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Form 990



Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 10-01-2013, 2013, and ending 09-30-2014

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

BLESSING HOSPITAL

Doing Business As

Number and street (or P O box if mail is not delivered to street address)1005 BROADWAY

Room/suite

City or town, state or province, country, and ZIP or foreign postal codeQUINCY, IL 62301

D Employer identification number

37-0661183

E Telephone number

(217) 223-1200

G Gross receipts \$ 380,520,690

F Name and address of principal officer

H(a) Is this a group return for subordinates?

☐ Yes☒ No

H(b) Are all subordinates included?

☐ Yes☒ No

If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ☐ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ☒ www.blessinghealthsystem.org

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ☐

L Year of formation 1875

M State of legal domicile IL

Part I Summary																																											
Activities & Governance	<div><div>1</div><div>Briefly describe the organization's mission or most significant activities</div><div>Blessing Hospital's mission is to improve the health of our community</div></div>																																										
	<div><div>2</div><div>Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets</div></div>																																										
Revenue	<table><tr><td>3</td><td>Number of voting members of the governing body (Part VI, line 1a)</td><td>14</td></tr><tr><td>4</td><td>Number of independent voting members of the governing body (Part VI, line 1b)</td><td>8</td></tr><tr><td>5</td><td>Total number of individuals employed in calendar year 2013 (Part V, line 2a)</td><td>2,744</td></tr><tr><td>6</td><td>Total number of volunteers (estimate if necessary)</td><td>720</td></tr><tr><td>7a</td><td>Total unrelated business revenue from Part VIII, column (C), line 12</td><td>183,357</td></tr><tr><td>7b</td><td>Net unrelated business taxable income from Form 990-T, line 34</td><td>-62,874</td></tr></table>	3	Number of voting members of the governing body (Part VI, line 1a)	14	4	Number of independent voting members of the governing body (Part VI, line 1b)	8	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	2,744	6	Total number of volunteers (estimate if necessary)	720	7a	Total unrelated business revenue from Part VIII, column (C), line 12	183,357	7b	Net unrelated business taxable income from Form 990-T, line 34	-62,874																								
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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

2015-05-13

Date

MAUREEN KAHN President

Type or print name and title

Paid Preparer Use Only

Prnt/Type preparer's name

STEPHEN C KOESTER CPA

Preparer's signature

Date

Check ☐ if self-employed

PTIN P00342386

Firm's name

Gray Hunter Stenn LLP

Firm's EIN

Firm's address

500 Maine Street

Quincy, IL 62301

Phone no (217) 222-0304

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2013)

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1

Briefly describe the organization’s mission

Blessing Hospital's mission is to improve the health of our community

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 are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 221,793,616 including grants of \$ 2,092,880) (Revenue \$ 330,645,253)

SINCE IT WAS FOUNDED IN 1875, Blessing Hospital HAS PROVIDED quality health care services to ALL patients regardless of race, sex, national origin, age or ability to pay In serving all members of its community, Blessing Hospital CONTINUES THIS TRADITION BY PROVIDING free/subsidized care, care to persons covered by governmental programs at less than full charges, and community health/education/wellness programs For fiscal year 2014, the cost of charity care provided was \$8,530,528 Medicare and Medicaid shortfalls were \$36,510,682 and \$1,392,767, respectively Blessing Hospital serviced 13,739 inpatients and 65,899 emergency department patients Outpatient services included 330,961 laboratory exams and 84,404 radiology procedures Blessing Hospital provided ADDITIONAL benefits of \$11,009,402 to the community DURING FISCAL YEAR 2014 as follows Health Professionals Education SIU Residency Program \$2,878,201 Blessing-Rieman College of Nursing \$1,978,331 NURSING EDUCATIONAL PreceptorS \$ 989,047 SCHOOL OF RADIOLOGIC TECHNOLOGY \$ 271,035 SCHOOL OF MEDICAL LABORATORY TECHNICIANS \$ 64,653 SUB Total Health Professionals education \$6,181,267Community Health Improvement Services COMMUNITY OUTREACH CLINIC \$ 286,852 SIU PATIENT CENTERED MEDICAL HOME \$ 144,750 ADAMS COUNTY HEALTH DEPARTMENT DENTAL PROGRAM \$ 70,000 Medical Supplies/Services for Patients \$ 62,688 Educational Programs \$ 62,562 Patient Transportation \$ 52,096 CHARITY PHARMACY PRESCRIPTIONS \$ 34,443 SUPPORT GROUPS \$ 25,476 Health Screenings/Tests \$ 17,080 MEDICAL INTERPRETING SERVICES \$ 5,429 SUB Total community health improvement serviceS \$ 761,376Subsidized Health Services Home Healthcare SERVICES \$2,027,795 CARE COORDINATION \$1,230,741 HOSPICE \$ 381,554 BLESSING FAST CARE \$ 233,016 SUB TOTAL SUBSIDIZED HEALTH SERVICES \$3,873,106In-Kind Contributions/Donations Adams County Ambulance Service \$ 70,775 Donations/Sponsorships \$ 65,522 MEETING SPACE \$ 28,831 COMMUNITY OUTREACH CLINIC \$ 28,525 SUB Total in-kind contrnbutions/donations \$ 193,653

