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Form 990

## Return of Organization Exempt From Income Tax

2011

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

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 10-01-2011 and ending 09-30-2012

B Check if applicable

 Address change Name change Initial return Terminated Amended return Application pendingC 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) Room/suite  
BROADWAY AT 11TH PO BOX 7005City or town, state or country, and ZIP + 4  
QUINCY, IL 62305

D Employer identification number

37-1128706

E Telephone number

(217) 223-1200

G Gross receipts \$ 40,257,577

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  527J Website: [www.blessinghealthsystem.org](http://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 12

4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .

4 11

5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) . . . . .

5 286

6 Total number of volunteers (estimate if necessary) . . . . .

6 71

7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .

7a 314,804

b Net unrelated business taxable income from Form 990-T, line 34 . . . . .

7b -34,984

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h) . . . . .	12,400,482	12,290,957
9 Program service revenue (Part VIII, line 2g) . . . . .	25,407,477	27,477,839
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	-33,088	158,464
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	279,192	330,317
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	38,054,063	40,257,577

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .	187,686	123,362
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)	26,800,958	28,323,755
16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .		0
b Total fundraising expenses (Part IX, column (D), line 25) <sup>0</sup>		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . .	11,832,326	11,657,358
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	38,820,970	40,104,475
19 Revenue less expenses Subtract line 18 from line 12 . . . . .	-766,907	153,102

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16) . . . . .	11,201,969	12,372,851
21 Total liabilities (Part X, line 26) . . . . .	4,038,238	5,056,018
22 Net assets or fund balances Subtract line 21 from line 20 . . . . .	7,163,731	7,316,833

## 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.

Sign Here	***** Signature of officer <u>B BRADFORD BILLINGS President &amp; CEO</u> Type or print name and title	2013-05-06 Date
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Paid Preparer's Use Only	Preparer's signature <u>STEPHEN C KOESTER CPA</u> Firm's name (or yours if self-employed), address, and ZIP + 4 <u>Gray Hunter Stenn LLP 500 Maine Street Quincy, IL 62301</u>	Date <input type="text"/> Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (see instructions)
			EIN <input type="text"/> Phone no <input type="text"/> (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 - CURRENTLY INACTIVE DENMAN SERVICES, INC - A FOR-PROFIT ORGANIZATION MADE UP OF SEVEN SEPARATE BUSINESS VENTURES DENMAN MEDICAL EQUIPMENT & SUPPLY, MACOMB MEDICAL, ILLINI HEALTH SERVICES PHARMACY AND DME, HANNIBAL MEDICAL SUPPLIES, LLC, DENMAN LINEN SERVICES, ADAPTIVE MOBILITY SYSTEMS, AND DENMAN BIOMEDICAL BLESSING CARE CORPORATION - OWNS AND OPERATES ILLINI COMMUNITY HOSPITAL, PITTSFIELD, IL BLESSING CARE CORPORATION - MISSOURI - CURRENTLY INACTIVE BLESSING PHYSICIAN SERVICES IS A DIVISION OF BCS WHICH OPERATES A 50 PROVIDER OFFICE PRACTICE (42 EMPLOYED, 8 CONTRACTED) IN QUINCY, IL IT IS THE POLICY OF BPS THAT NO ONE IS TO BE DENIED HEALTHCARE FOR INABILITY TO

**2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?** Yes  No

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

**3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?** Yes  No

If "Yes," describe these changes on Schedule O

**4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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**

<b>4a</b>	(Code ) (Expenses \$ 29,605,151	including grants of \$	) (Revenue \$ 20,640,656 )
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PHYSICIAN SERVICES - THE ORGANIZATION OPERATES A PHYSICIAN OFFICE PRACTICE IN QUINCY, ILLINOIS, DBA BLESSING PHYSICIAN SERVICES (BPS) DURING FY2012, THE PHYSICIAN GROUP WELCOMED FIVE NEW PROVIDERS, BRINGING THE TOTAL NUMBER TO 42 EMPLOYED AND 8 CONTRACTED PROVIDERS COVERING 18 MEDICAL SPECIALTIES DURING THE YEAR, BPS PROVIDED 111,267 PATIENT VISITS AND EMPLOYED 211 PEOPLE WITHIN THESE PROVIDER 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 PATIENTS WITH THE DIAGNOSIS OF DIABETES, HYPERTENSION, AND OBESITY THESE CLINICAL QUALITY MEASURES WERE IDENTIFIED BY THE BPS QUALITY ADVISORY 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 12 CLINICS WERE OVER 1,800 FOR FY2012

