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Form 990

Return of Organization Exempt From Income Tax

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2010 calendar year, or tax year beginning 10-01-2010 and ending 09-30-2011

B Check if applicable

Address change

Name change

Initial return

Terminated

Amended return

Application pending

C Name of organization
BLESSING CORPORATE SERVICES INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address)
BROADWAY AT 11TH PO BOX 7005

D Employer identification number

37-1128706

E Telephone number

(217) 223-1200

G Gross receipts \$ 38,054,063

F Name and address of principal officer

H(a) Is this a group return for affiliates? Yes NoH(b) Are all affiliates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ►

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

J Website: ► www.blessinghealthsystem.org

K Form of organization Corporation Trust Association Other ► L Year of formation 1983 M State of legal domicile IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities

THE PURPOSE OF BLESSING CORPORATE SERVICES, INC IS TO DEVELOP EXPANDED HEALTH CARE SERVICES TO ITS REGIONAL MARKETPLACE BLESSING CORPORATE SERVICES, INC IS THE PARENT COMPANY TO ALL ORGANIZATIONS WITHIN THE BLESSING HEALTH SYSTEM

2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	3	10
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	269
6 Total number of volunteers (estimate if necessary)	6	75
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	279,192
b Net unrelated business taxable income from Form 990-T, line 34	7b	-3,199

Activities & Governance

Revenue

Expenses

Net Assets or Fund Balances

		Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	14,523,378	12,400,482	
9 Program service revenue (Part VIII, line 2g)	23,073,744	25,407,477	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	597,809	-33,088	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	285,044	279,192	
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	38,479,975	38,054,063	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	184,550	187,686	
14 Benefits paid to or for members (Part IX, column (A), line 4)		0	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	23,800,807	26,800,958	
16a Professional fundraising fees (Part IX, column (A), line 11e)		0	
b Total fundraising expenses (Part IX, column (D), line 25) ►0			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	10,641,753	11,832,326	
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	34,627,110	38,820,970	
19 Revenue less expenses Subtract line 18 from line 12	3,852,865	-766,907	

Part II Signature Block

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

Signature of officer

2012-03-12

Date

PATRICK M GERVELER Treasurer

Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name STEPHEN C KOESTER CPA	Preparer's signature STEPHEN C KOESTER CPA	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ► Gray Hunter Stenn LLP				Firm's EIN ►
	Firm's address ► 500 Maine Street Quincy, IL 62301				Phone no ► (217) 222-0304

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

Part III: Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission

BLESSING CORPORATE SERVICES (BCS) IS THE PARENT COMPANY TO THE FOLLOWING ORGANIZATIONS BLESSING HOSPITAL - AN ACUTE CARE HOSPITAL WITH 340 STAFFED BEDS, LOCATED IN QUINCY, IL THE BLESSING FOUNDATION - RAISES, MANAGES AND DISTRIBUTES CHARITABLE DONATIONS ON BEHALF OF THE BLESSING ORGANIZATION BLESSING AFFILIATES, INC - MANAGES THE COMMUNITY OUTREACH CLINIC (COC) THE COC PROVIDES NON-EMERGENCY, PRIMARY MEDICAL CARE, ACCESS TO HOSPITAL SERVICES, SPECIALIST REFERRALS AND HELP IN OBTAINING PRESCRIPTION MEDICATIONS TO ADULTS AGED 18-65 WITHOUT HEALTH INSURANCE AND WHO MEET INCOME GUIDELINES VOLUNTEERS-PHYSICIANS, NURSES AND SUPPORT STAFF RUN THE COC WITH BLESSING HOSPITAL PROVIDING THE FACILITIES AND EQUIPMENT REQUIRED FOR DIAGNOSIS AND TREATMENT OF COC PATIENTS COC PATIENTS ARE NOT CHARGED FOR ANY CARE RECEIVED FROM BLESSING HOSPITAL EFFECTIVE THE LAST DAY OF 2011, THE OPERATIONS OF THE BLESSING AFFILIATES CEASED BCS IS NOW CONDUCTING THE PROGRAM SERVICES OF THE COMMUNITY OUTREACH CL

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

Yes No

If "Yes," describe these new services on Schedule C

3 Did the organization cease conducting, or make significant changes in how it conducts, any programs or services?

Yes No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 28,632,862 including grants of \$ 117,537) (Revenue \$ 18,170,536)

