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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047 <div> <div>2008</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2008 calendar year, or tax year beginning 10-01-2008 and ending 09-30-2009				
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization BLESSING HOSPITAL	D Employer identification number 37-0661183	
		Doing Business As	E Telephone number (217) 223-1200	
		Number and street (or P O box if mail is not delivered to street address) 1005 BROADWAY	Room/suite	G Gross receipts \$ 304,196,519
		City or town, state or country, and ZIP + 4 QUINCY, IL 62301		
		F Name and address of Principal Officer		
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
J Web site: www.blessinghospital.org		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If "No," attach a list See instructions)		
		H(c) Group Exemption Number		
K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> trust <input type="checkbox"/> association <input type="checkbox"/> other		L Year of Formation 1875	M State of legal domicile IL	

Part I		Summary		
Activities & Governance	1	Briefly describe the organization's mission or most significant activities Blessing Hospital's mission is to provide high quality, accessible health care showing compassion and respect to those we serve		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3 12	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 9	
	5	Total number of employees (Part V, line 2a)	5 2,443	
	6	Total number of volunteers (estimate if necessary)	6 968	
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a 981,929	
	b	Net unrelated business taxable income from Form 990-T, line 34	7b -531,053	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 1,428,449	Current Year 1,298,271
	9	Program service revenue (Part VIII, line 2g)	228,480,522	264,875,486
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,223,104	-3,474,397
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,729,381	6,717,393
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	238,953,502	269,416,753
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	438,637
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)	105,179,754	122,821,822
16a		Professional fundraising fees (Part IX, column (A), line 11e)		0
b		(Total fundraising expenses, Part IX, column (D), line 25 ⁰)		
17		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	116,182,150	123,467,474
18		Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	232,032,541	247,688,848
19		Revenue less expenses Subtract line 18 from line 12	6,920,961	21,727,905
Net Assets or Fund Balances			Beginning of Year	End of Year
	20	Total assets (Part X, line 16)	256,880,222	281,624,751
	21	Total liabilities (Part X, line 26)	141,682,238	170,690,631
	22	Net assets or fund balances Subtract line 21 from line 20	115,197,984	110,934,120

Part II		Signature Block	
Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		
	***** Signature of officer	2010-05-14 Date	
	MAUREEN KAHN President Type or print name and title		
Paid Preparer's Use Only	Preparer's signature	STEPHEN C KOESTER CPA	Date
	Firm's name (or yours if self-employed), address, and ZIP + 4	Gray Hunter Stenn LLP 500 Maine Street Quincy, IL 62301	Check if self-employed <input checked="" type="checkbox"/>
		Preparer's PTIN (See Gen. Inst.)	
		EIN	Phone no. (217) 222-0304

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

Part III

Statement of Program Service Accomplishments (See the instructions.)

1

Briefly describe the organization’s mission
Blessing Hospital's mission is to provide high quality, accessible health care showing compassion and respect to those we serve

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

YesNo

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?

YesNo

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 (4) organizations and 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 \$ 204,653,119 including grants of \$ 1,399,552) (Revenue \$ 264,875,486)

SINCE IT WAS FOUNDED IN 1875, Blessing Hospital HAS PROVIDED quality healthcare services to ALL patients regardless of race, sex, national origin, age or ability to pay In serving all members of its community, Blessing Hospital CONTINUES THIS TRADITION BY PROVIDING free/subsidized care, care to persons covered by governmental programs at less than full charges, and community health/education/wellness programs For fiscal year 2009, the cost of charity care provided was \$3,035,634 Medicare and Medicaid shortfalls were \$32,477,321 and \$10,346,408, respectively Blessing Hospital serviced 13,798 inpatients and 53,640 emergency department patients Outpatient services included 289,722 laboratory exams and 99,757 radiology procedures Blessing Hospital provided ADDITIONAL benefits of \$8,058,193 to the community DURING FISCAL YEAR 2009 as follows Health Professionals Education SIU Residency Program \$1,690,464 Blessing-Rieman College of Nursing \$1,086,166 NURSING EDUCATIONAL PreceptorS \$ 825,645 SCHOOL OF MEDICAL LABORATORY TECHNICIANS \$ 63,752 SCHOOL OF RADIOLOGIC TECHNOLOGY \$ 174,759 Medical School Internships \$ 1,000 SUB Total Health Professionals education \$3,841,786Community Health Improvement Services Health Screenings/Tests \$1,571,017 Community Outreach Clinic \$1,063,627 SIU Patient Centered Medical Home \$ 100,000 Support Groups \$ 50,816 Cancer Center Appearance Center \$ 27,249 Educational Programs \$ 18,815 Patient Transportation \$ 4,709 Charity Pharmacy Prescriptions \$ 3,985 SUB Total community health improvement services\$2,840,218Subsidized Health Services Home Healthcare SERVICES \$1,135,259In-Kind Contributions/Donations Meeting Space \$ 43,972 Donations/Sponsorships \$ 67,742 Access Health Adams County \$ 27,920 Arthritis Foundation \$ 3,600 Adams County Dental Clinic \$ 61,200 Adams County Ambulance Service \$ 31,920 SUB Total in-kind contributions/donations \$ 236,354Community Building Activities Medical Interpreting Services \$ 4,576

4b

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4c

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4d















Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses \$ 204,653,119 Must equal Part IX, Line 25, column (B).

