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Form <b>990</b>  Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>	OMB No 1545-0047 <div> <div>2009</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	












<b>A For the 2009 calendar year, or tax year beginning 10-01-2009 and ending 09-30-2010</b>				
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C Name of organization</b> BLESSING HOSPITAL		<b>D Employer identification number</b> 37-0661183
		Doing Business As		<b>E Telephone number</b> (217) 223-1200
		Number and street (or P O box if mail is not delivered to street address) 1005 BROADWAY	Room/suite	<b>G Gross receipts \$</b> 349,816,299
		City or town, state or country, and ZIP + 4 QUINCY, IL 62301		
		<b>F Name and address of principal officer</b>		
<b>I Tax-exempt status</b> <input checked="" type="checkbox"/> 501(c) ( 3 ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>J Website:</b> ▶ www.blessinghospital.org		<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list (see instructions)		
<b>K Form of organization</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>H(c)</b> Group exemption number ▶		
		<b>L Year of formation</b> 1875		
		<b>M State of legal domicile</b> IL		

Part I		Summary		
Activities & Governance	<b>1</b>	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    		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b> <u>1</u>	
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b> <u></u>	
	<b>5</b>	Total number of employees (Part V, line 2a) . . . . .	<b>5</b> <u>2,57</u>	
	<b>6</b>	Total number of volunteers (estimate if necessary) . . . . .	<b>6</b> <u>1,01</u>	
	<b>7a</b>	Total gross unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b> <u>659,10</u>	
	<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b> <u>-243,26</u>	
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h) . . . . .	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g) . . . . .	1,298,271	1,866,686
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .	264,875,486	269,293,168
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-3,494,871	10,275,378
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	6,717,393	6,802,145
			269,396,279	288,237,377
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .	1,399,552	1,382,779
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) . . . . .		0
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	122,821,822	125,724,913
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) . . . . .		0
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) <u>0</u>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) . . . . .	123,467,474	121,617,029
	<b>18</b>	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	247,688,848	248,724,721
	<b>19</b>	Revenue less expenses Subtract line 18 from line 12 . . . . .	21,707,431	39,512,656
Net Assets or Fund Balances			<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>20</b>	Total assets (Part X, line 16) . . . . .	281,624,751	313,257,536
	<b>21</b>	Total liabilities (Part X, line 26) . . . . .	170,690,631	186,867,667
	<b>22</b>	Net assets or fund balances Subtract line 21 from line 20 . . . . .	110,934,120	126,389,869

<b>Part II Signature Block</b>	
<b>Sign Here</b>	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
	<div> <div>*****</div> <div>Signature of officer</div> </div> <div> <div>2011-05-12</div> <div>Date</div> </div>
	<div>MAUREEN KAHN President</div> <div>Type or print name and title</div>
<b>Paid Preparer's Use Only</b>	<div> <div>Preparer's signature</div> <div>STEPHEN C KOESTER CPA</div> </div> <div>Date</div> <div> <div>Check if self-employed</div> <div><input checked="" type="checkbox"/></div> </div> <div>Preparer's identifying number (see instructions)</div>
	<div> <div>Firm's name (or yours if self-employed), address, and ZIP + 4</div> <div> <div>Gray Hunter Stenn LLP</div> <div>500 Maine Street</div> <div>Quincy, IL 62301</div> </div> </div> <div> <div>EIN</div> <div></div> </div>
	<div>Phone no (217) 222-0304</div>



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 similar funds or 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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	Yes
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. 	11	Yes
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	Yes
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 	12A	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? 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 U S ? 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 U S ? If "Yes," complete Schedule F, Part III	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H 	20	Yes


Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		No
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .			1c	Yes
1a	249			
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	2,572
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			2b	No
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 line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .			5c	No
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? . . . . .			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 receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .			7a	No
b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .			7b	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 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .			8	No
9 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

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . . .	1a	12	
b	Enter the number of voting members that are independent . . .	1b	8	
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	Yes	
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	
b	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			
a	The governing body? . . . . .	8a	Yes	
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	9		No

Section B. Policies

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates? . . . . .	10a		No
b	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? . . . . .	10b		No
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	Yes	
c	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?			
a	The organization's CEO, Executive Director, or top management official . . . . .	15a	Yes	
b	Other officers or key employees of the organization . . . . .	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions )			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	16a	Yes	
b	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 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 current or former officer, director, trustee or key employee

Form **990** (2009)



<b>1b</b>	<b>Total</b> . . . . .	3,851,735	1,060,422	435,372
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2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶68

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

Section B. Independent Contractors

1

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

(A) Name and business address	(B) Description of services	(C) Compensation
WEST CENTRAL PATHOLOGY SPECIALISTS SC 4000 CATAMARAN CT QUINCY, IL 62305	PATHOLOGY SERVICES	2,369,517
REVENUE CYCLE PARTNERS 1643 LEWIS AVE STE 203 BILLINGS, MT 59102	BILLING CONSULTANTS	1,304,858
QUINCY ANESTHESIA ASSOCIATES PC 1005 BROADWAY ST QUINCY, IL 62301	ANESTHESIA SERVICES	4,419,390
MOB DEVELOPMENT LLC 75 WEST MEATH RING ST CHARLES, MO 63304	GENERAL CONTRACTORS	814,590
ECLIPSYS CORPORATION PO BOX 8538-0133 PHILADELPHIA, PA 191710133	SOFTWARE CONSULTING	2,882,709