PHYSICIAN SERVICES - THE ORGANIZATION OPERATES A PHYSICIAN OFFICE PRACTICE IN QUINCY, ILLINOIS, DBA BLESSING PHYSICIAN SERVICES (BPS) DURING FY2011, THE PHYSICIAN GROUP WELCOMED THREE NEW PHYSICIANS, BRINGING THE TOTAL NUMBER TO 36 EMPLOYED AND 10 CONTRACTED PHYSICIANS COVERING 17 MEDICAL SPECIALTIES BPS ALSO EMPLOYS 3 NURSE PRACTITIONERS DURING THE YEAR, BPS PROVIDED 133,244 PATIENT VISITS AND EMPLOYED 201 PEOPLE WITHIN THESE PHYSICIAN PRACTICES, IT IS THE POLICY OF THE ORGANIZATION THAT NO ONE IS TO BE DENIED HEALTH CARE FOR INABILITY TO PAY BPS MADE UPGRADES TO THE ALLSCRIPTS ELECTRONIC HEALTH RECORD SYSTEM, ALLOWING THE ORGANIZATION TO TRACK AND ANALYZE PROVIDER PERFORMANCE IN THE CARE OF DIABETIC PATIENTS AND THOSE WITH HIGH BLOOD PRESSURE THESE CLINICAL QUALITY MEASURES WERE IDENTIFIED BY THE BPS QUALITY COMMITTEE AS PART OF A PLAN TO PARTICIPATE IN FEDERAL INCENTIVE PROGRAMS RELATED TO MEANINGFUL USE BPS CONTINUES ITS PRESENCE IN THE REGION WITH SPECIALTY CLINICS IN OUTREACH LOCATIONS PATIENT VISITS AT THESE 13 CLINICS TOPPED 2,600 FOR FY2011 WHICH WAS APPROXIMATELY A FIFTY-THREE PERCENT INCREASE IN VISITS OVER THE PREVIOUS YEAR

4b (Code) (Expenses \$ 6,642,567 including grants of \$ 70,149) (Revenue \$ 7,516,133

MANAGEMENT SERVICES - THE ORGANIZATION PROVIDES MANAGEMENT SERVICES AT OR BELOW COST TO ITS FOLLOWING TAX EXEMPT SUBSIDIARIES BLESSING HOSPITAL, THE BLESSING FOUNDATION, BLESSING AFFILIATES, INC , AND BLESSINGCARE CORPORATION IT ALSO PROVIDES MANAGEMENT SERVICES AT OR BELOW COST TO ONE TAXABLE SUBSIDIARY, DENMAN SERVICES, INC MANAGEMENT SERVICES PROVIDED INCLUDE STRATEGIC PLANNING IN THE AREAS OF FINANCE, STRATEGIC AND BUSINESS DEVELOPMENT, ENGINEERING, AND FACILITY DEVELOPMENT, CAPITAL AND INFORMATION TECHNOLOGY DEVELOPMENT, PHYSICIAN PRACTICE OPERATIONS, AND CORPORATE COMPLIANCE FOR FY2012, THE ORGANIZATION HAS ESTABLISHED TARGETS IN THE FOLLOWING AREAS - GROWTH PATIENT VISITS IN CARDIOLOGY, ORTHOPEDICS, ONCOLOGY, AND/OR GENERAL SURGERY - SERVICE INPATIENT AND OUTPATIENT SATISFACTION AND INTERNAL CUSTOMER SERVICE SATISFACTION - FINANCE CREDIT RATING RATIOS NEEDED FOR STRATEGIC INITIATIVES - QUALITY READMISSION RATES AND VALUE BASED PURCHASING SCORE - PEOPLE EMPLOYEE SATISFACTION AND CORE HEALTH WELLNESS PROGRAM - COMMUNITY PARTICIPATION IN YOUTH ORIENTED EVENTS TO PROMOTE LEARNING IN SCIENCE, MATH, AND HEALTH CAREERS, COORDINATION OF EFFORTS TO ADDRESS HIGH HEALTH RISK FACTORS.

4c. (Code) (Expenses \$ including grants of \$) (Revenue \$

4d Other program services (Describe in Schedule O.)