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	No
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? If "Yes," complete Schedule C, Part III	5	No
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	Yes
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable 	11	Yes
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	Yes
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b	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 United States? If "Yes," complete Schedule F, Part II	15	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 United States? If "Yes," complete Schedule F, Part III	16	No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H 	20	Yes
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 	21	Yes
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 	22	Yes
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J 	23	Yes
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25 	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? If "Yes," complete Schedule L, Part I	25a	No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part II	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	No

Part IV

Checklist of Required Schedules (Continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV		No
b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV		No
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV		No
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		No
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	Yes	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		No
36 501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		No
37 Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		No

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	171	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	2,443	
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? . . . Note: <i>If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.</i>	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country _____ 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? . . .	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ?	5c		No
6a	Did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		No
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		No
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	0	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		No
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		No
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
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		No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		

Part VI

Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
1a	Enter the number of voting members of the governing body	12	
1b	Enter the number of voting members that are independent	9	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	Yes
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	No
6	Does the organization have members or stockholders?	6	Yes
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	the governing body?	8a	Yes
8b	each committee with authority to act on behalf of the governing body?	8b	Yes
9a	Does the organization have local chapters, branches, or affiliates?	9a	No
9b	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?	9b	No
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes
11	Is there any officer, director or 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	11	No

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	12a	Yes
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	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	12c	Yes
13	Does the organization have a written whistleblower policy?	13	Yes
14	Does the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision		
15a	The organization's CEO, Executive Director, or top management official?	15a	Yes
15b	Other officers or key employees of the organization? Describe the process in Schedule O	15b	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?	16a	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?	16b	Yes

Section C. Disclosure

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. <input type="checkbox"/> own website <input checked="" type="checkbox"/> another's website <input checked="" type="checkbox"/> upon request
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. TIMOTHY MOORE BROADWAY AT 11TH PO BOX 7005 QUINCY, IL 62305 (217) 223-8400

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

☐ Check this box if the organization did not compensate any officer, director, trustee or key employee

[illegible]

Part VII

(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			
1b Total								3,395,905	877,649	362,986

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization **72**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
ECLIPSYS CORPORATION PO BOX 8538-0133 PHILADELPHIA, PA 191710133	SOFTWARE CONSULTING	872,234
DENMAN LINEN SERVICES 1801 NORTH 43RD STREET QUINCY, IL 62305	LINEN SERVICES	833,244
DENMAN BIOMEDICAL 10TH AND BROADWAY QUINCY, IL 62301	BIOMEDICAL SERVICES	886,500
BLESSING CORPORATE SERVICES INC BROADWAY AT 11TH STREET QUINCY, IL 62301	MANAGEMENT SERVICES	4,951,780
AMN HEALTHCARE INC 2735 COLLECTION CENTER DRIVE CHICAGO, IL 60693	CONTRACTED LABOR	1,017,519

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization

Part VIII			Statement of Revenue			
			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a			
	b	Membership dues				
			1b			
	c	Fundraising events	1c			
	d	Related organizations	1d	590,400		
	e	Government grants (contributions)	1e	707,871		
	f	All other contributions, gifts, grants, and similar amounts not included above				
			1f			
	g	Noncash contributions included in lines 1a-1f \$				
h	Total (Add lines 1a-1f)			1,298,271		
Program Service Revenue			Business Code			
	2a	PATIENT REVENUE	621,110	588,052,067	588,052,067	
	b	LESS CONTRACT ALLOW	621,110	-318,073,369	-318,073,369	
	c	LESS CHARITY CARE	621,110	-7,471,226	-7,471,226	
	d	COLLEGE OF NURSING	611,600	2,368,014		2,368,014
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f				
			264,875,486			

Other Revenue	3	Investment income (including dividends, interest other similar amounts)			1,445,379		1,445,379		
	4	Income from investment of tax-exempt bond proceeds			0				
	5	Royalties			0				
	6a	Gross Rents	(i) Real	(ii) Personal					
			839,191						
			839,191						
	b	Less rental expenses			839,191		148,980	690,211	
	c	Rental income or (loss)							
	d	Net rental income or (loss)							
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
			29,006,300	22,575					
			33,636,073	312,578					
			-4,629,773	-290,003					
	b	Less cost or other basis and sales expenses			-4,919,776	-4,919,776			
	c	Gain or (loss)							
	d	Net gain or (loss)							
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000		a	0				
	b	Less direct expenses		b					
	c	Net income or (loss) from fundraising events							
	9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000		a	0				
	b	Less direct expenses		b					
	c	Net income or (loss) from gaming activities							
10a	Gross sales of inventory, less returns and allowances		a	832,949		832,949			
b	Less cost of goods sold		b						
c	Net income or (loss) from sales of inventory								
		Miscellaneous Revenue	Business Code						
11a	SALE OF FOOD		722,210	1,240,248			1,240,248		
b	MANAGEMENT & ACCNTG FEES		541,610	1,628,248			1,628,248		
c	CHILD CARE CENTER		624,410	1,158,855			1,158,855		
d	All other revenue			1,017,902			1,017,902		
e	Total. Add lines 11a-11d								
			5,045,253						
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e				269,416,753	257,587,696	981,929	9,548,857	