2

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶20

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c				
	d	Related organizations . . . .	1d	651,027			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,215,659			
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f . . . . .			1,866,686		
Program Service Revenue	2a	PATIENT REVENUE	Business Code	621,110	646,978,279	646,978,279	
	b	LESS CONTRACT ALLOW		621,110	-364,044,940	-364,044,940	
	c	LESS CHARITY CARE		621,110	-16,249,551	-16,249,551	
	d	COLLEGE OF NURSING		611,600	2,609,380		2,609,380
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f . . . . .			269,293,168		
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .		1,640,051		
4		Income from investment of tax-exempt bond proceeds . .		0			
5		Royalties . . . . .		0			
6a		Gross Rents	(i) Real 902,514	(ii) Personal			
b		Less rental expenses					
c		Rental income or (loss)	902,514				
d		Net rental income or (loss) . . . . .			902,514		902,514
7a		Gross amount from sales of assets other than inventory	(i) Securities 60,966,238	(ii) Other 8,417,522			
b		Less cost or other basis and sales expenses	60,000,762	747,671			
c		Gain or (loss)	965,476	7,669,851			
d		Net gain or (loss) . . . . .			8,635,327	8,635,327	
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . .	a				
b		Less direct expenses . . . .	b				
c		Net income or (loss) from fundraising events . .			0		
9a		Gross income from gaming activities See Part IV, line 19 . . . .	a				
b		Less direct expenses . . . .	b				
c		Net income or (loss) from gaming activities . .			0		
10a		Gross sales of inventory, less returns and allowances . . . .	a	1,489,591			
b		Less cost of goods sold . . .	b	830,489			
c		Net income or (loss) from sales of inventory . .			659,102	659,102	
		Miscellaneous Revenue	Business Code				
11a		SALE OF FOOD		722,210	1,296,460		1,296,460
b		MANAGEMENT & ACCNTG FEES		541,610	1,573,600		1,573,600
c	CHILD CARE CENTER		624,410	1,243,645		1,243,645	
d	All other revenue . . . . .			1,126,824		1,126,824	
e	Total. Add lines 11a-11d . . . . .			5,240,529			
12	Total revenue. See Instructions . . . .			288,237,377	275,319,115	659,102	10,392,474

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	1,031,731	1,031,731		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	351,048	351,048		
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 . . . . .	1,024,650	841,317	183,333	
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	95,026,486	78,024,021	17,002,465	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	6,746,643	5,539,511	1,207,132	
9	Other employee benefits . . . . .	16,774,698	13,773,309	3,001,389	
10	Payroll taxes . . . . .	6,152,436	5,051,621	1,100,815	
11	Fees for services (non-employees)				
a	Management . . . . .	6,185,952		6,185,952	
b	Legal . . . . .	148,825		148,825	
c	Accounting . . . . .	101,036	10,340	90,696	
d	Lobbying . . . . .	0			
e	Professional fundraising See Part IV, line 17 . . . . .	0			
f	Investment management fees . . . . .	0			
g	Other . . . . .	20,719,952	19,375,379	1,344,573	
12	Advertising and promotion . . . . .	365,375	365,375		
13	Office expenses . . . . .	0			
14	Information technology . . . . .	0			
15	Royalties . . . . .	0			
16	Occupancy . . . . .	4,010,661	1,570,426	2,440,235	
17	Travel . . . . .	794,733	431,954	362,779	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19	Conferences, conventions, and meetings . . . . .	161,320	132,456	28,864	
20	Interest . . . . .	3,141,698	2,579,575	562,123	
21	Payments to affiliates . . . . .	0			
22	Depreciation, depletion, and amortization . . . . .	15,582,964	13,005,731	2,577,233	
23	Insurance . . . . .	1,109,283	816,620	292,663	
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	35,089,055	34,040,012	1,049,043	
b	SOFTWARE	5,572,591	3,261,251	2,311,340	
c	FEES	2,839,508	1,478,809	1,360,699	
d	EQUIP RENTAL AND MAINTENAN	4,794,577	3,691,262	1,103,315	
e	BAD DEBT EXPENSE	16,424,150	16,424,150		
f	All other expenses	4,575,349	1,716,465	2,858,884	
25	Total functional expenses. Add lines 1 through 24f	248,724,721	203,512,363	45,212,358	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .			51,042,359	1	45,438,695
	2	Savings and temporary cash investments . . . . .				2	0
	3	Pledges and grants receivable, net . . . . .				3	0
	4	Accounts receivable, net . . . . .			57,114,022	4	59,291,867
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .				5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . .				6	0
	7	Notes and loans receivable, net . . . . .				7	0
	8	Inventories for sale or use . . . . .			4,317,854	8	5,248,864
	9	Prepaid expenses and deferred charges . . . . .			2,829,365	9	3,685,414
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	267,109,057	98,619,986	10c	102,711,464
	b	Less accumulated depreciation . . . . .	10b	164,397,593			
	11	Investments—publicly traded securities . . . . .			45,701,571	11	73,493,052
	12	Investments—other securities See Part IV, line 11 . . . . .			2,972,371	12	5,235,666
	13	Investments—program-related See Part IV, line 11 . . . . .				13	0
	14	Intangible assets . . . . .				14	0
	15	Other assets See Part IV, line 11 . . . . .			19,027,223	15	18,152,514
	16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			281,624,751	16	313,257,536
Liabilities	17	Accounts payable and accrued expenses . . . . .			26,779,539	17	26,059,556
	18	Grants payable . . . . .				18	
	19	Deferred revenue . . . . .				19	
	20	Tax-exempt bond liabilities . . . . .			77,065,000	20	74,735,868
	21	Escrow or custodial account liability Complete Part IV of Schedule D . . . . .				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .				22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .			12,054,388	23	11,616,951
	24	Unsecured notes and loans payable to unrelated third parties . . . . .				24	
	25	Other liabilities Complete Part X of Schedule D . . . . .			54,791,704	25	74,455,292
	26	Total liabilities. Add lines 17 through 25 . . . . .			170,690,631	26	186,867,667
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 . . . . .			109,112,030	27	123,767,999
	28	Temporarily restricted net assets . . . . .			1,618,288	28	2,418,068
	29	Permanently restricted net assets . . . . .			203,802	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 . . . . .			110,934,120	33	126,389,869
	34	Total liabilities and net assets/fund balances . . . . .			281,624,751	34	313,257,536