4e Total program service expenses **\$ 35,275.42**

Part IV Checklist of Required Schedules

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.
- 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?
- 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
- 4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II
- 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III
- 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
- 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
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
- 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
- 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
- 11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable
- a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.
 - b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.
 - c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.
 - d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.
 - e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.
 - f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII
- 12b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
- 14b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV
- 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, Parts II and IV
- 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, Parts III and IV
- 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)
- 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
- 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
- 20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H
- b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)

	Yes	No
1	Yes	
2	Yes	
3		No
4		No
5		No
6		No
7		No
8		No
9		No
10		No
11a	Yes	
11b		No
11c		No
11d	Yes	
11e	Yes	
11f		No
12a		No
12b	Yes	
13		No
14a		No
14b		No
15		No
16		No
17		No
18		No
19		No
20a		No
20b		

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? If "Yes," complete Schedule I, Parts I and II	<input checked="" type="checkbox"/>	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? If "Yes," complete Schedule I, Parts I and III	<input checked="" type="checkbox"/>	22	No	
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? If "Yes," complete Schedule J	<input checked="" type="checkbox"/>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	<input type="checkbox"/>	24a	No	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<input type="checkbox"/>	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?	<input type="checkbox"/>	24c	No	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<input type="checkbox"/>	24d	No	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	<input checked="" type="checkbox"/>	25a	No	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	<input checked="" type="checkbox"/>	25b	No	
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	<input checked="" type="checkbox"/>	26	Yes	
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? If "Yes," complete Schedule L, Part III	<input checked="" type="checkbox"/>	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)	<input type="checkbox"/>	28a	No	
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	<input checked="" type="checkbox"/>	28b	No	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	<input checked="" type="checkbox"/>	28c	No	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	<input checked="" type="checkbox"/>	29	No	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	<input type="checkbox"/>	30	No	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	<input type="checkbox"/>	31	No	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	<input type="checkbox"/>	32	No	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	<input type="checkbox"/>	33	No	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	<input checked="" type="checkbox"/>	34	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	<input checked="" type="checkbox"/>	35	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	<input type="checkbox"/>	a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	<input checked="" type="checkbox"/>	36	No	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	<input checked="" type="checkbox"/>	37	No	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	<input type="checkbox"/>	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	30
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	269
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes
<p>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? If "No," 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 instructions for 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?	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).	7a	No
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?	7b	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	No
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	0
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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.	9a	No
a	Did the organization make any taxable distributions under section 4966?	9b	No
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter	10a	
a	Initiation fees and capital contributions included on Part VIII, line 12	10b	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter	11a	
a	Gross income from members or shareholders	11b	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
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	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	No
a	Is the organization licensed to issue qualified health plans in more than one state?		
<p>Note. See the instructions for additional information the organization must report on Schedule O</p>			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	No

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

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

- 1a Enter the number of voting members of the governing body at the end of the tax year **1a** 10
- b Enter the number of voting members included in line 1a, above, who are independent **1b** 9
- 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? **2** No
- 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? **3** No
- 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? **4** No
- 5 Did the organization become aware during the year of a significant diversion of the organization's assets? **5** No
- 6 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** No
- 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following
- a The governing body? **8a** Yes
- b Each committee with authority to act on behalf of the governing body? **8b** Yes
- 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O **9** No

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

- 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
- 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? **11a** Yes
- b Describe in Schedule O the process, if any, used by the organization to review this Form 990
- 12a 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 15a or 15b, describe the process in Schedule O (See instructions)
- 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? **16a** No
- b If "Yes," 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** No

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
- Own website Another's website 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
- PATRICK GERVELER
BROADWAY AT 11TH
QUINCY, IL 623057005
(217) 223-1200

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

 Check if Schedule O contains a response to any question in this Part VII
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