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	1,022,175	1,022,175		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	377,377	377,377		
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	821,639	668,903	152,736	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	92,845,566	77,166,349		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,579,790	3,728,441	851,349	
9	Other employee benefits	18,392,959	15,947,126	2,445,833	
10	Payroll taxes	6,181,868	5,032,705	1,149,163	
11	Fees for services (non-employees)				
a	Management	5,111,111		5,111,111	
b	Legal	143,469		143,469	
c	Accounting	102,358	8,000	94,358	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	17,911,288	14,765,943	3,145,345	
12	Advertising and promotion	421,103	421,103		
13	Office expenses	0			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	4,182,471	1,588,411	2,594,060	
17	Travel	665,974	436,869	229,105	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	116,809	95,095	21,714	
20	Interest	3,655,511	2,975,979	679,532	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	15,503,153	13,226,805	2,276,348	
23	Insurance	2,350,405	1,565,748	784,657	
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	SUPPLIES	34,783,896	33,807,555	976,341	
b	SOFTWARE	4,592,011	2,896,715	1,695,296	
c	FEES	3,331,540	1,715,359	1,616,181	
d	EQUIP RENTAL AND MAINTENAN	4,816,719	3,755,856	1,060,863	
e	BAD DEBT EXPENSE	21,436,313	21,436,313		
f	All other expenses	4,343,343	2,014,292	2,329,051	
25	Total functional expenses. Add lines 1 through 24f	247,688,848	204,653,119	43,035,729	0
26	Joint Costs. Check <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) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	29,400,536	1 51,042,359
	2	Savings and temporary cash investments		2 0
	3	Pledges and grants receivable, net		3 0
	4	Accounts receivable, net	46,371,858	4 57,114,022
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>		5 0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i>		6 0
	7	Notes and loans receivable, net		7 0
	8	Inventories for sale or use	4,323,156	8 4,317,854
	9	Prepaid expenses and deferred charges	1,532,563	9 2,829,365
	10a	Land, buildings, and equipment cost basis		
		10a 249,835,735		
	b	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>		
		10b 151,215,749	98,971,113	10c 98,619,986
	11	Investments—publicly traded securities	45,554,557	11 45,701,571
	12	Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i>	7,540,549	12 2,972,371
	13	Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i>		13 0
14	Intangible assets		14 0	
15	Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i>	23,185,890	15 19,027,223	
16	Total assets. Add lines 1 through 15 (must equal line 34)	256,880,222	16 281,624,751	
Liabilities	17	Accounts payable and accrued expenses	18,738,087	17 26,779,539
	18	Grants payable		18
	19	Deferred revenue		19
	20	Tax-exempt bond liabilities	75,025,000	20 77,065,000
	21	Escrow account liability <i>Complete Part IV of Schedule D</i>		21
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i>		22
	23	Secured mortgages and notes payable to unrelated third parties	12,467,735	23 12,054,388
	24	Unsecured notes and loans payable		24
	25	Other liabilities <i>Complete Part X of Schedule D</i>	35,451,416	25 54,791,704
	26	Total liabilities. Add lines 17 through 25	141,682,238	26 170,690,631
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	113,261,667	27 109,112,030
	28	Temporarily restricted net assets	1,446,659	28 1,618,288
	29	Permanently restricted net assets	489,658	29 203,802
	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	115,197,984	33 110,934,120
	34	Total liabilities and net assets/fund balances	256,880,222	34 281,624,751

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		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	No
b	Were the organization's financial statements audited by an independent accountant?	2b Yes	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a Yes	
b	If "Yes," did the organization undergo the required audit or audits?	3b Yes	

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization BLESSING HOSPITAL	Employer identification number 37-0661183
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Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1	<input type="checkbox"/>	A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).
2	<input type="checkbox"/>	A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)
3	<input checked="" type="checkbox"/>	A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H)
4	<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v).
7	<input type="checkbox"/>	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	<input type="checkbox"/>	A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II)
9	<input type="checkbox"/>	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	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety See Section 509(a)(4). (See instructions)
11	<input type="checkbox"/>	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 <input type="checkbox"/> Type I b <input type="checkbox"/> Type II c <input type="checkbox"/> Type III - Functionally Integrated d <input type="checkbox"/> Type III - Other
e	<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input type="checkbox"/>	Provide the following information about the organizations the organization supports

	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.)

Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 Public Support subtract line 5 from line 4						

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total Support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Computation of Public Support Percentage		
14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	
16a 33 1/3% Test - 2008. 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		<input type="checkbox"/>
b 33 1/3% Test - 2007. 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		<input type="checkbox"/>
17a 10% Facts and Circumstances Test - 2008. 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		<input type="checkbox"/>
b 10% Facts and Circumstances Test - 2007. 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		<input type="checkbox"/>
18 Private Foundation. If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		<input type="checkbox"/>

Part IIISupport 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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total Add lines 1-5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
cTotal of lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13Total Support (Add lines 9, 10c, 11 and 12)						
14First 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						

Computation of Public Support Percentage			
15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	
16	Public Support Percentage for 2007 Schedule A, Part IV -A, line 27g	16	

Computation of Investment Income Percentage			
17	Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment Income Percentage from 2007 Schedule A, Part IV -A, line 27h	18	
19a	33 1/3% Tests - 2008. 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% Tests - 2007. 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. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
BLESSING HOSPITAL

Employer identification number

37-0661183

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate Contributions to (during year)	
3	Aggregate Grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	
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 other impermissible private benefit? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	

Part II

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

1

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

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of certified historic structure

☐ Preservation of open space

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

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, violations, and enforcement of the conservation easements it holds?

☐ Yes☐ No

6

Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

7

Amount of expenses incurred in monitoring, inspecting, and enforcing 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)?

☐ Yes☐ No

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

Trust, 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 why in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes ☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance	489,658				
b Contributions					
c Investment earnings or losses	80,883				
d Grants or scholarships					
e Other expenditures for facilities and programs	15,464				
f Administrative expenses					
g End of year balance	555,077				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 36 720 %

c

Term endowment ▶ 63 280 %

3a

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

(i)

unrelated organizations

3a(i)

☐ Yes ☐ No

(ii)

related organizations

3a(ii)

☐ Yes ☐ No

b

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

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.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		12,509,988		12,509,988
b Buildings		130,970,605	48,790,168	82,180,437
c Leasehold improvements		5,319,958	4,047,480	1,272,478
d Equipment				
e Other		101,035,184	98,378,101	2,657,083
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				98,619,986

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other OTHER	2,064,845	F
Other CERTIFICATES OF DEPOSITS	169,785	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		

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

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

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

(a) Description	(b) Book value
UNAMORTIZED BOND ISSUE COST	918,703
NOTES RECEIVABLE - RELATED ORGANIZATIONS	4,260,915
INTEREST RECEIVABLE	143,725
INTEREST IN THE BLESSING FOUNDATION	2,738,602
GOODWILL	10,229,723
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)	19,027,223

