,691 0	194,867 0	5,426 0
BJC-Lipstein Steven	(i) (ii)	878,139 0	1,228,924 0	11,930 0	97,889 0	26,736 0	2,243,618 0	82,970 0
BJH-Carter Edward	(i) (ii)	226,798 0	89,141 0	7,790 0	34,968 0	14,782 0	373,479 0	13,538 0
BJH-Ziskind Andrew MD	(i) (ii)	595,716 0	345,157 0	28,133 0	78,510 0	23,892 0	1,071,408 0	40,611 0
BJSPH-Ross David	(i) (ii)	257,304 0	214,923 0	262,168 0	26,624 0	15,869 0	776,888 0	96,584 0
BJWCH-Tracy Larry	(i) (ii)	202,059 0	30,750 0	458 0	17,082 0	18,265 0	268,614 0	0 0
CHAS-Rothery Daniel	(i) (ii)	287,018 0	107,202 0	26,937 0	33,222 0	4,702 0	459,081 0	0 0
CH-McMullen Ronald	(i) (ii)	285,660 0	149,341 0	16,329 0	45,826 0	19,938 0	517,094 0	11,071 0
CHSDC-Van Trease Sandra	(i) (ii)	557,555 0	461,005 0	40,436 0	75,767 0	12,358 0	1,147,121 0	0 0
MBMC-Magruder Joan	(i) (ii)	338,387 0	227,956 0	1,904 0	51,233 0	20,453 0	639,933 0	23,699 0
PHC-Karl Thomas	(i) (ii)	148,565 0	24,955 0	3,666 0	25,174 0	17,711 0	220,071 0	2,830 0
PWHC-Antes John	(i) (ii)	226,014 0	98,912 0	545 0	23,331 0	17,645 0	366,447 0	11,501 0
SLCH-Fetter Lee	(i) (ii)	451,345 0	265,354 0	23,290 0	70,737 0	17,260 0	827,986 0	0 0
VNI-Gloss John	(i) (ii)	174,238 0	64,894 0	22,786 0	41,131 0	16,506 0	319,555 0	9,022 0
BJC-Davidson Raymond MD	(i) (ii)	48,794 0	164,215 0	226,106 0	29,267 0	11,013 0	479,395 0	58,215 0
BJC-DeHaven Michael	(i) (ii)	493,433 0	396,929 0	63,964 0	75,994 0	22,170 0	1,052,490 0	0 0
BJCHOME-CastellanoRuth	(i) (ii)	144,269 0	46,642 0	2,425 0	30,694 0	22,023 0	246,053 0	4,012 0
BJC-Roberts Kevin	(i) (ii)	588,558 0	374,709 0	96,812 0	73,294 0	21,636 0	1,155,009 0	0 0
BJH-Krieger Mark	(i) (ii)	307,784 0	142,597 0	2,398 0	40,214 0	17,741 0	510,734 0	19,141 0
BJH-Liekweg Richard	(i) (ii)	161,710 0	76,250 0	22,396 0	17,982 0	28,677 0	307,015 0	0 0
BJH-O'Keefe Sharon	(i) (ii)	124,150 0	156,168 0	68,033 0	112,690 0	7,115 0	468,156 0	98,753 0
BJSPH-Skyles Jill	(i) (ii)	141,906 0	58,129 0	1,742 0	35,719 0	13,160 0	250,656 0	0 0
CHAS-Morrow Randy	(i) (ii)	211,325 0	83,137 0	16,681 0	50,101 0	4,939 0	366,183 0	22,518 0
CH-Katsianis John	(i) (ii)	246,546 0	90,760 0	2,483 0	28,136 0	23,030 0	390,955 0	9,920 0
MBHS-Schwarm Tony	(i) (ii)	155,719 0	53,044 0	14,454 0	25,194 0	16,421 0	264,832 0	5,562 0
MBMC-Noronha Augusto II	(i) (ii)	248,116 0	122,612 0	19,579 0	35,080 0	13,349 0	438,736 0	15,889 0
PWHC-Schwaegel Glen	(i) (ii)	155,512 0	64,614 0	9,226 0	50,533 0	11,872 0	291,757 0	5,405 0
SLCH-Vanderslice Doug	(i) (ii)	220,938 0	91,946 0	8,051 0	26,427 0	23,092 0	370,454 0	6,363 0
BJC-HALL LANNIS E	(i) (ii)	511,871 0	285,224 0	51,740 0	10,015 0	19,629 0	878,479 0	0 0
BJC-Perea Carlos	(i) (ii)	334,797 0	168,024 0	4,810 0	49,197 0	18,551 0	575,379 0	0 0
BJC-Shaw Joann	(i) (ii)	266,979 0	146,716 0	17,887 0	59,681 0	11,158 0	502,421 0	14,326 0
BJH-Gottlieb Johnathan MD	(i) (ii)	198,577 0	170,282 0	61,976 0	81,450 0	5,094 0	517,379 0	78,658 0
BJH-Jaques David MD	(i) (ii)	356,305 0	190,374 0	29,052 0	37,408 0	10,796 0	623,935 0	11,938 0
MBHS-Michalik Jaroslaw MD	(i) (ii)	360,391 0	0 0	23,381 0	10,545 0	16,968 0	411,285 0	0 0
PHC-O'Hara Patrick W MD	(i) (ii)	176,203 0	20,000 0	486 0	3,514 0	17,836 0	218,039 0	0 0
PHC-Conklin Richard	(i) (ii)	92,869 0	61,954 0	7,778 0	44,239 0	11,007 0	217,847 0	0 0