• List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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
		Or director	Individual trustee	Institutional Trustee	Officer	Key employee	Highest compensated employee		
(1) ZIGRIDA BROWN SEE SCHEDULE O	40.00				X			203,742	0 101,777
(2) WILLIAM DOUGHERTY MD PHYSICIAN	40.00					X		564,641	0 14,067
(3) TIMOTHY D KOONTZ Trustee	1.00	X						0	0 0
(4) STEVEN W KRAUSE DO PHYSICIAN	40.00					X		687,529	0 15,333
(5) SANDY McELHOE Secretary	40.00				X			56,055	0 13,442
(6) ROBERT J HOFMEISTER Trustee	1.00	X						0	0 0
(7) ROBERT B BLACK Trustee	1.00	X						0	0 0
(8) RICHARD E KEMPE VP STRATEGIC/BUSINESS DVLPMT	40.00				X			332,110	0 59,419
(9) PATRICK M GERVELER Treasurer	40.00				X			359,591	0 43,537
(10) MICHAEL J FOSTER Chairman	1.00	X		X				0	0 0
(11) MICHAEL GILPIN VP MARKETING	40.00				X			169,611	0 13,543
(12) MARY E OATEY DO PHYSICIAN	40.00					X		483,664	0 15,333
(13) LYNN P HOUSE Trustee	1.00	X						0	0 0
(14) LOUIS QUINTERO MD PHYSICIAN	40.00					X		575,859	0 14,154
(15) JERRY R JACKSON VP ENGINEERING AND FACILITY DVLPMT	40.00				X			272,021	0 90,680
(16) JERRY E KRUSE MD Trustee	1.00	X						0	0 0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(17) JAMES J STEBOR VICE-CHAIRMAN	1 00	X		X			0	0	0
(18) JACK R SHARKEY Trustee	1 00	X					0	0	0
(19) HAROLD W KNAPHEIDE III Trustee	1 00	X					0	0	0
(20) DANIEL MOORE MD PHYSICIAN	40 00				X		470,011	0	14,152
(21) CONNIE L SCHROEDER SEE SCHEDULE O	40 00				X		247,363	0	73,344
(22) BETTY J KASPARIE VP CORP. COMPLIANCE/ORG. PLANNING	40 00				X		197,350	0	104,595
(23) B BRADFORD BILLINGS President & CEO	40 00	X		X			908,579	0	289,183
1b Sub-Total									
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)							5,528,126		862,559

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 **54**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
QUINCY MEDICAL GROUP 1025 MAINE STREET QUINCY, IL 62301	PHYSICIAN SERVICES	541,942
QUINCY FAMILY PRACTICE 612 NORTH 11TH STREET QUINCY, IL 62301	MEDICAL SERVICES	272,031
GROUPONE HEALTH SOURCE INC 3420 SOLUTIONS CENTER CHICAGO, IL 606773004	PROCESSING SERVICES	192,467
FAIRFIELD HEALTH SERVICES PC 1114 LAKEVIEW DRIVE FAIRFIELD, IA 52556	PHYSICIAN SERVICES	196,315
EMERGENCY PC 211 WOODRIG ROAD BLOOMINGTON, IL 617045639	PHYSICIAN SERVICES	202,045
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 9		

Part VIII Statement of Revenue

			(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d	12,400,482			
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f \$					
h Total. Add lines 1a-1f		►	12,400,482			
Program Service Revenue	2a PHYSICIAN PRACTICE REVENUE		Business Code			
				15,885,612	15,885,612	
				7,236,941	7,236,941	
				2,284,924	2,284,924	
	g Total. Add lines 2a-2f		►	25,407,477		
3 Investment income (including dividends, interest and other similar amounts)		►				
			-33,088			-33,088
4 Income from investment of tax-exempt bond proceeds		►		0		
5 Royalties		►		0		
6a Gross Rents	(i) Real	(ii) Personal				
b Less rental expenses						
c Rental income or (loss)						
d Net rental income or (loss)		►	0			
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
b Less cost or other basis and sales expenses						
c Gain or (loss)						
d Net gain or (loss)		►	0			
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						
b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory		►	0			
Miscellaneous Revenue	Business Code					
11a DENMAN SERVICES MGT FEE	561000		279,192		279,192	
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		►	279,192			
12 Total revenue. See Instructions		►	38,054,063	25,407,477	279,192	-33,088