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

(a) Description of Liability	(b) Amount
Federal Income Taxes	
See Additional Data Table	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	54,791,704

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)	1269,416,753
2	Total expenses (Form 990, Part IX, column (A), line 25)	2247,688,848
3	Excess or (deficit) for the year Subtract line 2 from line 1	321,727,905
4	Net unrealized gains (losses) on investments	43,927,262
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8-30,116,081
9	Total adjustments (net) Add lines 4 - 8	9-26,188,819
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10-4,460,914

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	1270,371,498
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a	
b	Donated services and use of facilities2b	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d1,290,501	
e	Add lines 2a through 2d	2e1,290,501
3	Subtract line 2e from line 1	3269,080,997
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 7b4a	
b	Other (Describe in Part XIV)4b335,756	
c	Add lines 4a and 4b	4c335,756
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5269,416,753

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	1248,773,575
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a	
b	Prior year adjustments2b	
c	Losses reported on Form 990, Part IX, line 252c	
d	Other (Describe in Part XIV)2d1,084,727	
e	Add lines 2a through 2d	2e1,084,727
3	Subtract line 2e from line 1	3247,688,848
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 7b4a	
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)	5247,688,848

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 XIV, 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

Identifier	Return Reference	Explanation
Part XIII, Line 2d	Part XIII, Line 2d Other expenses and losses per audited F/S	LIABILITY CLAIMS RPTD ON SEPARATE 990 \$253612 COGS INCLUDED IN EXPENSES ON F/S \$831115
Part XII, Line 4b	Part XII, Line 4b Other revenue amounts included on 990 but not included in F/S	TEMPORARILY RESTRICTED CONTRIBUTIONS \$1166871 COGS INCLUDED IN EXPENSES ON F/S \$-831115
Part XII, Line 2d	Part XII, Line 2d Other revenue amounts included in F/S but not included on form 990	FUNDED INS INCOME ON SEPARATE 990 \$6562 NET ASSETS RELEASED FROM RESTRICTIONS \$1341356 TEMPORARILY RESTRICTED NET ASSETS \$-60578 EQUITY EARNINGS/LOSS OF SUBS \$3161
Part XI, Line 8	Part XI, Line 8 Other Changes in Net Assets or Fund Balances	EQUITY IN EARNINGS/LOSS OF SUBS \$3161 FAS 158 INCREASE IN MINIMUM PENSION LIABILITY \$ -17795384 INTEREST IN THE BLESSING FOUNDATION \$ -320 UNREALIZED LOSS ON INVESTMENTS \$ -0 EQUITY IN EARNINGS/LOSS OF SUBS \$ -0 TRANSFERS TO AFFILIATES \$ -12076488 TRANSFERS TO STIF \$ -50000 CHANGE IN NET ASSETS REPORTED ON SEPARATE 990 \$ -197050
Part V, Line 4	Part V, Line 4 Intended uses of the endowment fund	ENDOWMENT FUNDS ARE TO BE USED FOR THE GENERAL SUPPORT AND OPERATIONS OF BLESSING HOSPITAL

Additional Data

Software ID:

Software Version:

EIN: 37-0661183

Name: BLESSING HOSPITAL

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

(a) Description of Liability	(b) Amount
ULTRASOUND LEASE	59,707
STORZ ENDOSCOPY LEASE	112,015
PREMIUM ON LONG TERM DEBT	970,241
MOB CARDIO REHAB LEASE	178,817
MOB CAPITAL LEASE	376,516
MOB BLOOD DRAW LEASE	170,546
MEDICAL SYSTEMS LEASE	51,331
MATERIALS MGT LEASE	191,282
MAMMOGRAPHY FURNITURE LEASE	46,158
ESTIMATED 3RD-PARTY PAYOR SETTLEMENTS	2,200,654
DEFERRED COMPENSATION	3,107,816
AUTOCLAVE LEASE	105,019
ADVANCES AND DEFERRED REVENUE	1,019,007
ACCRUED SALARIES & WAGES	14,310,707
ACCRUED PENSION COSTS	30,272,047
ACCRUED PAYROLL TAXES	797,309
ACCRUED INTEREST	822,532

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

OMB No 1545-0047

2008

Open to Public Inspection

► Attach to Form 990. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20.

Name of the organization
BLESSING HOSPITAL

Employer identification number
37-0661183

Part I

Charity Care and Certain Other Community Benefits at Cost (Optional for 2008)

		Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	
b	If "Yes," is it a written policy?	1b	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals <div><input type="checkbox"/> Applied uniformly to all hospitals</div> <div><input type="checkbox"/> Applied uniformly to most hospitals</div> <div><input type="checkbox"/> Generally tailored to individual hospitals</div>		
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care <div><input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %</div> b Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care <div><input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %</div> c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care 4 Does the organization's policy provide free or discounted care to the "medically indigent"?	3a	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	
6a	Does the organization prepare an annual community benefit report?	6a	
6b	If "Yes," does the organization make it available to the public?	6b	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H		

7

Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Programs	(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
a Charity care at cost (from <i>worksheets 1 and 2</i>)						
b Unreimbursed Medicaid (from <i>worksheet 3, column a</i>)						
c Unreimbursed costs—other means-tested government programs (from <i>worksheet 3, column b</i>)						
d Total Charity Care and Means-Tested Programs						
Other Benefits						
e Community health improvement services and community benefit operations (from <i>worksheet 4</i>)						
f Health professions education (from <i>worksheet 5</i>)						
g Subsidized health services (from <i>worksheet 6</i>)						
h Research (from <i>worksheet 7</i>)						
i Cash and in-kind contributions to community groups (from <i>worksheet 8</i>)						
j Total Other Benefits						
k Total (line 7d and 7j)						