4b

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

4c

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

4d

Other program services (Describe in Schedule O)


















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

4e

Total program service expenses ▶ 221,793,616

Form 990 (2013)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
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	5	No
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 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
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 	11a Yes	
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 	11b Yes	
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 	11c	No
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 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
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 	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a Yes	
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 and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	20b Yes	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	188	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2,744	
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		Yes	
3b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			No
4b If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			No
5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			No
6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
7 Organizations that may receive deductible contributions under section 170(c).			
7a 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?			No
7b If "Yes," did the organization notify the donor of the value of the goods or services provided?			
7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			No
7d If "Yes," indicate the number of Forms 8282 filed during the year.		0	
7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			No
7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			No
7g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			No
7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			No
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			No
9 Sponsoring organizations maintaining donor advised funds.			
9a Did the organization make any taxable distributions under section 4966?			No
9b Did the organization make a distribution to a donor, donor advisor, or related person?			No
10 Section 501(c)(7) organizations. Enter			
10a Initiation fees and capital contributions included on Part VIII, line 12.			
10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.			
11 Section 501(c)(12) organizations. Enter			
11a Gross income from members or shareholders.			
11b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			No
12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
13a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.			No
13b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.			
13c Enter the amount of reserves on hand.			
14a Did the organization receive any payments for indoor tanning services during the tax year?			No
14b 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 or note to any line 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	14	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
1b	Enter the number of voting members included in line 1a, above, who are independent	8	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	Yes
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	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
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	a The governing body?	8a	Yes
8b	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	Yes
10b	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	Yes
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 this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
12b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	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?		
15a	a The organization's CEO, Executive Director, or top management official	15a	Yes
15b	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	Yes
16b	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	Yes

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶
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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
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 during the tax year
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶TIMOTHY MOORE BROADWAY AT 11TH PO BOX 7005 QUINCY,IL 62305 (217) 223-8400

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

Check if Schedule O contains a response or note to any line 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 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PHIL CONOVER	1 00	X						0	0	0
Trustee	0 00									
(2) HRISHIKESH GHANEKAR MD	1 00	X						0	0	0
Trustee	0 00									
(3) MICHAEL HULSEN	1 00	X						0	0	0
Trustee	0 00									
(4) DAVID BOSTER	1 00	X		X				0	0	0
VICE CHAIRMAN	0 00									
(5) ABBY REICH MD	1 00	X						0	203,276	20,595
Trustee	39 00									
(6) MICHAEL D KLINGNER	1 00	X						0	0	0
Trustee	0 00									
(7) DAVID HETZLER JR	1 00	X						0	0	0
Trustee	0 00									
(8) TIMOTHY KOONTZ	1 00	X						0	0	0
Trustee	0 00									
(9) THOMAS H MILLER MD	1 00	X		X				0	0	0
Chairman	0 00									
(10) DENNIS GO MD	1 00	X						37,125	0	0
Trustee	0 00									
(11) JEAN A DISSELER MD	1 00	X						0	0	0
Trustee	0 00									
(12) MAUREEN A KAHN	40 00	X		X				493,363	0	65,944
PRESIDENT/CEO	0 00									
(13) CHRISTOPHER J NIEMANN	1 00	X						0	0	0
Trustee	0 00									
(14) B BRADFORD BILLINGS	1 00	X						0	1,822,822	81,210
Trustee	39 00									
(15) HARRY R RUTH MD	1 00	X						0	0	0
Trustee	0 00									
(16) MICHAEL J FOSTER	1 00	X						0	0	0
Trustee	0 00									
(17) PATRICK M GERVELER	1 00			X				0	402,302	58,124
Treasurer	39 00									

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) TIMOTHY A MOORE SECRETARY/CAO	40 00 0 00			X				236,550	0	90,218
(19) JILL MASON CNO	40 00 0 00				X			250,597	0	143,641
(20) GEORGE E LIESMANN CMO	40 00 0 00				X			414,971	0	14,910
(21) STUART L PYATT DO PHYSICIAN	40 00 0 00					X		645,126	0	59,436
(22) ANTONY S WOLLASTON MD PHYSICIAN	40 00 0 00					X		560,215	0	20,628
(23) CRAIG C HUSTON MD PHYSICIAN	40 00 0 00					X		555,713	0	20,446
(24) JAMES B KASE MD PHYSICIAN	40 00 0 00					X		554,585	0	21,571
(25) CHRISTOPHER R SOLARO MD PHYSICIAN	40 00 0 00					X		545,045	0	21,305
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								4,293,290	2,428,400	618,028

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	9		
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5		No