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	187,686	187,686		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0			
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 . . .	6,441,189	5,925,284	515,905	
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	15,527,019	14,283,388	1,243,631	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	1,208,188	1,111,419	96,769	
9 Other employee benefits . . .	3,624,562	3,253,103	371,459	
10 Payroll taxes . . .	0			
a Fees for services (non-employees) Management . . .	882,353	407,104	475,249	
b Legal . . .	139,794	111,835	27,959	
c Accounting . . .	34,148	27,318	6,830	
d Lobbying . . .	0			
e Professional fundraising services See Part IV, line 17 . .	0			
f Investment management fees . . .	0			
g Other . . .	0			
12 Advertising and promotion . . .	239,368	62,873	176,495	
13 Office expenses . . .	0			
14 Information technology . . .	0			
15 Royalties . . .	0			
16 Occupancy . . .	1,888,979	1,738,630	150,349	
17 Travel . . .	133,239	95,059	38,180	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . .	0			
19 Conferences, conventions, and meetings . . .	34,280	19,850	14,430	
20 Interest . . .	2,386		2,386	
21 Payments to affiliates . . .	0			
22 Depreciation, depletion, and amortization . . .	223,284	136,609	86,675	
23 Insurance . . .	632,893	632,893		
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a SUPPLIES	1,056,421	1,031,332	25,089	
b PHYSICIAN FEES	2,141,938	2,141,938		
c OUTSIDE MEDICAL SERVICES	1,505,372	1,505,372		
d EQUIP RENTAL AND MAINTENANCE	863,348	758,061	105,287	
e BAD DEBT EXPENSE	829,697	829,697		
f All other expenses	1,224,826	1,015,978	208,848	
25 Total functional expenses. Add lines 1 through 24f	38,820,970	35,275,429	3,545,541	0
26 Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year	(B) End of year
Assets	1 Cash—non-interest-bearing	195,500	1 186,274
	2 Savings and temporary cash investments	2	0
	3 Pledges and grants receivable, net	3	0
	4 Accounts receivable, net	3,344,683	4 2,732,742
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L	6	0
	7 Notes and loans receivable, net	7	0
	8 Inventories for sale or use	8	0
	9 Prepaid expenses and deferred charges	237,524	9 83,969
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,910,807	
	b Less accumulated depreciation	10b 619,218	10c 513,700
	11 Investments—publicly traded securities	11	0
	12 Investments—other securities See Part IV, line 11	12	0
	13 Investments—program-related See Part IV, line 11	13	0
	14 Intangible assets	37,504	14 0
	15 Other assets See Part IV, line 11	7,104,480	15 7,685,284
	16 Total assets. Add lines 1 through 15 (must equal line 34)	11,538,909	16 11,201,969
Liabilities	17 Accounts payable and accrued expenses	670,385	17 1,013,575
	18 Grants payable	18	
	19 Deferred revenue	19	
	20 Tax-exempt bond liabilities	20	
	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	75,583	23
	24 Unsecured notes and loans payable to unrelated third parties	24	
	25 Other liabilities Complete Part X of Schedule D	2,862,303	25 3,024,663
	26 Total liabilities. Add lines 17 through 25	3,608,271	26 4,038,238
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	7,930,638	27 7,163,731
	28 Temporarily restricted net assets	28	
	29 Permanently restricted net assets	29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.		
	30 Capital stock or trust principal, or current funds	30	
	31 Paid-in or capital surplus, or land, building or equipment fund	31	
	32 Retained earnings, endowment, accumulated income, or other funds	32	
	33 Total net assets or fund balances	7,930,638	33 7,163,731
	34 Total liabilities and net assets/fund balances	11,538,909	34 11,201,969

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	<input type="checkbox"/>	1	38,054,063
2	Total expenses (must equal Part IX, column (A), line 25)	<input type="checkbox"/>	2	38,820,970
3	Revenue less expenses Subtract line 2 from line 1	<input type="checkbox"/>	3	-766,907
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<input type="checkbox"/>	4	7,930,638
5	Other changes in net assets or fund balances (explain in Schedule O)	<input type="checkbox"/>	5	
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<input type="checkbox"/>	6	7,163,731

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII

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

2010

Open to Public
Inspection**SCHEDULE A**
(Form 990 or 990EZ)**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.

Department of the Treasury
Internal Revenue ServiceName of the organization
BLESSING CORPORATE SERVICES INC

Employer identification number

37-1128706

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 described in **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
- e a Type I b Type II c Type III - Functionally integrated d Type III - Other
- f 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)
- g 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
- h 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 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?

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

i 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 Sections 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						►

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		►
b 33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		►
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		►
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		►
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		►

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	9,451,656	10,353,119	11,971,207	14,523,378	12,400,482	58,699,842
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	15,732,685	17,646,443	19,696,009	22,804,400	24,263,323	100,142,860
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	25,184,341	27,999,562	31,667,216	37,327,778	36,663,805	158,842,702
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	31,000	105,000				136,000
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	3,524,901	4,954,608	5,086,403	5,861,048	6,261,042	25,688,002
c Add lines 7a and 7b	3,555,901	5,059,608	5,086,403	5,861,048	6,261,042	25,824,002
8 Public Support (Subtract line 7c from line 6)						133,018,700

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	25,184,341	27,999,562	31,667,216	37,327,778	36,663,805	158,842,702
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	10,430	21,290	813	828	9,976	43,337
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	10,430	21,290	813	828	9,976	43,337
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0
13 Total support (Add lines 9, 10c, 11 and 12)	25,194,771	28,020,852	31,668,029	37,328,606	36,673,781	158,886,039
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ►						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	83 720 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	80 390 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	0 030 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	0 030 %
19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ►		
b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ►		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ►		

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

2010

Open to Public
Inspection**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.