Part IICommunity Building Activities

(Complete this table if the organization conducted any community building activities) (Optional for 2008)

	(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
1Physical improvements and housing						
2Economic development						
3Community support						
4Environmental improvements						
5Leadership development and training for community members						
6Coalition building						
7Community health improvement advocacy						
8Workforce development						
9Other						
10Total						

Part IIIBad Debt, Medicare, & Collection Practices

(Optional for 2008)

Section A. Bad Debt Expense

1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15?	1	Yes	No
2	Enter the amount of the organization's bad debt expense (at cost)	2		
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		
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, or 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		
6	Enter Medicare allowable costs of care relating to payments on line 5	6		
7	Enter line 5 less line 6—surplus or (shortfall)	7		
8	Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit and the costing methodology or source used to determine the amount reported on line 6 and indicate which of the following methods was used: <input type="checkbox"/> Cost accounting system <input 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		
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		

Part IVManagement Companies and Joint Ventures

(Optional for 2008)

(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				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

Part V

Facility Information (Required for 2008)

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)
JCH DIALYSIS LLC 917 SOUTH STATE STREET JERSEYVILLE,IL 62052									OUTPATIENT RENAL DIALYSIS SERVICES
DENMAN COUNTRY DRUGS 102 PRAIRIE MILLS ROAD GOLDEN,IL 62339									PHARMACY WITHIN RURAL HEALTH CLINIC
EAST ADAMS COUNTY RURAL HEALTH 102 PRAIRIE MILLS ROAD GOLDEN,IL 62339									RURAL HEALTH CLINIC
BLESSING DIALYSIS CTR OF PITTS 640 WEST WASHINGTON STREET PITTSFIELD,IL 63401									OUTPATIENT RENAL DIALYSIS SERVICES
BLESSING DIALYSIS CTR OF HANN 3140 ROUTE W HANNIBAL,MO 63401									OUTPATIENT RENAL DIALYSIS SERVICES
BLESSING HOSPICE - PIKE COUNTY 967 WEST WASHINGTON PITTSFIELD,IL 62363									FULL HOSPICE PROGRAM IN ILLINOIS
BLESSING HOSPICE - HANNIBAL 7 MELGROVE LANE SUITE 201 HANNIBAL,MO 63401									FULL HOSPICE PROGRAM IN MISSOURI
BLESSING HOSPICE -HANCOCK CNTY 71 SOUTH ADAMS CARTHAGE,IL 62321									FULL HOSPICE PROGRAM IN ILLINOIS
BLESSING HOSPICE - GREENE CNTY 330 5TH STREET CARROLTON,IL 62016									FULL HOSPICE PROGRAM IN ILLINOIS
BLESSING HOSPICE & PALLIATIVE BROADWAY AT 14TH ST QUINCY,IL 62301									FULL HOSPICE PROGRAM IN ILLINOIS
BLESSING HOME CARE - PALMYRA 6996 COUNTY RD 326 PALMYRA,MO 63461									HOME HEALTH AGENCY IN MISSOURI
BLESSING HOME CARE BROADWAY AT 14TH ST QUINCY,IL 62301									HOME HEALTH AGENCY IN ILLINOIS
BLESSING AMBULATORY SURGERY CR 1118 HAMPSHIRE STREET QUINCY,IL 62301									AMBULATORY SURGICAL TREATMENT CENTER
BLESSING HOSPITAL AT 14TH ST BROADWAY AT 14TH ST QUINCY,IL 62301	X	X		X		X			
BLESSING HOSPITAL AT 11TH ST BROADWAY AT 11TH ST QUINCY,IL 62301	X	X		X		X	X		

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 7, Part III, line 4, Part III, line 8, and Part III, line 9b

This image shows a full page of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

2 Needs Assessment. Describe how the organization assesses the health care needs of the communities it serves

3 Patient Education of Eligibility for Assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy

4 Community Information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 Community Building Activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
BLESSING HOSPITAL

Grants and Other Assistance to Organizations,
Governments and Individuals in the U.S.

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

OMB No 1545-0047

2008

Open to Public
Inspection

Employer identification number
37-0661183

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" on 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 if additional space is needed ☐

1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SIU SCHOOL OF MEDICINE PO BOX 19607 327 W CALHOUN STREET SPRINGFIELD,IL 62794	37-6005961	501(C)(3)	947,175	0	BOOK		Medical education & research programs at S IL university
BLESSING AFFILIATES BROADWAY AT 11TH PO BOX 7005 QUINCY,IL 62305	37-1128708	501(C)(3)	75,000	0	BOOK		to support the community outreach clinic

2

Enter total number of section 501(c)(3) and government organizations

2

3

Enter total number of other organizations

0

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on 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
GRANTS TO STUDENTS AT BLESSING-RIEMAN COLLEGE OF NURSING	126	377,377		BOOK	

Part IV

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

Identifier	Return Reference	Explanation
Additional Supplemental Information		PART I, LINE 2SIU SCHOOL OF MEDICINESIU PROVIDES THE HOSPITAL BOARD OF TRUSTEES WITH AN ANNUAL UPDATE REGARDING THEIR USE OF THE GRANT FUNDS PROVIDED TO THEIR PROGRAM BLESSING AFFILIATESONCE A GRANT IS AWARDED TO THE GRANTEE, THE FUNDS ARE DISBURSED BASED ON THE FUNDS BEING EXPENDED BY THE GRANTEE AFFILIATE ORGANIZATION DOCUMENTATION OF EXPENSES BY THE GRANTEE AFFILIATE IS MAINTAINED WITHIN THE BLESSING HEALTH SYSTEM TO CONFIRM THE EXPENDITURE AND NEED FOR THE GRANTS Blessing-Rieman College of NursingBlessing-Rieman College of Nursing requires a financial aid application upon admittance, has academic performance and financial need criteria, and has a selection committee that awards grants The College monitors and reviews the recipients individually on a semester basis for satisfactory academic progress and good standing