**Part XI**    **Financial Statements and Reporting**

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

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public  
Inspection

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

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

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

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10

☐

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

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h  

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other
- e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

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

Part II

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

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

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions )					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
14	Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14
15	Public Support Percentage for 2008 Schedule A, Part II, line 14	15
16a	<b>33 1/3% support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input type="checkbox"/>
b	<b>33 1/3% support test—2008.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization	<input type="checkbox"/>
17a	<b>10%-facts-and-circumstances test—2009.</b> 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 <b>stop here.</b> 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	<b>10%-facts-and-circumstances test—2008.</b> 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 <b>stop here.</b> 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	<b>Private Foundation</b> If the organization did not check a 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 through 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 \$5,000 or 1% of the amount on line 13 for the year						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6 )						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
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 June 30, 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						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
b33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		



**Part IV**

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

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

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

OMB No 1545-0047

2009

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 for any other purpose conferring 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 a 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, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ►\_\_\_\_\_

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ►\$ \_\_\_\_\_

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ 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

► \$ \_\_\_\_\_

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2009

Part III

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

3

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

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

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 . . . . .	555,077	489,658			
b Contributions . . . . .					
c Investment earnings or losses . . . . .	14,824	80,883			
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .	1,509	15,464			
f Administrative expenses . . . . .					
g End of year balance . . . . .	568,392	555,077			

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 35.860 %

c

Term endowment ▶ 64.140 %

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)

No

(ii) related organizations . . . . .

3a(ii)

No

b

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

3b

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) Accumulated depreciation	(d) Book value
1a Land . . . . .		13,040,725		13,040,725
b Buildings . . . . .		131,631,479	51,460,055	80,171,424
c Leasehold improvements . . . . .		5,691,005	4,213,939	1,477,066
d Equipment . . . . .				
e Other . . . . .		116,745,848	108,723,599	8,022,249
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .				102,711,464

Schedule D (Form 990) 2009



Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	288,237,377
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	248,724,721
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	39,512,656
4	Net unrealized gains (losses) on investments	4	2,669,022
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-26,598,247
9	Total adjustments (net) Add lines 4 - 8	9	-23,929,225
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	15,583,431

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements . . . . .	1	288,252,438
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	1,051,258
e	Add lines 2a through 2d . . . . .	2e	1,051,258
3	Subtract line 2e from line 1 . . . . .	3	287,201,180
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIV) . . . . .	4b	1,036,197
c	Add lines 4a and 4b . . . . .	4c	1,036,197
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	288,237,377

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements . . . . .	1	251,403,969
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	2,679,248
e	Add lines 2a through 2d . . . . .	2e	2,679,248
3	Subtract line 2e from line 1 . . . . .	3	248,724,721
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIV) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	248,724,721