Section B. Independent Contractors

1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year		
(A) Name and business address		(B) Description of services	(C) Compensation
QUINCY ANESTHESIA ASSOCIATES PC BROADWAY AT 11TH QUINCY IL 62301		ANESTHESIA SERVICES	9,038,141
ALLSCRIPTS HEALTHCARE 24630 NETWORK PL CHICAGO IL 606731246		INFORMATION TECHNLOGY	2,725,975
QUINCY MEDICAL GROUP 1025 MAINE STREET QUINCY IL 62301		MEDICAL SERVICES	2,659,928
WEST CENTRAL PATHOLOGY SPECIALISTS, 4000 CATAMARAN CT QUINCY IL 62305		PATHOLOGY SERVICES	2,555,373
COGENT HEALTHCARE OF IL LLC PO BOX 645037 CINCINNATI OH 453645037		PHYSICIAN SERVICES	1,438,456
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization		5

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations 1d	4,262,766			
	e	Government grants (contributions) 1e	867,039			
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	1,277,424			
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f	6,407,229			
Program Service Revenue	2a	COLLEGE OF NURSING	Business Code 611600	3,428,799		3,428,799
	b	LESS CHARITY CARE	621110	-32,247,360	-32,247,360	
	c	LESS CONTRACT ALLOW	621110	-533,319,838	-533,319,838	
	d	PATIENT REVENUE	621110	869,780,201	869,780,201	
	e	PHYSICAL THERAPY	621400	355,816	355,816	
	f	All other program service revenue				
	g	Total. Add lines 2a-2f	307,997,618			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	2,829,934			2,829,934
	4	Income from investment of tax-exempt bond proceeds	0			
	5	Royalties	0			
	6a	Gross rents	(i) Real 1,035,911	(ii) Personal		
	b	Less rental expenses				
	c	Rental income or (loss)	1,035,911			
	d	Net rental income or (loss)	1,035,911			1,035,911
	7a	Gross amount from sales of assets other than inventory	(i) Securities 53,297,668	(ii) Other 58,988		
	b	Less cost or other basis and sales expenses	49,187,060	67,942		
	c	Gain or (loss)	4,110,608	-8,954		
	d	Net gain or (loss)	4,101,654			4,101,654
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a			
	b	Less direct expenses	b			
	c	Net income or (loss) from fundraising events		0		
	9a	Gross income from gaming activities See Part IV, line 19	a			
	b	Less direct expenses	b			
	c	Net income or (loss) from gaming activities		0		
	10a	Gross sales of inventory, less returns and allowances	a			
	b	Less cost of goods sold	b			
	c	Net income or (loss) from sales of inventory		183,357	183,357	
		Miscellaneous Revenue	Business Code			
	11a	CHILD CARE CENTER	624410	1,724,742		1,724,742
	b	OTHER	900099	3,047,643		3,047,643
	c	SALE OF FOOD	722210	1,876,761		1,876,761
	d	All other revenue		1,440,404		1,440,404
	e	Total. Add lines 11a-11d		8,089,550		
	12	Total revenue. See Instructions		330,645,253	304,568,819	183,357
						19,485,848

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).

Check if Schedule O contains a response or note to any line 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
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	1,696,669	1,696,669		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	396,211	396,211		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	0			
4	Benefits paid to or for members.	0			
5	Compensation of current officers, directors, trustees, and key employees.	1,771,832	1,426,241	345,591	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7	Other salaries and wages.	108,137,942	87,045,908	21,092,034	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	5,979,296	4,813,049	1,166,247	
9	Other employee benefits.	23,136,644	18,623,900	4,512,744	
10	Payroll taxes.	7,266,838	5,849,460	1,417,378	
11	Fees for services (non-employees):				
a	Management.	7,783,259		7,783,259	
b	Legal.	235,052		235,052	
c	Accounting.	116,151	11,136	105,015	
d	Lobbying.	0			
e	Professional fundraising services. See Part IV, line 17.	0			
f	Investment management fees.	506,167		506,167	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	29,345,118	22,090,022	7,255,096	
12	Advertising and promotion.	487,494	487,494		
13	Office expenses.	0			
14	Information technology.	0			
15	Royalties.	0			
16	Occupancy.	4,599,991	2,002,406	2,597,585	
17	Travel.	813,231	489,795	323,436	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19	Conferences, conventions, and meetings.	216,334	97,523	118,811	
20	Interest.	2,374,965	1,911,734	463,231	
21	Payments to affiliates.	0			
22	Depreciation, depletion, and amortization.	15,629,879	9,159,543	6,470,336	
23	Insurance.	2,341,364	1,316,697	1,024,667	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	SUPPLIES	39,651,535	37,976,526	1,675,009	
b	BAD DEBT EXPENSE	15,905,450	15,905,450		
c	SOFTWARE	7,312,782	3,932,151	3,380,631	
d	EQUIP RENTAL AND MAINTENAN	4,875,340	3,350,761	1,524,579	
e	All other expenses	6,410,752	3,210,940	3,199,812	
25	Total functional expenses. Add lines 1 through 24e.	286,990,296	221,793,616	65,196,680	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X ☐