<b>4b</b>	(Code ) (Expenses \$ 7,070,280	including grants of \$	) (Revenue \$ 123,362 ) (Revenue \$ 7,167,501 )
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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 FY2013, THE ORGANIZATION HAS ESTABLISHED TARGETS IN THE FOLLOWING AREAS - GROWTH INCREASE PATIENT VISITS IN CARDIOLOGY, ORTHOPEDICS, GENERAL SURGERY, AND ONCOLOGY - SERVICE INCREASE SCORES ON THE NATIONAL HOSPITAL CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS AND SYSTEMS (HCAHPS) PATIENT SATISFACTION SURVEY - FINANCE INCREASE OPERATING INCOME AND CASH POSITION - QUALITY INCREASE NATIONAL HOSPITAL QUALITY MEASURES SCORES FOR ACUTE MYOCARDIAL INFARCTION, HEART FAILURE, PNEUMONIA, SURGICAL SITE INFECTION, AND STROKE TREATMENT - PEOPLE REDUCE FIRST YEAR EMPLOYEE TURNOVER RATE

<b>4c</b>	(Code ) (Expenses \$	including grants of \$	) (Revenue \$ )
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**4d Other program services (Describe in Schedule O )**

(Expenses \$	including grants of \$	) (Revenue \$ )
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<b>4e Total program service expenses</b> \$ 36,675,431
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**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 instructions)?

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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.

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 temporarily restricted endowments, permanent endowments, 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.

b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, 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?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I.

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 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, Part 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.

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.** All Form 990 filers that operated one or more hospitals must attach audited financial statements.

	Yes	No
1	Yes	
2	Yes	
3		No
4	Yes	
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 questions 24b-24d and complete Schedule K. If "No," go to line 25		24a	No	
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? If "Yes," complete Schedule L, Part I		25a	No	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		25b	No	
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		26	No	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		27	No	
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		28a	No	
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		28b	No	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		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 owner? If "Yes," complete Schedule L, Part IV		29	No	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		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		31	No	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		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"/>	35a	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?		35b	Yes	
b	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"/>	36	No	
36	<b>Section 501(c)(3) organizations.</b> 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"/>	37	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"/>	38	Yes	
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				

**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
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<b>1a</b>	51
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b>	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	Yes
<b>2a</b>	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	<b>2a</b>	286
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	Yes
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	Yes
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	<b>3b</b>	Yes
<b>4a</b>	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 or securities account)?	<b>4a</b>	No
<b>b</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		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	No
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	No
<b>6a</b>	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?	<b>6a</b>	No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	No
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>	<b>7a</b>	No
<b>a</b>	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?	<b>7b</b>	No
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7c</b>	No
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7d</b>	0
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7e</b>	No
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7f</b>	No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7g</b>	No
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7h</b>	No
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>8</b>	No
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>9a</b>	No
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>	<b>9b</b>	No
<b>a</b>	Did the organization make any taxable distributions under section 4966?	<b>10a</b>	
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	<b>10b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>11a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>11b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter	<b>12a</b>	No
<b>a</b>	Gross income from members or shareholders	<b>12b</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	<b>13a</b>	No
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>13b</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>13c</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	<b>14a</b>	No
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	<b>14b</b>	No
<b>b</b>	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>c</b>	Enter the aggregate amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14b</b>	No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

**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

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year . . . . .	1a	12
b Enter the number of voting members included in line 1a, above, who are independent . . . . .	1b	11
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	Yes
5 Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	5	No
6 Did the organization have members or stockholders? . . . . .	6	Yes
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	7a	Yes
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	7b	No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body? . . . . .	8a	Yes
b Each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	9	No