Department of the Treasury
Internal Revenue Service**Name of the organization**

BLESSING CORPORATE SERVICES INC

Employer identification number

37-1128706

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? Yes No
- 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? Yes No

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
2a	
2b	
2c	
2d	

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► _____

- 4 Number of states where property subject to conservation easement is located ► _____

- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 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 ► \$ _____

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

	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					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

a Board designated or quasi-endowment ►

b Permanent endowment ►

c Term endowment ►

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

(i) unrelated organizations Yes No

(ii) related organizations Yes No

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Yes No

Yes	No
3a(i)	
3a(ii)	
3b	

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					
b Buildings					
c Leasehold improvements		586,001	335,100	250,901	
d Equipment					
e Other		1,324,806	1,062,007	262,799	
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				513,700	

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		

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	38,054,063
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	38,820,970
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-766,907
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-766,907

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	37,224,366
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	-829,697
e	Add lines 2a through 2d	2e	-829,697
3	Subtract line 2e from line 1	3	38,054,063
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	38,054,063

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

1	Total expenses and losses per audited financial statements	1	37,991,273
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	37,991,273
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	829,697
c	Add lines 4a and 4b	4c	829,697
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	38,820,970

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 4b	Part XIII, Line 4b Other revenue amounts included on 990 but not included in F/S	PROVISION FOR BAD DEBTS \$829697

**Schedule I
(Form 990)**

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22

► Attach to Form 990

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

BLESSING CORPORATE SERVICES INC

Employer identification number

37-1128706

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. Part II can be duplicated if additional space is needed.

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

3 Enter total number of other organizations .

Cat. No. F00EE

1

1

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

Identifier	Return Reference	Explanation
Grantmaker's Description of How Grants are Used		BLESSING AFFILIATES GRANT - ONCE A GRANT IS AWARDED TO THE GRANTEE, THE FUNDS ARE DISBURSED BASED ON THE FUNDS BEING EXPENDED BY THE GRANTEE AFFILIATE ORGANIZATION. DOCUMENTATION OF EXPENSES BY THE GRANTEE AFFILIATE IS MAINTAINED WITHIN THE BLESSING HEALTH SYSTEM TO CONFIRM THE EXPENDITURE AND NEED FOR THE GRANTS SIU GRANT - SIU PROVIDES THE BOARD OF TRUSTEES WITH AN ANNUAL UPDATE REGARDING THEIR USE OF THE GRANT FUNDS PROVIDED TO THEIR PROGRAM

Schedule J
(Form 990)**Compensation Information**

OMB No 1545-0047

2010Department of the Treasury
Internal Revenue Service

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.

Open to Public Inspection**Name of the organization**

BLESSING CORPORATE SERVICES INC

Employer identification number

37-1128706

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

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

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

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

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

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

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

a Receive a severance payment or change-of-control payment from the organization or a related organization?

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

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

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

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

a The organization?

b Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

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

a The organization?

b Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

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

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported 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				
(1) ZIGRIDA BROWN	(i) (ii)	166,019	22,847	14,876	94,342	7,435	305,519
(2) WILLIAM DOUGHERTY MD	(i) (ii)	436,886	100,000	27,755	4,365	9,702	578,708
(3) STEVEN W KRAUSE DO	(i) (ii)	664,273		23,256	2,450	12,883	702,862
(4) RICHARD E KEMPE	(i) (ii)	187,761	110,579	33,770	47,010	12,409	391,529
(5) PATRICK M GERVELER	(i) (ii)	243,257	80,532	35,802	30,654	12,883	403,128
(6) MICHAEL GILPIN	(i) (ii)	126,231	34,877	8,503	3,841	9,702	183,154
(7) MARY E OATEY DO	(i) (ii)	362,885	97,307	23,472	2,450	12,883	498,997
(8) LOUIS QUINTERO MD	(i) (ii)	571,509		4,350	1,745	12,409	590,013
(9) JERRY R JACKSON	(i) (ii)	183,029	55,667	33,325	78,271	12,409	362,701
(10) DANIEL MOORE MD	(i) (ii)	466,355		3,656	1,269	12,883	484,163
(11) CONNIE L SCHROEDER	(i) (ii)	166,075	62,822	18,466	63,642	9,702	320,707
(12) BETTY J KASPARIE	(i) (ii)	146,580	41,399	9,371	92,186	12,409	301,945
(13) B BRADFORD BILLINGS	(i) (ii)	421,279		487,300	276,774	12,409	1,197,762
(14)							
(15)							
(16)							

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 L (Form 990 or 990-EZ)

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

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

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

BLESSING CORPORATE SERVICES INC

Employer identification number

37-112870

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected:	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958  \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
► Attach to Form 990 or 990-EZ.