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		66,885,231	1	91,373,117
	2	Savings and temporary cash investments			2	0
	3	Pledges and grants receivable, net			3	0
	4	Accounts receivable, net		49,892,619	4	45,755,174
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6	0
	7	Notes and loans receivable, net			7	0
	8	Inventories for sale or use		5,947,157	8	6,499,851
	9	Prepaid expenses and deferred charges		4,539,970	9	4,499,690
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	380,125,203		
	b	Less: accumulated depreciation	10b	219,828,074	131,351,953	10c 160,297,129
	11	Investments—publicly traded securities		68,802,910	11	62,310,422
	12	Investments—other securities. See Part IV, line 11		28,424,253	12	40,405,169
	13	Investments—program-related. See Part IV, line 11			13	0
	14	Intangible assets			14	0
	15	Other assets. See Part IV, line 11		27,083,309	15	23,234,264
	16	Total assets. Add lines 1 through 15 (must equal line 34)		382,927,402	16	434,374,816
Liabilities	17	Accounts payable and accrued expenses		30,386,556	17	36,296,249
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		65,885,584	20	89,638,284
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		10,427,999	23	9,515,490
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	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		74,840,782	25	90,354,015
	26	Total liabilities. Add lines 17 through 25		181,540,921	26	225,804,038
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		197,833,258	27	204,538,957
	28	Temporarily restricted net assets		1,855,950	28	2,334,548
	29	Permanently restricted net assets		1,697,273	29	1,697,273
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		201,386,481	33	208,570,778
	34	Total liabilities and net assets/fund balances		382,927,402	34	434,374,816

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	330,645,253
2	Total expenses (must equal Part IX, column (A), line 25)	2	286,990,296
3	Revenue less expenses Subtract line 2 from line 1	3	43,654,957
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	201,386,481
5	Net unrealized gains (losses) on investments	5	-1,599,714
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-34,870,946
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	208,570,778

Part XII Financial Statements and Reporting

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

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

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.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
BLESSING HOSPITAL

Employer identification number
37-0661183

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

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

1

☐

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

2

☐

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

3

☒

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

4

☐

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

5

☐

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

6

☐

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

7

☐

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

8

☐

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

9

☐

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

10

☐

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

11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Non-functionally integrated

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 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 monetary support
			Yes	No	Yes	No	Yes	No	
Total									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ.

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2013

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage			
14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14		
15 Public support percentage for 2012 Schedule A, Part II, line 14	15		
16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			▶
b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			▶
17a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization			▶
b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization			▶
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			▶

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

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

Facts And Circumstances Test

Return Reference	Explanation	
------------------	-------------	--

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, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
BLESSING HOSPITAL

Employer identification number
37-0661183

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) 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 acquisition, 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 XIII
- 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 XIII and complete the following table
- | | |
|----|--------|
| | Amount |
| 1c | |
| 1d | |
| 1e | |
| 1f | |

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- 2a
- Did the organization include an amount on Form 990, Part X, line 21?
- ☐ Yes

☐ No
- b
- If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII
- ☐

Part V

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	1,808,535	1,844,729	560,920	568,392	555,077
b Contributions			60,036		
c Net investment earnings, gains, and losses	9,906	-36,194	1,223,773	-5,502	14,824
d Grants or scholarships					
e Other expenditures for facilities and programs				1,970	1,509
f Administrative expenses					
g End of year balance	1,818,441	1,808,535	1,844,729	560,920	568,392

- 2
- Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a

Board designated or quasi-endowment

b

Permanent endowment 93 340 %

c

Temporarily restricted endowment 6 660 %

The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a
- Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

b

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

3b

Yes

4

Describe in Part XIII the intended uses of the organization's endowment funds
- Part VI

Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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 | | 12,900,771 | | 12,900,771 |
| b Buildings | | 146,594,106 | 93,697,322 | 52,896,784 |
| c Leasehold improvements | | 7,023,811 | 4,816,641 | 2,207,170 |
| d Equipment | | | | |
| e Other | | 213,606,515 | 121,314,111 | 92,292,404 |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 160,297,129 |
- Schedule D (Form 990) 2013

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	304,861,882
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	2e	-13,932,028
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 XIII)	2d	-13,932,028
e	Add lines 2a through 2d	2e	-13,932,028
3	Subtract line 2e from line 1	3	318,793,910
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	4c	11,851,343
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	330,645,253

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	272,103,133
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	2e	1,524,454
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	1,524,454
3	Subtract line 2e from line 1	3	270,578,679
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :	4c	16,411,617
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	286,990,296

Part XIII Supplemental Information

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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
Part V, Line 4 Intended uses of the endowment fund	ENDOWMENT FUNDS ARE TO BE USED FOR THE GENERAL SUPPORT AND OPERATIONS OF BLESSING HOSPITAL
Part XI, Line 4b Other revenue amounts included on 990 but not included in F/S	COGS INCLUDED IN EXPENSES ON F/S \$-620435 TEMPORARILY RESTRICTED CONTRIBUTIONS \$5540190 INVESTMENT INCOME \$2829934 REALIZED GAINS ON SECURITIES AND ASSETS \$4101654
Part XII, Line 2d Other expenses and losses per audited F/S	LIABILITY CLAIMS RPTD ON SEPARATE 990 \$904019 COGS INCLUDED IN EXPENSES ON F/S \$620435
Part XII, Line 4b Other revenue amounts included on 990 but not included in F/S	BAD DEBT REDUCTION OF REVENUE ON F/S \$15905450