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates? . . . . .	10a	No
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .	10b	No
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	Yes
b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	Yes
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	12c	Yes
13 Did the organization have a written whistleblower policy? . . . . .	13	Yes
14 Did the organization have a written document retention and destruction policy? . . . . .	14	Yes
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official . . . . .	15a	Yes
b Other officers or key employees of the organization . . . . .	15b	Yes
If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	16a	No
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	16b	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 made 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 made 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Or Director	Indi- vidual trustee	Institutional Trustee	Officer	Key Employee	Empl- oyer highest compensated			
(1) TIMOTHY D KOONTZ Trustee	1 00	X						0	0	0
(2) HAROLD W KNAPEHIDE III Trustee	1 00	X						0	0	0
(3) BRYAN K STOKES Trustee	1 00	X						0	0	0
(4) MARY OAKLEY WINTERS Trustee	1 00	X						0	0	0
(5) JAMES J STEBOR VICE-CHAIRMAN	1 00	X		X				0	0	0
(6) JACK R SHARKEY Trustee	1 00	X						0	0	0
(7) LYNN P HOUSE Trustee	1 00	X						0	0	0
(8) JERRY E KRUSE MD Trustee	1 00	X						0	0	0
(9) HELEN W CORNELL Trustee	1 00	X						0	0	0
(10) ROBERT J HOFMEISTER Trustee	1 00	X						0	0	0
(11) MICHAEL J FOSTER Chairman	1 00	X		X				0	0	0
(12) ROBERT B BLACK Trustee	1 00	X						0	0	0
(13) B BRADFORD BILLINGS President & CEO	40 00	X		X				648,817	0	832,611
(14) SANDRA E McELHOE Secretary	40 00			X				63,162	0	14,167
(15) PATRICK M GERVELER Treasurer	40 00			X				381,432	0	50,588
(16) JOELLEN L RANDALL VP HUMAN RESOURCES	40 00				X			234,306	0	6,177
(17) KATHLEEN E HULL PRESIDENT/CEO, BCC	1 00				X			156,512	0	15,478

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

<b>(A)</b> Name and Title	<b>(B)</b> Average hours per week (describe hours for related organizations in Schedule O)	<b>(C)</b> Position (do not check more than one box, unless person is both an officer and a director/trustee)					<b>(D)</b> Reportable compensation from the organization (W-2/1099-MISC)	<b>(E)</b> Reportable compensation from related organizations (W-2/1099-MISC)	<b>(F)</b> Estimated amount of other compensation from the organization and related organizations	
		Or director	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		
(18) BETTY J KASPARIE VP PLANNING & COMPLIANCE	40 00				X				216,828	0 122,966
(19) CONNIE L SCHROEDER VP CORP INNOV & INTEGRATION	40 00				X				249,846	0 70,931
(20) JERRY R JACKSON VP ENGINEERING AND FACILITY DVLPMT	40 00				X				299,661	0 106,075
(21) RICHARD E KEMPE VP STRATEGIC/BUSINESS DVLPMT	40 00				X				290,475	0 65,043
(22) STEVEN W KRAUSE DO PHYSICIAN	40 00					X			741,425	0 15,981
(23) LOUIS QUINTERO MD PHYSICIAN	40 00					X			575,750	0 15,484
(24) WILLIAM DOUGHERTY MD PHYSICIAN	40 00					X			531,148	0 15,026
(25) DANIEL MOORE MD PHYSICIAN	40 00					X			571,365	0 13,640
(26) MARY E OATEY DO PHYSICIAN	40 00					X			496,324	0 15,981
(27) MICHAEL GILPIN VP MARKETING	40 00						X		156,508	0 12,920
<b>1b Sub-Total . . . . .</b>										
<b>c Total from continuation sheets to Part VII, Section A . . . . .</b>										
<b>d Total (add lines 1b and 1c) . . . . .</b>									5,613,559	1,373,068

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **►63**

		<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? If "Yes," complete Schedule J for such individual		<b>3</b> Yes	
<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? If "Yes," complete Schedule J for such individual		<b>4</b> Yes	
<b>5</b> 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		<b>5</b>	No

**Section B. Independent Contractors**

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

<b>(A)</b> Name and business address	<b>(B)</b> Description of services	<b>(C)</b> Compensation
QUINCY MEDICAL GROUP 1025 MAINE STREET QUINCY, IL 62301	PHYSICIAN SERVICES	506,991
QUINCY FAMILY PRACTICE 612 NORTH 11TH STREET QUINCY, IL 62301	MEDICAL SERVICES	399,887
FAIRFIELD HEALTH SERVICES PC 1114 LAKEVIEW DRIVE FAIRFIELD, IA 52556	PHYSICIAN SERVICES	333,196
EMERGENCY PC 211 WOODRIG ROAD BLOOMINGTON, IL 617045639	PHYSICIAN SERVICES	345,717
ALLSCRIPTS HEALTHCARE 24630 NETWORK PI CHICAGO, IL 606731246	PROCESSING SERVICES	421,673
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization <b>►9</b>		