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
BLESSING HOSPITAL

Employer identification number
37-0661183

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>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</div><div><div><div><input type="checkbox"/> First class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>b</div><div>If line 1a is 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</div></div>	<div>1b</div>	
<div><div>2</div><div>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?</div></div>	<div>2</div>	
<div><div>3</div><div>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</div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div>		
<div><div>4</div><div>During the year, did any person listed in Form 990, Part VII, Section A, line 1a</div></div>		
<div><div>a</div><div>Receive a severance payment or change of control payment?</div></div>	<div>4a</div>	No
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	<div>4b</div>	No
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>	<div>4c</div>	No
<div><div>501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.</div></div>		
<div><div>5</div><div>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</div></div>		
<div><div>a</div><div>The organization?</div></div>	<div>5a</div>	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>	<div>5b</div>	No
<div><div>6</div><div>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</div></div>		
<div><div>a</div><div>The organization?</div></div>	<div>6a</div>	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>	<div>6b</div>	No
<div><div>7</div><div>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</div></div>	<div>7</div>	No
<div><div>8</div><div>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</div></div>	<div>8</div>	No

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) 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				
TIMOTHY A MOORE	(i) (ii)	110,791	23,104	13,803	18,541	8,644	174,883	96,803
THOMAS CLIATT DO	(i) (ii)	392,653	100,380	31,853	17,151	5,669	547,706	378,475
STUART PYATT DO	(i) (ii)	309,365	159,395	26,478	20,582	6,696	522,516	
PATRICK M GERVELER	(i) (ii)	212,416	58,980	31,720	19,134	8,029	330,279	183,614
MAUREEN A KAHN	(i) (ii)	277,936	80,839	37,347	25,378	4,075	425,575	234,460
JILL MASON	(i) (ii)	133,122	26,492	15,190	49,349	3,191	227,344	109,509
JAMES B KASE MD	(i) (ii)	551,579	35,250	26,856	10,509	3,808	628,002	432,314
CHRISTOPHER R SOLARO MD	(i) (ii)	425,026	111,026	254	3,866	3,231	543,403	363,200
BRUCE STOOPS DO	(i) (ii)	329,862	143,972	31,382	21,053	4,696	530,965	360,590
B BRADFORD BILLINGS	(i) (ii)	393,813	139,968	40,752	119,317	10,067	703,917	465,175
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Software ID: 08000091
Software Version: 2008v2.7
EIN: 37-0661183
Name: BLESSING HOSPITAL

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				
TIMOTHY A MOORE	(i) (ii)	110,791	23,104	13,803	18,541	8,644	174,883	96,803
THOMAS CLIATT DO	(i) (ii)	392,653	100,380	31,853	17,151	5,669	547,706	378,475
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PATRICK M GERVELER	(i) (ii)	212,416	58,980	31,720	19,134	8,029	330,279	183,614
MAUREEN A KAHN	(i) (ii)	277,936	80,839	37,347	25,378	4,075	425,575	234,460
JILL MASON	(i) (ii)	133,122	26,492	15,190	49,349	3,191	227,344	109,509
JAMES B KASE MD	(i) (ii)	551,579	35,250	26,856	10,509	3,808	628,002	432,314
CHRISTOPHER R SOLARO MD	(i) (ii)	425,026	111,026	254	3,866	3,231	543,403	363,200
BRUCE STOOPS DO	(i) (ii)	329,862	143,972	31,382	21,053	4,696	530,965	360,590
B BRADFORD BILLINGS	(i) (ii)	393,813	139,968	40,752	119,317	10,067	703,917	465,175

Schedule K (Form 990)	Supplemental Information on Tax Exempt Bonds	OMB No 1545-0047
		2008
		Open to Public Inspection

Department of the Treasury
Internal Revenue Service

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.
Provide descriptions, explanations, and any additional information in Schedule O.

Name of the organization BLESSING HOSPITAL	Employer identification number 37-0661183
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Part I

Bond Issues (Required for 2008)

	(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	CITY OF QUINCY ADAMS COUNTY ILLINOIS	36-6000378	748476BP2	10-30-2008	22,000,000	SCHEDULE O		X		X
B	CITY OF QUINCY ADAMS COUNTY ILLINOIS	36-6000378	748476BN7	05-03-2007	48,850,181	SCHEDULE O		X		X
C	CITY OF QUINCY ADAMS COUNTY ILLINOIS	36-6000378	748476AX6	03-04-2004	15,000,000	SCHEDULE O		X		X

Part II

Proceeds (Optional for 2008)

		A		B		C		D		E	
1	Total Proceeds of Issue										
2	Gross Proceeds in Reserve Funds										
3	Proceeds in Refunding or Defeasance Escrows										
4	Other Unspent Proceeds										
5	Issuance Costs from Proceeds										
6	Working Capital Expenditures from Proceeds										
7	Capital Expenditures from Proceeds										
8	Year of Substantial Completion										
9	Were the bonds issued as part of a current refunding issue?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
10	Were the bonds issued as part of an advance refunding issue?										
11	Has the final allocation of proceeds been made?										
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III

Private Business Use (Optional for 2008)

		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?										
2	Are there any lease arrangements with respect to the financed property which may result in private business use?										

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?										
3b Are there any research agreements with respect to the financed property which may result in private business use?										
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?										
4 Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
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 501(c)(3) organization, or a state or local government										
6 Total of lines 4 and 5										
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										

Part IV Arbitrage *(Optional for 2008)*

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T been filed wth respect to the bond issue?										
2 Is the bond issue a variable rate issue?										
3a Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
b Name of provider										
c Term of hedge										
4a Were gross proceeds invested in a GIC?										
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?										
6 Did the bond issue qualify for an exception to rebate?										