[illegible]

Additional Data

Software ID: 13000170

Software Version: 2013v4.0

EIN: 37-0661183

Name: BLESSING HOSPITAL

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

1	(a) Description of Liability	(b) Book Value
	ACCRUED INTEREST	788,598
	ACCRUED PAYROLL TAXES	612,168
	ACCRUED PENSION COSTS	42,990,013
	ACCRUED SALARIES & WAGES	18,206,595
	ADVANCES AND DEFERRED REVENUE	2,055,570
	DEFERRED COMPENSATION	5,255,525
	ESTIMATED 3RD-PARTY PAYOR SETTLEMENTS	10,858,857
	LEASES PAYABLE	2,046,865
	OTHER LONG TERM LIABILITY	7,066,624
	PREMIUM ON LONG TERM DEBT	473,200

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
► Attach to Form 990. ► See separate instructions.
► Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
BLESSING HOSPITAL

Employer identification number
37-0661183

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a Yes	
b	If "Yes," was it a written policy?	1b Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>25000 0000000 %</u> b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ % c If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care 4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	3a Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	3b Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	4 Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5a Yes	
6a	Did the organization prepare a community benefit report during the tax year?	5b	No
b	If "Yes," did the organization make it available to the public?	5c	No
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H	6a Yes	
		6b Yes	

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			8,530,528		8,530,528	2 970 %
b Medicaid (from Worksheet 3, column a)			46,965,931	45,573,164	1,392,767	0 490 %
c Costs of other means-tested government programs (from Worksheet 3, column b) .						
d Total Financial Assistance and Means-Tested Government Programs .			55,496,459	45,573,164	9,923,295	3 460 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			774,203	4,576	769,627	0 270 %
f Health professions education (from Worksheet 5)			6,181,267		6,181,267	2 150 %
g Subsidized health services (from Worksheet 6)			15,846,523	11,973,417	3,873,106	1 350 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			193,653		193,653	0 070 %
j Total. Other Benefits			22,995,646	11,977,993	11,017,653	3 840 %
k Total. Add lines 7d and 7j .			78,492,105	57,551,157	20,940,948	7 300 %

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1Physical improvements and housing						
2Economic development						
3Community support						
4Environmental improvements						
5Leadership development and training for community members						
6Coalition building			75,658		75,658	0.030 %
7Community health improvement advocacy						
8Workforce development						
9Other						
10Total			75,658		75,658	0.030 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?

1

Yes

2Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

2

15,905,450

3Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

3

742,785

4Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

5Enter total revenue received from Medicare (including DSH and IME).

5

92,511,799

6Enter Medicare allowable costs of care relating to payments on line 5.

6

95,809,464

7Subtract line 6 from line 5. This is the surplus (or shortfall).

7

-3,297,665

8Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.

☐ Cost accounting system

☒ Cost to charge ratio

☐ Other

Section C. Collection Practices

9aDid the organization have a written debt collection policy during the tax year?

9a

Yes

bIf "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.

9b

No

Part IVManagement Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1ADVANCE LLC	PHYSICAL THERAPY SERVICES	17.000 %		
2LINCOLN LAND HEALTH EXCHNGE	INFORMATION EXCHANGE	27.000 %		
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V

Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
2

Name, address, primary website address, and state license number

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or facility reporting group

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A)

	Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)		
1 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 If "Yes," indicate what the CHNA report describes (check all that apply)	1 Yes	
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input checked="" type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>12</u>		
3 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	No
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	No
5 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	5 Yes	
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>https //www.blessinghealthsystem.org</u>		
b <input type="checkbox"/> Other website (list url) _____		
c <input checked="" type="checkbox"/> Available upon request from the hospital facility		
d <input type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)		
a <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b <input checked="" type="checkbox"/> Execution of the implementation strategy		
c <input checked="" type="checkbox"/> Participation in the development of a community-wide plan		
d <input checked="" type="checkbox"/> Participation in the execution of a community-wide plan		
e <input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g <input checked="" type="checkbox"/> Prioritization of health needs in its community		
h <input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7	No
8a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	8a	No
b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b	No
c If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V

Facility Information (continued)