**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	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>					
	<b>d</b> Related organizations . . . . .	<b>1d</b>	12,290,957				
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>					
	<b>g</b> Noncash contributions included in lines 1a-1f \$						
	<b>h</b> <b>Total.</b> Add lines 1a-1f . . . . .		12,290,957				
Program Service Revenue	Business Code						
			<b>2a</b> PHYSICIAN PRACTICE REVENUE		17,682,263	17,682,263	
			<b>b</b> CORPORATE FEES		6,884,597	6,884,597	
			<b>c</b> ADMIN FEES - CLINICS		2,910,979	2,910,979	
			<b>d</b>				
			<b>e</b>				
			<b>f</b> All other program service revenue				
			<b>g</b> <b>Total.</b> Add lines 2a-2f . . . . .		27,477,839		
Other Revenue	<b>3</b> Investment income (including dividends, interest and other similar amounts) . . . . .		158,464		158,464		
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .		0				
	<b>5</b> Royalties . . . . .		0				
	<b>6a</b> Gross rents	(I) Real					
	<b>b</b> Less rental expenses	(II) Personal					
	<b>c</b> Rental income or (loss)						
	<b>d</b> Net rental income or (loss) . . . . .		0				
	<b>7a</b> Gross amount from sales of assets other than inventory	(I) Securities					
<b>b</b> Less cost or other basis and sales expenses	(II) Other						
<b>c</b> Gain or (loss)							
<b>d</b> Net gain or (loss) . . . . .		0					
<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .							
<b>b</b> Less direct expenses . . . . .	<b>a</b>						
<b>c</b> Net income or (loss) from fundraising events . . . . .	<b>b</b>	0					
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>						
<b>b</b> Less direct expenses . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities . . . . .		0					
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>						
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory . . . . .		0					
Miscellaneous Revenue		Business Code					
<b>11a</b> MISCELLANEOUS REVENUE		900099	15,513	15,513			
<b>b</b> IDEAL YOU			40,304		40,304		
<b>c</b> DENMAN SERVICES MGT FEE		561000	267,390		267,390		
<b>d</b> All other revenue . . . . .			7,110		7,110		
<b>e</b> <b>Total.</b> Add lines 11a-11d . . . . .			330,317				
<b>12</b> <b>Total revenue.</b> See Instructions . . . . .			40,257,577	27,493,352	314,804	158,464	

**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)

Check if Schedule O contains a response to any question in this Part IX **Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the United States See Part IV, line 21	123,362	123,362		
<b>2</b> Grants and other assistance to individuals in the United States See Part IV, line 22	0			
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
<b>4</b> Benefits paid to or for members	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	6,855,440	6,362,294	493,146	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
<b>7</b> Other salaries and wages	16,385,945	15,206,890	1,179,055	
<b>8</b> Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	1,270,593	1,179,167	91,426	
<b>9</b> Other employee benefits . . . . .	3,811,777	3,458,545	353,232	
<b>10</b> Payroll taxes . . . . .	0			
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management . . . . .	1,377,724	699,144	678,580	
<b>b</b> Legal . . . . .	185,476	148,381	37,095	
<b>c</b> Accounting . . . . .	50,945	40,756	10,189	
<b>d</b> Lobbying . . . . .	0			
<b>e</b> Professional fundraising See Part IV, line 17 . . . . .	0			
<b>f</b> Investment management fees . . . . .	0			
<b>g</b> Other . . . . .	0			
<b>12</b> Advertising and promotion . . . . .	141,052	4,988	136,064	
<b>13</b> Office expenses . . . . .	0			
<b>14</b> Information technology . . . . .	0			
<b>15</b> Royalties . . . . .	0			
<b>16</b> Occupancy . . . . .	1,850,072	1,738,535	111,537	
<b>17</b> Travel . . . . .	128,997	99,389	29,608	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
<b>19</b> Conferences, conventions, and meetings . . . . .	32,006	23,746	8,260	
<b>20</b> Interest . . . . .	0			
<b>21</b> Payments to affiliates . . . . .	0			
<b>22</b> Depreciation, depletion, and amortization . . . . .	148,185	144,329	3,856	
<b>23</b> Insurance . . . . .	371,122	371,122		
<b>24</b> 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 )				
<b>a</b> EQUIP RENTAL AND MAINTENANCE	821,753	705,966	115,787	
<b>b</b> OUTSIDE MEDICAL SERVICES	1,415,890	1,415,890		
<b>c</b> SUPPLIES	1,672,221	1,638,868	33,353	
<b>d</b> PHYSICIAN FEES	1,754,956	1,754,956		
<b>e</b>				
<b>f</b> All other expenses	1,706,959	1,559,103	147,856	
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24f	40,104,475	36,675,431	3,429,044	0
<b>26</b> <b>Joint costs.</b> Check here <input type="checkbox"/> <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**