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
Part XIII, Line 2d	Part XIII, Line 2d Other expenses and losses per audited F/S	LIABILITY CLAIMS RPTD ON SEPARATE 990 \$1848759 COGS INCLUDED IN EXPENSES ON F/S \$830489
Part XII, Line 4b	Part XII, Line 4b Other revenue amounts included on 990 but not included in F/S	\$0 COGS INCLUDED IN EXPENSES ON F/S \$-830489 \$0 TEMPORARILY RESTRICTED CONTRIBUTIONS \$1866686
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 \$1441 NET ASSETS RELEASED FROM RESTRICTIONS \$1080221 TEMPORARILY RESTRICTED NET ASSETS \$-13315 EQUITY EARNINGS/LOSS OF SUBS \$-17089
Part XI, Line 8	Part XI, Line 8 Other Changes in Net Assets or Fund Balances	EQUITY IN EARNINGS/LOSS OF SUBS \$0 CHANGE IN NET ASSETS REPORTED ON SEPARATE 990 \$127682 FAS 158 INCREASE IN MINIMUM PENSION LIABILITY \$ -10210462 INTEREST IN THE BLESSING FOUNDATION \$ -0 TRANSFERS TO AFFILIATES \$ -14523378 TRANSFERS TO SITF \$ -1975000 CHANGE IN NET ASSETS REPORTED ON SEPARATE 990 \$ -0 EQUITY IN EARNINGS/LOSS OF SUBS \$ -17089
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

SCHEDULE H  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2009

Open to Public Inspection

**Name of the organization**  
BLESSING HOSPITAL

**Employer identification number**  
37-0661183

Part I

Charity Care and Certain Other Community Benefits at Cost

		Yes	No	
1a	Does the organization have a charity care policy? If "No," skip to question 6a . . . . .	1a	Yes	
b	If "Yes," is it a written policy? . . . . .	1b	Yes	
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 checked="" type="checkbox"/> Applied uniformly to all hospitals <input type="checkbox"/> Generally tailored to individual hospitals</div> <div><input type="checkbox"/> Applied uniformly to most 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 checked="" type="checkbox"/> 150%<input type="checkbox"/> 200%<input type="checkbox"/> Other _____</div>	3a	Yes	
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 checked="" type="checkbox"/> 400%<input type="checkbox"/> Other _____</div>	3b	Yes	
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"? . . . . .	4	Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy? . . . .	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount? . . . . .	5b		No
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		No
6a	Does the organization prepare an annual community benefit report? . . . . .	6a	Yes	
6b	If "Yes," does the organization make it available to the public? . . . . .	6b	Yes	
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 Government 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 Worksheets 1 and 2) . . . .			4,154,570		4,154,570	1 670 %
b Unreimbursed Medicaid (from Worksheet 3, column a) . . . .			34,144,437	20,092,857	14,051,580	5 650 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b) . . . . .						
d Total Charity Care and Means-Tested Government Programs . . . . .			38,299,007	20,092,857	18,206,150	7 320 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4) . . . . .			1,355,025	12,674	1,342,351	0 540 %
f Health professions education (from Worksheet 5) . . . .			3,498,724		3,498,724	1 410 %
g Subsidized health services (from Worksheet 6) . . . .			3,450,276	2,222,941	1,227,335	0 490 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8) . . . .			301,062		301,062	0 120 %
j Total Other Benefits . . . .			8,605,087	2,235,615	6,369,472	2 560 %
k Total. Add lines 7d and 7j . . . .			46,904,094	22,328,472	24,575,622	9 880 %

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1Physical improvements and housing						
2Economic development						
3Community support						
4Environmental improvements						
5Leadership development and training for community members						
6Coalition building						
7Community health improvement advocacy			576,533		576,533	0 230 %
8Workforce development						
9Other						
10Total			576,533		576,533	0 230 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15?	1	Yes	
2Enter the amount of the organization's bad debt expense (at cost)	2	5,525,084	
3Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	570,741	
4Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit.			

Section B. Medicare

5Enter total revenue received from Medicare (including DSH and IME)	5	83,001,433	
6Enter Medicare allowable costs of care relating to payments on line 5	6	86,313,105	
7Subtract line 6 from line 5. This is the surplus or (shortfall)	7	-3,311,672	
8Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other			

Section C. Collection Practices

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

Part IVManagement Companies and Joint Ventures

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1JCH DIALYSIS CENTER LLC	DIALYSIS SERVICES	50 000 %		
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

Part V

Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
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		



Part VI

Supplemental Information

Complete this part to provide the following information

- 1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

See additional data

- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves

Blessing Hospital is working in partnership with the community public health department, the local United Way agency and other area agencies in conducting a needs assessment

- 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

All Blessing Hospital self-pay inpatients are contacted by a Financial Account Specialist (FAS) within 24 hours of admission The patient is screened for government programs or eligibility for participation in our Community Outreach Clinic or Access Health Adams County Outpatients are contacted once the patient's condition has been stabilized and are screened in the same manner as inpatients If a FAS is not available to meet with a patient at an appropriate time, the patient is given contact information and asked to call if assistance is needed

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

See additional data

- 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

Blessing Hospital's support of access health adams county aids in making healthcare available to indigent members of the population which we serve

- 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 )