Financial Assistance Policy		Yes	No	
9	Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9	Yes	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>250 0000</u> % If "No," explain in Part VI the criteria the hospital facility used	10	Yes	
11	Used FPG to determine eligibility for providing discounted care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>400 0000</u> % If "No," explain in Part VI the criteria the hospital facility used	11	Yes	
12	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)	12	Yes	
a	<input checked="" type="checkbox"/> Income level			
b	<input checked="" type="checkbox"/> Asset level			
c	<input checked="" type="checkbox"/> Medical indigency			
d	<input checked="" type="checkbox"/> Insurance status			
e	<input checked="" type="checkbox"/> Uninsured discount			
f	<input checked="" type="checkbox"/> Medicaid/Medicare			
g	<input checked="" type="checkbox"/> State regulation			
h	<input checked="" type="checkbox"/> Residency			
i	<input type="checkbox"/> Other (describe in Part VI)			
13	Explained the method for applying for financial assistance?	13	Yes	
14	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	14	Yes	
a	<input checked="" type="checkbox"/> The policy was posted on the hospital facility's website			
b	<input type="checkbox"/> The policy was attached to billing invoices			
c	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices			
e	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility			
f	<input checked="" type="checkbox"/> The policy was available upon request			
g	<input checked="" type="checkbox"/> Other (describe in Part VI)			
Billing and Collections				
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	15	Yes	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	<input type="checkbox"/> Reporting to credit agency			
b	<input type="checkbox"/> Lawsuits			
c	<input type="checkbox"/> Liens on residences			
d	<input type="checkbox"/> Body attachments			
e	<input type="checkbox"/> Other similar actions (describe in Section C)			
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	17		No
a	<input type="checkbox"/> Reporting to credit agency			
b	<input type="checkbox"/> Lawsuits			
c	<input type="checkbox"/> Liens on residences			
d	<input type="checkbox"/> Body attachments			
e	<input type="checkbox"/> Other similar actions (describe in Section C)			

Part V Facility Information *(continued)*

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a** ☐ Notified individuals of the financial assistance policy on admission
 - b** ☐ Notified individuals of the financial assistance policy prior to discharge
 - c** ☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
 - d** ☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
 - e** ☐ Other (describe in Section C)

Policy Relating to Emergency Medical Care

		Yes	No
19	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	Yes	
If "No," indicate why			
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a	<input checked="" type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input type="checkbox"/> Other (describe in Part VI)		
21	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?		No
If "Yes," explain in Part VI			
22	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?		No
If "Yes," explain in Part VI			

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

[illegible]

Part V

Facility Information (continued)

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 9

Name and address	Type of Facility (describe)
1 BLESSING AMBULATORY SURGERY CENTER 1118 HAMPSHIRE STREET QUINCY,IL 62301	AMBULATORY SURGICAL TREATMENT CENTER
2 BLESSING HOME CARE BROADWAY AT 14TH STREET QUINCY,IL 62301	HOME HEALTH AGENCY IN ILLINOIS
3 BLESSING HOME CARE - PALMYRA 6996 COUNTY ROAD 326 PALMYRA,MO 63461	HOME HEALTH AGENCY IN MISSOURI
4 BLESSING HOSPICE & PALLIATIVE CARE BROADWAY AT 14TH STREET QUINCY,IL 62301	FULL HOSPICE PROGRAM IN ILLINOIS
5 DENMAN COUNTRY DRUGS 102 PRAIRIE MILLS ROAD GOLDEN,IL 62339	PHARMACY WITHIN RURAL HEALTH CLINIC
6 EAST ADAMS COUNTY RURAL HEALTH CLINIC 102 PRAIRIE MILLS ROAD GOLDEN,IL 62339	RURAL HEALTH CLINIC
7 BLESSING HOSPICE - GREENE COUNTY 330 5TH STREET CARROLTON,IL 62016	FULL HOSPICE PROGRAM IN ILLINOIS
8 BLESSING HOSPICE - HANCOCK COUNTY 71 SOUTH ADAMS CARTHAGE,IL 62321	FULL HOSPICE PROGRAM IN ILLINOIS
9 BLESSING HOSPICE - PIKE COUNTY 967 WEST WASHINGTON PITTSFIELD,IL 62363	FULL HOSPICE PROGRAM IN ILLINOIS
10	

Part VI

Supplemental Information

Provide the following information

- 1
- Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2
- Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3
- Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4
- Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5
- Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6
- Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7
- State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
Part I, Line 7 - Explanation of Costing Methodology	WHEN POSSIBLE, CALCULATIONS OF DIRECT AND INDIRECT COSTS ASSOCIATED WITH THE SERVICES PROVIDED ARE REPORTED IF NOT AVAILABLE, A COST-TO-CHARGE RATIO IS USED TO CALCULATE THE COST AMOUNTS THIS RATIO IS COMPUTED USING BLESSING HOSPITAL'S AS-FILED MEDICARE COST REPORT THESE COSTS AND CHARGES ARE ADJUSTED TO ACCOUNT FOR ITEMS NOT REIMBURSED THROUGH THE COST REPORT SUCH AS PROVIDER-BASED PHYSICIAN SERVICES

Form and Line Reference	Explanation
Part I, Line 7, Column F - Explanation of Bad Debt Expense	BAD DEBT EXPENSE OF \$15,905,450 IS SUBTRACTED FROM TOTAL EXPENSES OF \$287,610,731 REPORTED ON LINE 25, COLUMN A OF FORM 990, PART IX, FOR A NET TOTAL EXPENSE OF \$271,705,281

Form and Line Reference	Explanation
Part I, Line 7g - Costs Associated With Physicans Clinics	BLESSING HOSPITAL DOES NOT INCLUDE AS SUBSIDIZED HEALTH SERVICES ANY COSTS ATTRIBUTABLE TO A PHYSICIAN CLINIC

Form and Line Reference	Explanation
Part III, Line 2 - Methodology Used To Estimate Bad Debt Expense	Bad debt expense is calculated on the net patient account balance after the balance has been reduced for any payments received or discounts/adjustments that are known. Patients qualifying for financial assistance are recognized as charity care accounts when sufficient information is received to determine their eligibility. Prior to this point, an allowance for doubtful accounts is calculated on uninsured accounts. This allowance is reversed if the account is determined to qualify for financial assistance.