		<b>(A)</b> Beginning of year		<b>(B)</b> End of year	
Assets	<b>1</b> Cash—non-interest-bearing	186,274	<b>1</b>	239,711	
	<b>2</b> Savings and temporary cash investments	2	2	0	
	<b>3</b> Pledges and grants receivable, net	3	3	0	
	<b>4</b> Accounts receivable, net	2,732,742	<b>4</b>	3,024,548	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	5	5	0	
	<b>6</b> 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	6	0	
	<b>7</b> Notes and loans receivable, net	7	7	0	
	<b>8</b> Inventories for sale or use	8	8	0	
	<b>9</b> Prepaid expenses and deferred charges	83,969	<b>9</b>	86,938	
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	2,059,655	<b>10a</b>		
	<b>b</b> Less accumulated depreciation	1,545,290	513,700	<b>10c</b>	514,365
	<b>11</b> Investments—publicly traded securities	11	11	0	
	<b>12</b> Investments—other securities See Part IV, line 11	12	12	0	
	<b>13</b> Investments—program-related See Part IV, line 11	13	13	0	
	<b>14</b> Intangible assets	14	14	0	
	<b>15</b> Other assets See Part IV, line 11	7,685,284	<b>15</b>	8,507,289	
	<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	11,201,969	<b>16</b>	12,372,851	
Liabilities	<b>17</b> Accounts payable and accrued expenses	1,013,575	<b>17</b>	1,715,996	
	<b>18</b> Grants payable	18	18		
	<b>19</b> Deferred revenue	19	19		
	<b>20</b> Tax-exempt bond liabilities	20	20		
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D	21	21		
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	22	22		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	23	23		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	24	24		
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	3,024,663	<b>25</b>	3,340,022	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25	4,038,238	<b>26</b>	5,056,018	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets	7,163,731	<b>27</b>	7,316,833	
	<b>28</b> Temporarily restricted net assets	28	28		
	<b>29</b> Permanently restricted net assets	29	29		
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds	30	30		
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund	31	31		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds	32	32		
	<b>33</b> Total net assets or fund balances	7,163,731	<b>33</b>	7,316,833	
	<b>34</b> Total liabilities and net assets/fund balances	11,201,969	<b>34</b>	12,372,851	

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

1 Total revenue (must equal Part VIII, column (A), line 12)	1	40,257,577
2 Total expenses (must equal Part IX, column (A), line 25)	2	40,104,475
3 Revenue less expenses Subtract line 2 from line 1	3	153,102
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,163,731
5 Other changes in net assets or fund balances (explain in Schedule O)	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))	6	7,316,833

**Part XII Financial Statements and Reporting**Check 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

2011

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

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

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

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

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

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

h  Provide the following information about the supported organization(s)

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

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

**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 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 <b>Total.</b> 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 <b>Public Support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 <b>Total support</b> (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 <b>First Five Years</b> 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 <b>stop here</b>						►

**Section C. Computation of Public Support Percentage**

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15
16a <b>33 1/3% support test—2011.</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	►
b <b>33 1/3% support test—2010.</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	►
17a <b>10%-facts-and-circumstances test—2011.</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	►
b <b>10%-facts-and-circumstances test—2010.</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	►
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	►

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

(Complete only if you checked the box on line 9 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	10,353,119	11,971,207	14,523,378	12,400,482	12,290,957	61,539,143
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	17,646,443	19,696,009	22,804,400	24,263,323	25,772,367	110,182,542
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
<b>6 Total.</b> Add lines 1 through 5	<b>27,999,562</b>	<b>31,667,216</b>	<b>37,327,778</b>	<b>36,663,805</b>	<b>38,063,324</b>	<b>171,721,685</b>
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons	105,000					105,000
<b>b</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	4,954,608	5,086,403	5,861,048	6,261,042		22,163,101
<b>c</b> Add lines 7a and 7b	<b>5,059,608</b>	<b>5,086,403</b>	<b>5,861,048</b>	<b>6,261,042</b>		<b>22,268,101</b>
<b>8 Public Support</b> (Subtract line 7c from line 6 )						149,453,584