2010**Open to Public
Inspection****Name of the organization**

BLESSING CORPORATE SERVICES INC

Employer identification number

37-1128706

Identifier	Return Reference	Explanation
	FORM 990, PART VII, SECTION A, COLUMN A, LINE 16	ZIGRIDA R BROWN, VICE PRESIDENT OF HUMAN RESOURCES BECAME AN EXECUTIVE CONSULTANT ON 03/01/2010 JOELLEN L RANDALL BECAME VICE PRESIDENT OF HUMAN RESOURCES ON 07/12/2010 BUT FAILS THE KEY EMPLOYEE TEST FOR CALENDAR YEAR 2010

Identifier	Return Reference	Explanation
	FORM 990, PART VII, SECTION A, COLUMN A, LINE 15	CONNIE L SCHROEDER , PRESIDENT/CEO OF BLESSINGCARE CORPORATION BECAME VICE PRESIDENT OF CORPORATE INNOVATION AND INTEGRATION ON 06/06/2011 KATHLEEN E HULL BECAME THE NEW PRESIDENT/CEO OF BLESSINGCARE CORPORATION BUT FAILS THE KEY EMPLOYEE TEST FOR CALENDAR YEAR 2010

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	CFO/CIO/VICE PRESIDENTS/CEO OF BLESSINGCARE CORPORATION - COMPARABILITY DATA PROVIDED BY A THIRD PARTY IS USED TO ESTABLISH A MARKET RANGE OF COMPENSATION THIS INFORMATION IS SUBMITTED TO THE PRESIDENT OF BLESSING CORPORATE SERVICES FOR REVIEW AND TO THE BLESSING CORPORATE SERVICES BOARD OF TRUSTEES FOR APPROVAL PHYSICIANS - FORMULAS FOR SALARY AND PRODUCTION INCENTIVES ARE BASED ON CURRENT COMPARABILITY DATA PROVIDED BY A THIRD PARTY AND VALIDATED WITH A REVIEW BY A SEPARATE INDEPENDENT ORGANIZATION PRODUCTION DATA IS INDEPENDENTLY MEASURED BY A THIRD PARTY AND AUDITED BY INTERNAL AUDIT STAFF THIS PROCESS IS PERFORMED BIANNUALLY

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	FOLLOWING MANAGEMENT AND LEGAL REVIEW, FORM 990 WAS PROVIDED TO THE BOARD OF TRUSTEES BEFORE FILING THE FORM WAS REVIEWED AT A REGULARLY SCHEDULED QUARTERLY BOARD MEETING

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 6	Form 990, Part VI, Line 6 Explanation of Classes of Members or Shareholder	MEMBERS OF THE ORGANIZATION ARE AS FOLLOWS (A) THOSE PERSONS FROM TIME TO TIME SERVING ON THE BOARD OF TRUSTEES OF THE CORPORATION, (B) THE CHAIRMEN OF BLESSING HOSPITAL, BLESSING AFFILIATES, INC , THE BLESSING FOUNDATION, INC , DENMAN SERVICES, INC , AND BLESSINGCARE CORPORATION, (C) NON-TRUSTEE MEMBERS OF STANDING COMMITTEE OF THE CORPORATION, AND (D) FOUR REPRESENTATIVES OF EACH OF THE FOLLOWING ORGANIZATIONS OF BLESSING HOSPITAL, WHICH SUCH REPRESENTATIVES SHALL BE SELECTED AND DESIGNATED MEMBERS OF THE CORPORATION BY EACH SUCH ORGANIZATION WOMEN'S BOARD, MEDICAL-DENTAL STAFF, NURSES' ALUMNAE ASSOCIATION, TEN YEARS PLUS CLUB, CHAPLAINCY PROGRAM, ADULT HEALTH CORPS, AND BLESSING HOSPITAL AUXILIARY