Form and Line Reference	Explanation
Part III, Line 3 - Methodology of Estimated Amount & Rationale for Including in Community Benefit	A number of patients are truly unable to pay for their medical expenditures but do not complete the process required to apply for financial assistance. THE HOSPITAL USES FINANCIAL AND OTHER INFORMATION OF SUCH PATIENTS OTHERWISE AVAILABLE TO THE HOSPITAL TO IDENTIFY THOSE patients THAT would qualify for charity care if they completed the paperwork. THE HOSPITAL ANALYZES ITS PAST HISTORY AND IDENTIFIES THE PERCENTAGE OF THE BAD DEBT EXPENSE THAT IS EVENTUALLY REVERSED DUE TO PATIENTS QUALIFYING FOR FINANCIAL ASSISTANCE. THE HOSPITAL APPLIES THAT PERCENTAGE TO THE BAD DEBT EXPENSE TO ESTIMATE THE AMOUNT OF THE HOSPITAL'S BAD DEBT EXPENSE THAT WILL BE FOUND TO BE ATTRIBUTABLE TO PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE. The bad debt expense associated with SUCH PATIENTS' ACCOUNTS ARE treated as community benefit.

Form and Line Reference	Explanation
Part III, Line 4 - Bad Debt Expense	SEE NOTE (3) ON PAGES 11 AND 12 OF THE HOSPITAL'S ATTACHED FINANCIAL STATEMENTS

Form and Line Reference	Explanation
Part III, Line 8 - Explanation Of Shortfall As Community Benefit	The hospital uses a cost-to-charge ratio to calculate cost amounts. This ratio is computed using Blessing Hospital's as-filed Medicare cost report. These costs and charges are adjusted to account for items not reimbursed through the cost report such as provider-based physician services. IRS Revenue Ruling 69-545, which established the community benefit standard for nonprofit hospital's, states that if a hospital serves patients with government health benefits, including Medicare, then this is an indication that the hospital operates to promote the health of the community. This implies that treating medicare patients is a community benefit.

Form and Line Reference	Explanation
Part III, Line 9b - Provisions On Collection Practices For Qualified Patients	Collection practices are not pursued if a completed financial assistance application has been returned and approved

Form and Line Reference	Explanation
Part VI - Needs Assessment	Blessing Hospital HAS workED in partnership with the community public health department, the local United Way agency and other area agencies in conducting a needs assessment THIS COMMUNITY HEALTH NEEDS ASSESSMENT WAS COMPLETED IN MAY 2012

Form and Line Reference	Explanation
Part VI - Patient Education of Eligibility for Assistance	All Blessing Hospital self-pay inpatients are contacted by a Financial Account Specialist (FAS) within 24 hours of admission IF THE ATTEMPT TO MEET WITH THE PATIENT IS UNSUCCESSFUL, THEY ARE CONTACTED AT THEIR HOME The patient is screened for government programs AND eligibility for THE HOSPITAL'S FINANCIAL ASSISTANCE PROGRAM Outpatients are contacted once the patient's condition has been stabilized and are screened in the same manner as inpatients FOR SCHEDULED TESTING, FAS CONTACTS THE PATIENT PRIOR TO THEIR TEST AND PROVIDES ESTIMATES OF CHARGES AND EDUCATION ON AVAILABLE PROGRAMS

Form and Line Reference	Explanation
Part VI - Community Information	<p>For 139 years, Blessing Hospital has served the health care needs of the people of west central Illinois, northeast Missouri and southeast Iowa. Approximately 227,000 people live within a 50 mile radius of Blessing Hospital. The Hospital's primary market area covers six counties-four in west central Illinois (Adams, Brown, Hancock and Pike) and two in northeast Missouri (Marion and Lewis). The region's economy is heavily agricultural, with a mix of approximately 100 manufacturers in addition to commercial/retail business making up the rest of the local economy. Blessing Hospital is the largest employer in its region. Quincy, ILLINOIS - the city in which the main Blessing Hospital campus is located - is the hub of non-farm employment and retail trade in the market area. THE ILLINOIS POVERTY RATE IS 14.6% AND THE MISSOURI POVERTY RATE IS 15.9%. THE PERCENTAGE OF TOTAL POPULATION LIVING IN POVERTY IN BLESSING'S PRIMARY MARKET AREA COUNTIES ARE: PIKE, IL - 17.3%, ADAMS, IL - 15.9%, BROWN, IL - 16.0%, AND HANCOCK, IL - 12.2%. IN MISSOURI, LEWIS - 16.3% AND MARION - 16.0%. ACROSS THE SIX COUNTIES IN BLESSING'S PRIMARY MARKET AREA, THE AVERAGE ADULT OBESITY IS BETWEEN TWO AND FIVE PERCENT HIGHER THAN THE NATIONAL AVERAGE. THE PERCENTAGE OF CHILDREN LIVING IN POVERTY RANGED FROM 18% TO 25% ACROSS THE PRIMARY MARKET AREA, PLACING THE REGION IN THE 13TH PERCENTILE NATIONALLY. THE PERCENTAGE OF RESIDENTS AGE 65 AND OLDER EXCEEDS THE STATE AVERAGES IN 5 OF 6 COUNTIES IN BLESSING'S PRIMARY MARKET AREA, IN A RANGE FROM ONE TO EIGHT PERCENT.</p>