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	27,999,562	31,667,216	37,327,778	36,663,805	38,063,324	171,721,685
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	21,290	813	828	9,976	20,841	53,748
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
<b>c</b> Add lines 10a and 10b	21,290	813	828	9,976	20,841	53,748
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						0
<b>13 Total support</b> (Add lines 9, 10c, 11 and 12 )	<b>28,020,852</b>	<b>31,668,029</b>	<b>37,328,606</b>	<b>36,673,781</b>	<b>38,084,165</b>	<b>171,775,433</b>
<b>14 First Five Years</b> 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 <b>stop here</b>						

**Section C. Computation of Public Support Percentage**

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	87 010 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	83 720 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	0 030 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	0 030 %
<b>19a 33 1/3% support tests—2011.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization		
<b>b 33 1/3% support tests—2010.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization		
<b>20 Private Foundation</b> 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. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test**

**Explanation**

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## **SCHEDULE C**

**(Form 990 or 990-EZ)**

## Political Campaign and Lobbying Activities

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

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

2011

## Open to Public Inspection

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

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

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

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

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

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

Name of the organization

NAME OF THE ORGANIZATION  
**BLESSING CORPORATE SERVICES INC**

Employer identification number

37-112870

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

**1** Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV

**2** Political expenditures **►** \$ 90,000

**3** Volunteer hours

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

**1** Enter the amount of any excise tax incurred by the organization under section 4955 ► \$ \_\_\_\_\_

**2** Enter the amount of any excise tax incurred by organization managers under section 4955 ► \$ \_\_\_\_\_

**3** If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No

**4a** Was a correction made?  Yes  No

**b** If "Yes," describe in Part IV

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

**1** Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$ \_\_\_\_\_

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

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

**4** Did the filing organization file **Form 1120-POL** for this year?  Yes  No

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

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

**A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

**B** Check  if the filing organization checked box A and "limited control" provisions apply

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

**4-Year Averaging Period Under Section 501(h)**

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
<b>Calendar year (or fiscal year beginning in)</b>	<b>(a) 2008</b>	<b>(b) 2009</b>	<b>(c) 2010</b>	<b>(d) 2011</b>	<b>(e) Total</b>
<b>2a</b> Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots non-taxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

	(a)		(b)
	Yes	No	
	Amount		
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b> Volunteers?		No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
<b>c</b> Media advertisements?		No	
<b>d</b> Mailings to members, legislators, or the public?		No	
<b>e</b> Publications, or published or broadcast statements?		No	
<b>f</b> Grants to other organizations for lobbying purposes?		No	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b> Other activities? If "Yes," describe in Part IV	Yes		90,000
<b>j</b> Total lines 1c through 1i			90,000
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

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

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

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

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

**Part IV Supplemental Information**

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

Identifier	Return Reference	Explanation
Part II-B, Line 1i	Part II-B, Line 1i - Other Activities Description	BLESSING CORPORATE SERVICES HAS RETAINED PICKERING & ASSOC , LLC THE WORK ON BEHALF OF THE BLESSING HEALTH SYSTEM WILL INCLUDE PROVIDING STRATEGIC COUNSEL, TACTICAL PLANNING AND DIRECT LOBBYING WITH REGARD TO GOVERNMENT AFFAIRS WITH THE STATE OF ILLINOIS EXECUTIVE AND LEGISLATIVE BRANCHES ISSUES INCLUDE THE NEW ILLINOIS HOSPITAL ASSESSMENT PROGRAM, MEDICAID RATE REFORM, AND MEDICAID DSH STATUS OR SUPPLEMENTAL QUARTERLY MEDICAID PAYMENT

2011

Open to Public  
Inspection**SCHEDULE D**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b  
 ► Attach to Form 990. ► See separate instructions.

**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      d  Loan or exchange programs  
 b  Scholarly research      e  Other  
 c  Preservation for future generations

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

	Yes	No
3a(i) unrelated organizations . . . . .		
3a(ii) related organizations . . . . .		

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

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

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

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		92,165			92,165
b Buildings . . . . .					
c Leasehold improvements . . . . .		586,001	393,700		192,301
d Equipment . . . . .					
e Other . . . . .		1,381,489	1,151,590		229,899
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .					514,365

**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	40,257,577
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	40,104,475
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	153,102
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	153,102

**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	39,842,530
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	-415,047
e	Add lines 2a through 2d	2e	-415,047
3	Subtract line 2e from line 1	3	40,257,577
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	40,257,577

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

1	Total expenses and losses per audited financial statements	1	39,689,428
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	39,689,428
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	415,047
c	Add lines 4a and 4b	4c	415,047
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 )	5	40,104,475

**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 \$415047

## 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**

2011

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
**BLESSING CORPORATE SERVICES INC**

**Employer identification number**

## **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 .

**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		PART 1, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS IN U S SIU HEALTHCARE - QUINCY FAMILY PRACTICE CENTER - SIU (QUINCY FAMILY PRACTICE) 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

**2011****Open to Public  
Inspection**Department 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.**

**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?

**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)?

<b>1b</b>		
<b>2</b>		
<b>4a</b>	Yes	
<b>4b</b>	Yes	
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>		No
<b>8</b>		No
<b>9</b>		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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual.