Identifier	Return Reference	Explanation
	SCHEDULE K, PART I, (f) DESC OF PURPOSE	A - TO REIMBURSE FOR THE COSTS OF THE PROJECT AND TO PAY CERTAIN COSTS OF ISSUANCE OF THE SERIES 2004 BONDS THE PROJECT CONSISTS OF (i) THE CONSTRUCTION OF AN APPROXIMATELY 42,000 SQ FOOT, THREE-STORY ADDITION TO THE MAIN CAMPUS BUILDING LOCATED AT BROADWAY AND 11TH STREET WHICH WILL HOUSE THE EMERGENCY DEPARTMENT CARDIOVASCULAR UNIT, AND (ii) THE RENOVATION, CONSTRUCTION , REMODELING AND EQUIPPING OF APPROXIMATELY 28,600 SQ FEET OF SPACE WITHIN THE EXISTING MAIN CAMPUS BUILDING B - USED TO (i) CURRENTLY REFUND ALL OF THE OUTSTANDING CITY OF QUINCY, ADAMS COUNTY, ILLINOIS REVENUE BONDS, SERIES 1993 (BLESSING HOSPITAL)(THE "SERIES 1993 BONDS"), (ii) ADVANCE REFUND ALL OF THE OUTSTANDING ILLINOIS HEALTH FACILITIES AUTHORITY REVENUE BONDS, SERIES 1999A (BLESSING HOSPITAL)(THE "SERIES 1999A BONDS") AND (iii) PAY CERTAIN EXPENSES INCURRED IN CONNECTION WITH THE ISSUANCE OF THE SERIES 2007 BONDS AND THE REFUNDING OF THE SERIES 1993 BONDS AND THE SERIES 1999A BONDS C - USED TO (i) REFUND THE OUTSTANDING ILLINOIS HEALTH FACILITIES AUTHORITY VARIABLE RATE DEMAND REVENUE BONDS, SERIES 1999B (BLESSING HOSPITAL)(THE "SERIES 1999B BONDS"),(ii) PAY OR REIMBURSE FOR THE ACQUISITION AND INSTALLATION OF CERTAIN EQUIPMENT AND THE REMODELING OF THE INPATIENT REHABILITATION UNIT AND HEATING, VENTILATION AND AIR CONDITIONING SYSTEMS AND (iii) PAY CERTAIN EXPENSES INCURRED IN CONNECTION WITH THE ISSUANCE OF THE SERIES 2008 BONDS AND THE REFUNDING OF THE SERIES 1999B BONDS, INCLUDING CERTAIN COSTS OF THE INITIAL CREDIT FACILITY

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	These forms are located in the corporate administrative offices and are available upon request for public inspection

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	president and ceo of blessing hospital - Position/Title is compared to comparability data through a third party (Sullivan-Cotter) Based on this information, compensation recommendation is submitted to Board of Trustees for approval Treasurer of blessing hospital/treasurer and cfo of BCS - No compensation as Treasurer As CFO, comparability data through a third party (Sullivan-Cotter) is used to establish market range Information is submitted to the President of Blessing Hospital for approval secretary and cao of blessing hospital - No compensation as Secretary As CAO, comparability data through a third party (Sullivan-Cotter) is used to establish market range Information is submitted to the President of Blessing Hospital for approval cno - Comparability data through a third party (Sullivan-cotter) is used to establish market range Information is submitted to the President of blessing Hospital for approval Cardiovascular Surgeon Salary and production incentive payments are based on comparative data obtained through a third party source, and validated by review by a separate independent organization (Sullivan-Cotter) Emergency Medicine physician Salary and production incentive payment formula are based on current comparative data obtained from a third party source (Medical Group Management Association) and validated by review by a separate independent organization (Sullivan-Cotter) Production data is independently measured by a third-party company and audited by internal staff

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	A COPY OF THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED ANNUALLY TO OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES TO BE READ, SIGNED, AND RETURNED TO THE ORGANIZATION THE SIGNED POLICIES ARE RETAINED IN THE CORPORATE ADMINISTRATIVE FILES IN ADDITION, EACH OFFICER, DIRECTOR, OR TRUSTEE IS REQUIRED TO DECLARE NO CONFLICT OF INTEREST IN REGARDS TO AGENDA ITEMS BEING PRESENTED AT THE START OF EACH MONTHLY BOARD MEETING

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 10	Form 990, Part VI, Line 10 Form 990 Review Process	THE FORM 990 WAS PROVIDED TO THE BOARD OF TRUSTEES AND REVIEWED BY MANAGEMENT ON APRIL 16, 2010 AT THE BOARD RETREAT

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 7a	Form 990, Part VI, Line 7a How Members or Shareholders Elect Governing Body	BLESSING CORPORATE SERVICES SHALL POSSESS THE RIGHTS AND RESPONSIBILITIES TO (A) Appoint and/or remove all the trustees of the corporation

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 6	Form 990, Part VI, Line 6 Explanation of Classes of Members or Shareholder	BLESSING CORPORATE SERVICES, INC IS THE SOLE VOTING MEMBER OF BLESSING HOSPITAL

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 3	Form 990, Part VI, Line 3 Description of Delegated Duties to Management Company	1) NATIONAL HEALING PROVIDES MANAGEMENT SERVICES FOR THE WOUND CARE DEPARTMENT WHICH INCLUDES HYPERBARIC SERVICES 2) QUINCY MEDICAL GROUP PROVIDES MANAGEMENT OF THE SURGERY CENTER OF QUINCY 3) ARAMARK PROVIDES MANAGEMENT OF FOOD SERVICES AND STERILE PROCESSING