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
BLESSING CORPORATE SERVICES INC

Employer identification number

37-1128706

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

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	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) BLESSING HOSPITAL SELF-INSURANCE PLAN 1005 BROADWAY QUINCY, IL 62301 37-1045366	PROVIDE SUPPORT FOR MEDICAL LIABILITY CLAIMS	IL	501(C)(3)	11A	BCS INC		No
(2) BLESSINGCARE CORPORATION - MO 1005 BROADWAY QUINCY, IL 62301 43-1371818	CURRENTLY INACTIVE	MO	501(C)(3)	3	BCS INC		No
(3) BLESSINGCARE CORPORATION 640 WEST WASHINGTON PITTSFIELD, IL 62363 37-1396010	NOT-FOR-PROFIT HOSPITAL	IL	501(C)(3)	3	BCS INC		No
(4) BLESSING AFFILIATES BROADWAY AT 11TH PO BOX 7005 QUINCY, IL 623057005 37-1128708	COMMUNITY OUTREACH CLINIC, EDUCATION PROGRAMS	IL	501(C)(3)	9	BCS INC		No
(5) THE BLESSING FOUNDATION BROADWAY AT 11TH PO BOX 7005 QUINCY, IL 623057005 37-1128705	FUNDRAISING/GRANTMAKING	IL	501(C)(3)	11B	BCS INC		No
(6) BLESSING HOSPITAL 1005 BROADWAY QUINCY, IL 62301 37-0661183	NOT-FOR-PROFIT HOSPITAL	IL	501(C)(3)	3	BCS INC		No

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.)

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
(1) DENMAN SERVICES INC							
PO BOX 40							
QUINCY, IL62306							
37-1132117	MED EQUIP	IL	BCS INC		-43,064	9,902,802	100 000 %

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, 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		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j	Yes	
1k	Yes	
1l	Yes	
1m	Yes	
1n	Yes	
1o	Yes	
1p		No
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	(d) Method of determining amount involved
(1)				
See Additional Data Table				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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Software ID: 10000105
Software Version: 2010v3.2
EIN: 37-1128706
Name: BLESSING CORPORATE SERVICES INC

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 section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
BLESSING HOSPITAL SELF-INSURANCE PLAN 1005 BROADWAY QUINCY, IL62301 37-1045366	PROVIDE SUPPORT FOR MEDICAL LIABILITY CLAIMS	IL	501(C)(3)	11A	BCS INC		No
BLESSINGCARE CORPORATION - MO 1005 BROADWAY QUINCY, IL62301 43-1371818	CURRENTLY INACTIVE	MO	501(C)(3)	3	BCS INC		No
BLESSINGCARE CORPORATION 640 WEST WASHINGTON PITTSFIELD, IL62363 37-1396010	NOT-FOR-PROFIT HOSPITAL	IL	501(C)(3)	3	BCS INC		No
BLESSING AFFILIATES BROADWAY AT 11TH PO BOX 7005 QUINCY, IL623057005 37-1128708	COMMUNITY OUTREACH CLINIC, EDUCATION PROGRAMS	IL	501(C)(3)	9	BCS INC		No
THE BLESSING FOUNDATION BROADWAY AT 11TH PO BOX 7005 QUINCY, IL623057005 37-1128705	FUNDRAISING/ GRANTMAKING	IL	501(C)(3)	11B	BCS INC		No
BLESSING HOSPITAL 1005 BROADWAY QUINCY, IL62301 37-0661183	NOT-FOR-PROFIT HOSPITAL	IL	501(C)(3)	3	BCS INC		No

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(1)	DENMAN SERVICES INC	k	279,192	ACCRUAL
(2)	BLESSINGCARE CORPORATION	k	438,535	ACCRUAL
(3)	BLESSING AFFILIATES	b	70,149	ACCRUAL
(4)	THE BLESSING FOUNDATION	k	242,983	ACCRUAL
(5)	THE BLESSING FOUNDATION	j	780,940	ACCRUAL
(6)	BLESSING HOSPITAL	o	13,295,771	ACCRUAL
(7)	BLESSING HOSPITAL	l	1,424,739	ACCRUAL
(8)	BLESSING HOSPITAL	k	6,555,983	ACCRUAL
(9)	BLESSING HOSPITAL	j	48,300	ACCRUAL
(10)	BLESSING HOSPITAL	c	12,400,482	ACCRUAL