See additional data

- 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

See additional data

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

IL

**Additional Data**

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

**Form 990 Schedule H, Part VI - Supplemental Information, Line 1**

BLESSING HOSPITAL'S COMMUNITY BENEFIT REPORT IS PREPARED BY BLESSING HOSPITAL, NOT A RELATED ORGANIZATION

**Form 990 Schedule H, Part VI - Supplemental Information, Line 1**

WHEN POSSIBLE, CALCULATIONS OF DIRECT AND INDIRECT COSTS ASSOCIATED WITH THE SERVICES PROVIDED ARE REPORTED IF NOT AVAILABLE, A COST-TO-CHARGE RATIO IS USED TO CALCULATE THE COST AMOUNTS THIS RATIO IS COMPUTED USING BLESSING HOSPITAL'S AS-FILED MEDICARE COST REPORT THESE COSTS AND CHARGES ARE ADJUSTED TO ACCOUNT FOR ITEMS NOT REIMBURSED THROUGH THE COST REPORT SUCH AS PROVIDER-BASED PHYSICIAN SERVICES

**Form 990 Schedule H, Part VI - Supplemental Information, Line 1**

BLESSING HOSPITAL DOES NOT INCLUDE AS SUBSIDIZED HEALTH SERVICES ANY COSTS ATTRIBUTABLE TO A PHYSICIAN CLINIC

**Form 990 Schedule H, Part VI - Supplemental Information, Line 1**

BAD DEBT EXPENSE OF \$16,424,150 IS SUBTRACTED FROM TOTAL EXPENSES OF \$248,724,721 REPORTED ON LINE 25,  
COLUMN A OF FORM 990, PART IX

**Form 990 Schedule H, Part VI - Supplemental Information, Line 1**

The hospital uses a cost-to-charge ratio to calculate cost amounts. This ratio is computed using Blessing Hospital's as-filed Medicare cost report. These costs and charges are adjusted to account for items not reimbursed through the cost report. Bad debt expense is calculated on the net patient account balance after the balance has been reduced for any payments received or discounts/adjustments that are known. Patients qualifying for financial assistance are recognized as charity care accounts when sufficient information is received to determine their eligibility. Prior to this point, an allowance for doubtful accounts is calculated on uninsured accounts. This allowance is reversed if the account is determined to qualify for financial assistance. A number of patients are truly unable to pay for their medical expenditures but do not complete the process required to apply for financial assistance. These patients would qualify for charity care if they completed the paperwork, so the bad debt expense associated with treating them should be treated as community benefit.

**FINANCIAL STATEMENT NOTE** The Hospital has agreements with third-party payors that provide for payments to the Hospital at amounts different from its established rates. A summary of the payment arrangements with major third-party payors follows:

**Medicare** - Inpatient acute care services and inpatient rehabilitation services rendered to Medicare program beneficiaries are paid at prospectively determined rates per discharge. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. Inpatient psychiatric services are paid at prospectively determined per diem rates that are based on clinical, diagnostic, and other factors. Inpatient skilled nursing services are paid at prospectively determined per diem rates that are based on the patients' acuity. Substantially all outpatient services are paid at prospectively determined rates. Certain medical education costs related to Medicare beneficiaries are paid based on a cost reimbursement methodology with certain limitations. The Hospital is reimbursed for cost reimbursable items at a tentative rate with final settlement determined after submission of annual cost reports by the Hospital and audits thereof by the Medicare fiscal intermediary. The Hospital's classification of patients under the Medicare program and the appropriateness of their admissionS are subject to an independent review by a quality improvement organization under contract with the Hospital. The Hospital's Medicare cost reports have been finalized by the Medicare fiscal intermediary through September 30, 2006.

**Medicaid** - Inpatient services rendered to Medicaid program beneficiaries are reimbursed at prospectively determined rates per discharge or prospectively determined daily rates based on the services rendered. Outpatient services are reimbursed based upon a payment schedule by type of service. The Hospital's Medicaid cost reports have been finalized by the Medicaid fiscal intermediary through September 30, 2006. Revenue from the Medicare and Medicaid programs accounted for approximately 35 percent and 6 percent, respectively, of the Hospital's net patient revenue for the year ended September 30, 2010, and 35 percent and 7 percent, respectively, of the Hospital's net patient revenue for the year ended September 30, 2009. Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. The Hospital also has entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. The basis for payment to the Hospital under these agreements includes prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily rates.

**Form 990 Schedule H, Part VI - Supplemental Information, Line 1**

The hospital uses a cost-to-charge ratio to calculate cost amounts. This ratio is computed using Blessing Hospital's as-filed Medicare cost report. These costs and charges are adjusted to account for items not reimbursed through the cost report such as provider-based physician services. IRS Revenue Ruling 69-545, which established the community benefit standard for nonprofit hospital's states that if a hospital serves patients with government health benefits, including Medicare, then this is an indication that the hospital operates to promote the health of the community. This implies that treating medicare patients is a community benefit.