(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) WILLIAM DOUGHERTY MD	(i) (ii)	377,585	100,000	53,563	4,836	10,190	546,174
(2) STEVEN W KRAUSE DO	(i) (ii)	718,187		23,238	2,450	13,531	757,406
(3) RICHARD E KEMPE	(i) (ii)	195,475	60,342	34,658	52,009	13,034	355,518
(4) PATRICK M GERVELER	(i) (ii)	257,012	89,042	35,378	37,057	13,531	432,020
(5) MICHAEL GILPIN	(i) (ii)	72,619		83,889	2,730	10,190	169,428
(6) MARY E OATEY DO	(i) (ii)	440,083	32,751	23,490	2,450	13,531	512,305
(7) LOUIS QUINTERO MD	(i) (ii)	554,936		20,814	2,450	13,034	591,234
(8) KATHLEEN E HULL	(i) (ii)	127,132	18,773	10,607	1,947	13,531	171,990
(9) JO ELLEN L RANDALL	(i) (ii)	178,523	50,797	4,986	799	5,378	240,483
(10) JERRY R JACKSON	(i) (ii)	198,825	63,554	37,282	93,041	13,034	405,736
(11) DANIEL MOORE MD	(i) (ii)	470,596	99,271	1,498	366	13,274	585,005
(12) CONNIE L SCHROEDER	(i) (ii)	170,081	61,278	18,487	60,742	10,189	320,777
(13) BETTY J KASPARIE	(i) (ii)	159,411	48,385	9,032	109,932	13,034	339,794
(14) B BRADFORD BILLINGS	(i) (ii)	435,636	170,211	42,970	819,577	13,034	1,481,428

**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
Sch J, Part III, Additional Information	Part III, Additional Information	Part I, Line 3 - Severance or change-of-control payment - Michael Gilpin - Part II, Column B(III) includes severance pay of \$79,380. Mr. Gilpin's employment was terminated on 5/31/2011

**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.

**2011****Open to Public  
Inspection**

Name of the organization BLESSING CORPORATE SERVICES INC	<b>Employer identification number</b> 37-1128706
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Identifier	Return Reference	Explanation
	FORM 990, PART VII, COLUMN B - HOURS WORKED FOR RELATED ORGANIZATIONS	KATHLEEN E. HULL - SERVES AS PRESIDENT AND CEO OF BLESSINGCARE CORPORATION DBA ILLINI COMMUNITY HOSPITAL, BUT IS PAID BY BLESSING CORPORATE SERVICES, THE PARENT ORGANIZATION TO BLESSINGCARE CORPORATION PAY IS BASED ON 40 HOURS PER WEEK
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
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	ON A BIANNUAL BASIS COMPARABLE COMPENSATION DATA THROUGH A THIRD PARTY (SULLIVAN-COTTER) IS USED TO ESTABLISH MARKET RANGE. INFORMATION IS SUBMITTED TO THE BLESSING CORPORATE SERVICES COMPENSATION COMMITTEE FOR REVIEW AND TO THE BLESSING CORPORATE SERVICES BOARD OF TRUSTEES FOR APPROVAL
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
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 FOR REVIEW AND COMMENT PRIOR TO FILING
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
Form 990, Part VI, Line 4	Form 990, Part VI, Line 4 Description of Significant Changes to Organizational Documents	ON OCTOBER 16, 2011, THE BLESSING CORPORATE SERVICES BOARD OF TRUSTEES VOTED TO AMEND THE BLESSING CORPORATE SERVICES BYLAWS TO UPDATE AND SHIFT CERTAIN RESPONSIBILITIES OF THE CURRENT STANDING COMMITTEES FOR THE CORPORATION, SPECIFICALLY TO ALLOW EVALUATION OF THE BOARD'S AND INDIVIDUAL TRUSTEE'S PERFORMANCE ANNUALLY AND PROVIDE OVERSIGHT WITH RESPECT TO CORPORATE GOVERNANCE AND ETHICAL CONDUCT. ON JANUARY 25, 2012, THE BLESSING CORPORATE SERVICES BOARD OF TRUSTEES VOTED TO AMEND THE BLESSING CORPORATE SERVICES BYLAWS TO CHANGE THE NUMBER OF TRUSTEES, SPECIFICALLY TO ALLOW MEMBERSHIP TO BE NO FEWER THAN NINE (9) AND NO GREATER THAN THIRTEEN (13)