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2008

Open to Public Inspection

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

Name of the organization
BLESSING HOSPITAL

Employer identification number
37-0661183

Part I

Identification of Disregarded Entities

(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

Part II

Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
BLESSINGCARE CORPORATION - MISSOURI 1005 BROADWAY QUINCY, IL62301 43-1371818	CURRENTLY INACTIVE	MO	501(C)(3)	3	BCS INC
BLESSING HOSPITAL SELF-INSURANCE PLAN BROADWAY AT 11TH PO BOX 7005 QUINCY, IL623057005 37-1045366	PROVIDE SUPPORT FOR MEDICAL LIABILITY CLAIMS	IL	501(C)(3)	11A	BCS INC
BLESSINGCARE CORP DBA ILLINI COMM HOSP 640 WEST WASHINGTON PITTSFIELD, IL62363 37-1396010	PROVIDE HEALTHCARE	IL	501(C)(3)	3	BCS INC
THE BLESSING FOUNDATION BROADWAY AT 11TH POBOX 7005 QUINCY, IL623057005 37-1128705	FUNDRAISING & GRANT-MAKING	IL	501(C)(3)	11B	BCS INC
BLESSING AFFILIATES INC BROADWAY AT 11TH PO BOX 7005 QUINCY, IL623057005 37-1128708	COMMUNITY OUTREACH CLINIC, EDUCATIONAL PROGRAMS	IL	501(C)(3)	9	BCS INC
BLESSING CORPORATE SERVICES BROADWAY AT 11TH PO BOX 7005 QUINCY, IL623057005 37-1128706	PROVIDE DIRECTION AND CONTROL TO ENTITIES	IL	501(C)(3)	9	BCS INC

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproprtionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No
JCH DIALYSIS CENTER LLC 1005 BROADWAY PO BOX 7005 QUINCY, IL623017005 73-1644728	DIALYSIS	IL	na	RELATED	-22,928	320,716		No		Yes	
ILLINI HEALTH SERVICES LLC PO BOX 40 QUINCY, IL623060040 47-0901851	PHARMACY	IL	DENMAN					No			No

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
DENMAN SERVICES INC PO BOX 40 QUINCY, IL62306 37-1132117	MED EQUIP	IL	BCS INC	C CORP			

Part V

Transactions with Related Organizations

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

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

Yes

Yes

No

Yes

Yes

Yes

Yes

Yes

No

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(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

Schedule R (Form 990) 2008

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

[illegible]

Software ID: 08000091

Software Version: 2008v2.7

EIN: 37-0661183

Name: BLESSING HOSPITAL

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
BLESSINGCARE CORPORATION - MISSOURI 1005 BROADWAY QUINCY, IL62301 43-1371818	CURRENTLY INACTIVE	MO	501(C)(3)	3	BCS INC
BLESSING HOSPITAL SELF-INSURANCE PLAN BROADWAY AT 11TH PO BOX 7005 QUINCY, IL623057005 37-1045366	PROVIDE SUPPORT FOR MEDICAL LIABILITY CLAIMS	IL	501(C)(3)	11A	BCS INC
BLESSINGCARE CORP DBA ILLINI COMM HOSP 640 WEST WASHINGTON PITTSFIELD, IL62363 37-1396010	PROVIDE HEALTHCARE	IL	501(C)(3)	3	BCS INC
THE BLESSING FOUNDATION BROADWAY AT 11TH POBOX 7005 QUINCY, IL623057005 37-1128705	FUNDRAISING & GRANT- MAKING	IL	501(C)(3)	11B	BCS INC
BLESSING AFFILIATES INC BROADWAY AT 11TH PO BOX 7005 QUINCY, IL623057005 37-1128708	COMMUNITY OUTREACH CLINIC, EDUCATIONAL PROGRAMS	IL	501(C)(3)	9	BCS INC
BLESSING CORPORATE SERVICES BROADWAY AT 11TH PO BOX 7005 QUINCY, IL623057005 37-1128706	PROVIDE DIRECTION AND CONTROL TO ENTITIES	IL	501(C)(3)	9	BCS INC

Additional Data

Software ID:
Software Version:
EIN: 37-0661183
Name: BLESSING HOSPITAL

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099MISC)	(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			
TIMOTHY KOONTZ , Vice-Chair	1 00	X		X				0	0	0
TIMOTHY A MOORE , SECRETARY/CAO	40 00			X				147,698	0	27,185
THOMAS H MILLER MD , Trustee	1 00	X						0	0	0
THOMAS CLIATT DO , PHYSICIAN	40 00					X		524,886	0	22,820
STUART PYATT DO , PHYSICIAN	40 00					X		495,238	0	27,278
PATRICK M GERVELER , Treasurer	40 00			X				0	303,116	27,163
NANCY BLUHM , Trustee	1 00	X						0	0	0
MICHAEL J FOSTER , Trustee	1 00	X						0	0	0
MICHAEL HULSEN , Trustee	1 00	X						0	0	0
MICHAEL D KLINGNER , CHAIR/TRUSTEE	1 00	X		X				0	0	0
MAUREEN A KAHN , PRESIDENT/CEO	40 00	X		X				396,122	0	29,453
LYNN P HOUSE , Trustee	1 00	X						0	0	0
JOSEPH KUHLMAN MD , Trustee	1 00	X						0	0	0
JILL MASON , CNO	40 00				X			174,804	0	52,540
JEAN A DISSELER MD , Trustee	1 00	X						1,950	0	0
JAMES B KASE MD , PHYSICIAN	40 00					X		613,685	0	14,317
DAVID BOSTER , Trustee	1 00	X						0	0	0
CHRISTOPHER R SOLARO MD , PHYSICIAN	40 00					X		536,306	0	7,097
BRUCE STOOPS DO , PHYSICIAN	40 00					X		505,216	0	25,749
B BRADFORD BILLINGS , Trustee	40 00	X						0	574,533	129,384