**Form 990 Schedule H, Part VI - Supplemental Information, Line 1**

Collection practices are not pursued if a completed financial assistance application has been returned



**Form 990 Schedule H, Part VI - Supplemental Information, Line 1**

BLESSING HOSPITAL OPERATES NO FACILITIES OTHER THAN THE LOCATIONS LISTED IN PART V

**Form 990 Schedule H, Part VI - Supplemental Information, Line 1**

BLESSING HOSPITAL'S COMMUNITY BENEFIT REPORT IS PRESENTED TO THE COMMUNITY AS A SUPPLEMENT IN THE QUINCY HERALD-WHIG ONCE A YEAR IT IS ALSO PLACED IN LITERATURE RACKS AROUND THE HOSPITAL CAMPUS ILLINOIS IS THE ONLY STATE IN WHICH THE COMMUNITY BENEFIT REPORT IS PUBLISHED PART I, LINE 7, COLUMN (F) - THESE PERCENTAGES ARE INCORRECT DUE TO A SOFTWARE ERROR IN WHICH BAD DEBT EXPENSE IS NOT EXCLUDED FROM TOTAL EXPENSES WHEN CALCULATING THE RATIOS AS REQUIRED BY THE SCHEDULE H INSTRUCTIONS ACTUAL PERCENTAGES SHOULD BE AS FOLLOWS 7A - 1 79%, 7B - 6 05%, 7D - 7 84%, 7E - 0 58%, 7F - 1 51%, 7G - 0 53%, 7I - 0 13%, 7J - 2 74%, 7K - 10 58% PART II, LINES 7 & 10, COLUMN (F) - THESE PERCENTAGES ARE INCORRECT DUE TO A SOFTWARE ERROR IN WHICH BAD DEBT EXPENSE IS NOT EXCLUDED FROM TOTAL EXPENSES WHEN CALCULATING THE RATIOS AS REQUIRED BY THE SCHEDULE H INSTRUCTIONS ACTUAL PERCENTAGES SHOULD BE AS FOLLOWS 7 - 0 25%, 10 - 0 25%

**Form 990 Schedule H, Part VI - Supplemental Information, Line 4**

For 135 years, Blessing Hospital has served the health care needs of the people of west central Illinois, northeast Missouri and southeast Iowa. Approximately 247,000 people live within a 50 mile radius of Blessing Hospital. The Hospital's primary market area covers six counties-four in west central Illinois (Adams, Brown, Hancock and Pike) and two in northeast Missouri (Marion and Lewis). The region's economy is heavily agricultural, with a mix of some 100 manufacturers in addition to commercial/retail businesses making up the rest of the local economy. Blessing Hospital is the largest employer in its region. Quincy, the city in which the main Blessing Hospital campus is located, is the hub of non-farm employment and retail trade in the market area. The latest unemployment rate for the primary market counties served by Blessing Hospital stood at 7.4 percent for west central Illinois and 7.9 percent for northeast Missouri. The median household income in Blessing's west central Illinois counties is \$38,070 (with 11.5% below the Poverty Level), compared to \$53,974 for Illinois. The median household income for the northeast Missouri counties in Blessing's primary market is \$34,172 (with 14.3% below the Poverty Level), compared to \$45,194 for the state of Missouri. The majority of Blessing's primary market area, either entire counties or low income populations within the counties, are designated federal Health Professional Shortage Areas for Primary Care.

**Form 990 Schedule H, Part VI - Supplemental Information, Line 6**

Blessing Hospital offers a wide range of specialty services important to promoting the health and well-being of Adams County and the surrounding area. Included in these are the Cancer Center, the Heart and Vascular Center, the Breast Center, psychiatric services, and Hospice and Home Care programs. Surplus funds generated from these operations, as well as the operations of all other Blessing Hospital Services, are used to fund capital expenditures and the expansion of health care service lines to the community we serve. Blessing Hospital operates an emergency room available to all regardless of the ability to pay. The financial assistance policy of Blessing Hospital enables patients to have access to area resources to assist them with payment of medical expenses. Blessing Hospital operates the Blessing-Rieman College of Nursing, which offers a Bachelor of Science in Nursing degree and a Master of Science in Nursing degree, along with other programs. The college has a 100 year history in the community and is currently accredited by the Higher Learning Commission. Blessing Hospital is the largest employer in the area with 2,572 employees. Of significant importance is the volunteers that serve the Hospital. In Fiscal Year 2010, Blessing Hospital had 1,013 active volunteers who served for a total of 85,861 hours. In addition to the volunteers actively working in the hospital, Blessing's Board of Trustees is comprised of volunteers that include business leaders, physicians, and other community leaders.