SCHEDULE R  
(Form 990)

## Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2011

Department of the Treasury  
Internal Revenue ServiceOpen to Public  
InspectionName of the organization  
BLESSING CORPORATE SERVICES INCEmployer identification number  
37-1128706

## 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	(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.)

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	<b>(e)</b> Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership
(1) DENMAN SERVICES INC PO BOX 40 QUINCY, IL 62306 37-1132117	MED EQUIP	IL	BCS INC		137,623	10,591,130	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 related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Sale of assets to related organization(s)
- g** Purchase of assets from related organization(s)
- h** Exchange of assets with related organization(s)
- i** Lease of facilities, equipment, or other assets to related organization(s)
- j** Lease of facilities, equipment, or other assets from related organization(s)
- k** Performance of services or membership or fundraising solicitations for related organization(s)
- l** Performance of services or membership or fundraising solicitations by related organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- n** Sharing of paid employees with related organization(s)
- o** Reimbursement paid to related organization(s) for expenses
- p** Reimbursement paid by related organization(s) for expenses
- q** Other transfer of cash or property to related organization(s)
- r** Other transfer of cash or property from related organization(s)

	Yes	No
<b>1a</b>		No
<b>1b</b>		No
<b>1c</b>	Yes	
<b>1d</b>		No
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>	Yes	
<b>1k</b>	Yes	
<b>1l</b>	Yes	
<b>1m</b>	Yes	
<b>1n</b>	Yes	
<b>1o</b>	Yes	
<b>1p</b>		No
<b>1q</b>		No
<b>1r</b>		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:** 11000144  
**Software Version:** 2011v.1.5  
**EIN:** 37-1128706  
**Name:** BLESSING CORPORATE SERVICES INC

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

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary Activity	<b>(c)</b> Legal Domicile (State or Foreign Country)	<b>(d)</b> Exempt Code section	<b>(e)</b> Public charity status (if 501(c) (3))	<b>(f)</b> Direct Controlling Entity	<b>(g)</b> Section 512 (b)(13) controlled organization
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
BLESSINGCARE CORPORATION - MO  1005 BROADWAY QUINCY, IL 62301 43-1371818	CURRENTLY INACTIVE	MO	501(C) (3)	3	BCS INC	No
BLESSINGCARE CORPORATION  640 WEST WASHINGTON PITTSFIELD, IL 62363 37-1396010	NOT-FOR-PROFIT HOSPITAL	IL	501(C) (3)	3	BCS INC	No
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
THE BLESSING FOUNDATION  BROADWAY AT 11TH PO BOX 7005 QUINCY, IL 623057005 37-1128705	FUNDRAISING/GRANTMAKING	IL	501(C) (3)	11B	BCS INC	No
BLESSING HOSPITAL  1005 BROADWAY QUINCY, IL 62301 37-0661183	NOT-FOR-PROFIT HOSPITAL	IL	501(C) (3)	3	BCS INC	No

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

	<b>(a) Name of other organization</b>	<b>(b) Transaction type(a-r)</b>	<b>(c) Amount Involved (\$)</b>	<b>(d) Method of determining amount involved</b>
<b>(1)</b>	DENMAN SERVICES INC	k	267,390	ACCRUAL
<b>(2)</b>	BLESSINGCARE CORPORATION	k	465,489	ACCRUAL
<b>(3)</b>	THE BLESSING FOUNDATION	k	252,169	ACCRUAL
<b>(4)</b>	THE BLESSING FOUNDATION	j	729,066	ACCRUAL
<b>(5)</b>	BLESSING HOSPITAL	o	16,573,279	ACCRUAL
<b>(6)</b>	BLESSING HOSPITAL	l	1,306,462	ACCRUAL
<b>(7)</b>	BLESSING HOSPITAL	k	6,140,051	ACCRUAL
<b>(8)</b>	BLESSING HOSPITAL	j	48,300	ACCRUAL
<b>(9)</b>	BLESSING HOSPITAL	c	12,290,957	ACCRUAL