**Form 990 Schedule H, Part VI - Supplemental Information, Line 7**

Blessing Corporate Services, Inc is the parent organization of a group of related organizations and provides overall direction to all entities within the structure During the year ended September 30, 2005, Blessing Corporate Services, Inc began operating a division comprised of practicing physicians The Group is related through Board control The following is a brief description of each member of the Group Organization - Blessing Hospital (Hospital), located in Quincy, Illinois, is a not-for-profit acute care hospital The Hospital provides inpatient, outpatient and emergency care services for residents of Western Illinois and Northeastern Missouri The Hospital was incorporated in Illinois in 1875 Organization - The Blessing Foundation, Inc serves Blessing Corporate Services and its affiliated entities by providing financial support for services and programs promoting the improvement and availability of healthcare services within the general community Organization - Blessing Affiliates, Inc operates the Community Outreach Clinic which provides healthcare services to uninsured patients Organization - Denman Services, Inc (a taxable corporation) engages primarily in the business of selling and renting medical equipment and operating a commercial laundry Denman Services, Inc is a wholly owned subsidiary of Blessing Corporate Services, Inc Organization - BlessingCare Corporation dba Illini Community Hospital and Subsidiary, located in Pittsfield, Illinois, is a not-for-profit acute care hospital The Hospital provides inpatient, outpatient and emergency care services for residents of Western Illinois The Hospital was incorporated on January 20, 2000 For financial reporting purposes, the Hospital's financial information is consolidated with West Central Illinois Therapy & Sports Medicine, LLC The Hospital has a 51% partnership interest in West Central Illinois Therapy & Sports Medicine, LLC, and the outside investor's 49% interest in the partnership is included as a minority interest Organization - Illini Health Services, LLC conducts a pharmacy business in Pittsfield, Illinois The Pharmacy is owned ninety-five percent (95%) by Denman Services, Inc and five percent (5%) by BlessingCare Corporation dba Illini Community Hospital

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

# 2009

## Open to Public Inspection

Name of the organization  
BLESSING HOSPITAL

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" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

[illegible]

- |          |  |   |
|----------|--|---|
| <b>2</b> | Enter total number of section 501(c)(3) and government organizations . . . . . | 2 |
| <b>3</b> | 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" to Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) if additional space is needed.

[illegible]

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

[illegible]

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization  
BLESSING HOSPITAL

Employer identification number  
37-0661183

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div></div> <div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div></div> <div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div></div> <div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
1b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div></div> <div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div></div> <div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
4a	Receive a severance payment or change-of-control payment?		No
4b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
4c	Participate in, or receive payment from, an equity-based compensation arrangement?		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
5a	The organization?		No
5b	Any related organization?		No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
6a	The organization?		No
6b	Any related organization?		No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III		No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		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) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
TIMOTHY A MOORE	(i) (ii)	136,264	39,238	6,425	32,999	7,115	222,041	
THOMAS CLIATT DO	(i) (ii)	314,216	249,386	34,080	21,597	6,688	625,967	
STUART PYATT DO	(i) (ii)	313,255	311,777	10,254	25,970	6,991	668,247	
PATRICK M GERVELER	(i) (ii)	222,798	75,890	33,720	24,889	8,285	365,582	
MAUREEN A KAHN	(i) (ii)	283,472	110,595	41,384	31,434	5,320	472,205	
JILL MASON	(i) (ii)	141,952	44,603	23,762	90,730	4,880	305,927	
JAMES B KASE MD	(i) (ii)	526,511	33,000	30,296	4,594	5,273	599,674	
CHRISTOPHER R SOLARO MD	(i) (ii)	365,317	150,838	38,362	1,681	3,525	559,723	
B BRADFORD BILLINGS	(i) (ii)	389,203	295,559	43,252	135,916	9,002	872,932	
ANTHONY S WOLLASTON MD	(i) (ii)	280,660	213,649	44,570	3,751	4,119	546,749	

Part III

Supplemental Information

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

Identifier	Return Reference	Explanation
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Schedule K  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization  
BLESSING HOSPITAL

Employer identification number  
37-0661183

Part I

Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	CITY OF QUINCY ADAMS COUNTY ILLINOIS	37-6000378	748476BP2	10-30-2008	22,000,000	SCHEDULE O		X		X
B	CITY OF QUINCY ADAMS COUNTY ILLINOIS	37-6000378	748476BN7	05-03-2007	48,850,181	SCHEDULE O		X		X
C	CITY OF QUINCY ADAMS COUNTY ILLINOIS	37-6000378	748476AX6	03-04-2004	15,000,000	SCHEDULE O		X		X

Part II

Proceeds

		A		B		C		D		E	
1	Total proceeds of issue	22,009,627		48,853,595		15,090,422					
2	Gross proceeds in reserve funds										
3	Proceeds in refunding or defeasance escrows										
4	Other unspent proceeds	391,661									
5	Issuance costs from proceeds	315,954		570,296		220,658					
6	Working capital expenditures from proceeds										
7	Capital expenditures from proceeds	4,302,012				14,869,764					
8	Year of substantial completion	2010		2009		2005					
9	Were the bonds issued as part of a current refunding issue?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
		X		X			X				
10	Were the bonds issued as part of an advance refunding issue?		X	X			X				
11	Has the final allocation of proceeds been made?		X	X		X					
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X					

Part III

Private Business Use

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

Part III

Private Business Use (Continued)

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		X		X		X				
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X		X		X				
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X		X					
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	2 900 %		2 900 %							
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X					

Part IV

Arbitrage

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

Additional Data

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

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493132005261
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SCHEDULE O (Form 990)  Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990  Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ▶ Attach to Form 990.	OMB No 1545-0047
		2009
		Open to Public Inspection

Name of the organization BLESSING HOSPITAL	Employer identification number 37-0661183
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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 Corporate Services for review and to the blessing corporate services board of trustees 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 submited to the President of Blessing Hospital for review and to the blessing hospital board of trustees 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 review and to the blessing hospital board of trustees 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 11	Form 990, Part VI, Line 11 Form 990 Review Process	The Form 990 w as provided to the Board of Trustees on April 18, 2011

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 4	Form 990, Part VI, Line 4 Description of Significant Changes to Organizational Documents	BY LAWS AND ARTICLES OF INCORPORATION WERE AMENDED TO EXPAND THE RIGHTS AND RESPONSIBILITIES OF THE SOLE VOTING MEMBER

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization  
BLESSING HOSPITAL

Employer identification number  
37-0661183

Part I

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II

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

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

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproporionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(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				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 (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
DENMAN SERVICES INC PO BOX 40 QUINCY, IL62306 37-1132117	MED EQUIP	IL	BCS INC				

Part V

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

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

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

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

No

1b

Yes

1c

Yes

1d

Yes

1e

No

1f

No

1g

No

1h

No

1i

Yes

1j

Yes

1k

No

1l

Yes

1m

Yes

1n

Yes

1o

Yes

1p

Yes

1q

No

1r

No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

Schedule R (Form 990) 2009



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: 09000047  
Software Version: 2009v1.7  
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
BLESSING EDUCATIONAL REVOLVING FUND  PO BOX 7005 QUINCY, IL623057005 37-6051449	MAKE LOANS FOR EDUCATIONAL PURPOSES	IL	501(C)(3)	11C	NA
BLESSING VOLUNTEERS IN PARTNERSHIP  BROADWAY AT 14TH PO BOX 7005 QUINCY, IL623057005 23-7160187	PROVIDE SUPPORT FOR BLESSING HOSPITAL	IL	501(C)(3)	11B	NA
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, Schedule D, Part X, - Other Liabilities

1	(a) Description of Liability	(b) Amount
	ULTRASOUND LEASE	15,473
	STORZ ENDOSCOPY LEASE	68,392
	PREMIUM ON LONG TERM DEBT	748,618
	MOB CARDIO REHAB LEASE	165,436
	MOB BLOOD DRAW LEASE	157,784
	MATERIALS MGT LEASE	102,671
	MAMMOGRAPHY FURNITURE LEASE	41,257
	HILL-ROM LEASE	526,654
	ESTIMATED 3RD-PARTY PAYOR SETTLEMENTS	7,727,961
	DEFERRED COMPENSATION	3,072,141
	DA VINCI ROBOT LEASE	2,120,000
	CATH LAB IVUS LEASE	70,081
	BRCN LEASE	100,483
	ADVANCES AND DEFERRED REVENUE	1,827,071
	ACCRUED SALARIES & WAGES	14,982,078
	ACCRUED PENSION COSTS	41,284,403
	ACCRUED PAYROLL TAXES	705,196
	ACCRUED INTEREST	739,593

Additional Data

Software ID:

Software Version:

EIN: 37-0661183

Name: BLESSING HOSPITAL

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
TIMOTHY KOONTZ ViceChair/trust	1 00	X		X				0	0	0	
TIMOTHY A MOORE SECRETARY/CAO	40 00			X				181,927	0	40,114	
THOMAS H MILLER MD Trustee	1 00	X						0	0	0	
THOMAS CLIATT DO PHYSICIAN	40 00					X		597,682	0	28,285	
STUART PYATT DO PHYSICIAN	0					X		635,286	0	32,961	
STEPHEN W NESBIT CMO	40 00							83,319	0	613	
PATRICK M GERVELER Treasurer	40 00			X				0	332,408	33,174	
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				435,451	0	36,754	
LYNN P HOUSE Trustee	1 00	X						0	0	0	
JOHN BARBAGIO VANNI DO Trustee	40 00	X						23,300	0	0	
JILL MASON CNO	40 00				X			210,317	0	95,610	
JEAN A DISSELER MD Trustee	1 00	X						1,250	0	0	
JAMES B KASE MD PHYSICIAN	40 00					X		589,807	0	9,867	
DAVID BOSTER Trustee	1 00	X						0	0	0	
CHRISTOPHER R SOLARO MD PHYSICIAN	40 00					X		554,517	0	5,206	
B BRADFORD BILLINGS Trustee	40 00	X						0	728,014	144,918	
ANTHONY S WOLLASTON MD PHYSICIAN	40 00					X		538,879	0	7,870	

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

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
SUPPLIES	35,089,055	34,040,012	1,049,043	
SOFTWARE	5,572,591	3,261,251	2,311,340	
FEES	2,839,508	1,478,809	1,360,699	
EQUIP RENTAL AND MAINTENAN	4,794,577	3,691,262	1,103,315	
BAD DEBT EXPENSE	16,424,150	16,424,150		