Form and Line Reference	Explanation
Part VI - Community Building Activities	IN PARTNERSHIP WITH THE ALLIANCE FOR BUILDING COMMUNITY, BLESSING HOSPITAL PROVIDES FUNDS TO PAY FOR THE POSITION OF THE DIRECTOR OF COMMUNITY IMPACT, A KEY INDIVIDUAL IN THE COMPLETION OF THE COMMUNITY HEALTH NEEDS ASSESSMENT

Form and Line Reference	Explanation
Part VI - Explanation Of How Organization Furthers Its Exempt Purpose	<p> Blessing Hospital offers a wide range of specialty services important to promoting the health and well-being of Adams County and the surrounding area. Included in these are the Cancer Center, the Heart and Vascular Center, the Breast Center, psychiatric services, and Hospice and Home Care programs. Surplus funds generated from these operations, as well as the operations of all other Blessing Hospital Services, are used to fund capital expenditures and the expansion of health care service lines to the community we serve. Blessing Hospital operates an emergency room available to all regardless of the ability to pay. The financial assistance policy of Blessing Hospital enables patients to have access to area resources to assist them with payment of medical expenses. Blessing Hospital operates the Blessing-Rieman College of Nursing, which offers a Bachelor of Science in Nursing degree and a Master of Science in Nursing degree, along with other programs. The college has a 100 year history in the community and is currently accredited by the Higher Learning Commission. Blessing Hospital is the largest employer in the area with 2,744 employees. Of significant importance are the volunteers who serve the Hospital. In Fiscal Year 2014, Blessing Hospital had 720 active volunteers who served for a total of 65,349 hours. In addition to the volunteers actively working in the hospital, Blessing's Board of Trustees is comprised of volunteers that include business leaders, physicians, and other community leaders. </p>

Form and Line Reference	Explanation
Part VI - Affiliated Health Care System Roles and Promotion	<p>Blessing Corporate Services, Inc is the parent organization of a group of related organizations and provides overall direction to all entities within the structure During the year ended September 30, 2005, Blessing Corporate Services, Inc began operating a division comprised of practicing physicians The Group is related through Board control The following is a brief description of each member of the Group Organization - Blessing Hospital (Hospital), located in Quincy, Illinois, is a not-for-profit acute care hospital The Hospital provides inpatient, outpatient and emergency care services for residents of Western Illinois and Northeastern Missouri The Hospital was incorporated in Illinois in 1875 Organization - The Blessing Foundation, Inc serves Blessing Corporate Services and its affiliated entities by providing financial support for services and programs promoting the improvement and availability of healthcare services within the general community Organization - Denman Services, Inc (a taxable corporation) engages primarily in the business of selling and renting medical equipment and operating a commercial laundry Denman Services, Inc is a wholly owned subsidiary of Blessing Corporate Services, Inc Organization - BlessingCare Corporation dba Illini Community Hospital and Subsidiary, located in Pittsfield, Illinois, is a not-for-profit acute care hospital The Hospital provides inpatient, outpatient and emergency care services for residents of Western Illinois The Hospital was incorporated on January 20, 2000 Organization - Illini Health Services, LLC conducts a pharmacy business in Pittsfield, Illinois The Pharmacy is owned ninety-five percent (95%) by Denman Services, Inc and five percent (5%) by BlessingCare Corporation dba Illini Community Hospital</p>

Form and Line Reference	Explanation
Part VI - States Where Community Benefit Report Filed	IL

Form and Line Reference	Explanation
Part V - Explanation of Number of Facility Type	BLESSING HOSPITAL OPERATES NO FACILITIES OTHER THAN THE LOCATIONS LISTED IN PART V

Form and Line Reference	Explanation
Part VI - Additional Information	BLESSING HOSPITAL'S COMMUNITY BENEFIT REPORT IS PRESENTED TO THE COMMUNITY AS A SUPPLEMENT IN THE QUINCY HERALD-WHIG ONCE A YEAR IT IS ALSO PLACED IN LITERATURE RACKS AROUND THE HOSPITAL CAMPUS ILLINOIS IS THE ONLY STATE IN WHICH THE COMMUNITY BENEFIT REPORT IS PUBLISHED

Additional Data

Software ID: 13000170
Software Version: 2013v4.0
EIN: 37-0661183
Name: BLESSING HOSPITAL

990 Schedule H, Supplemental Information

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Part V, Line 1j - Description of Other Needs Assessment	
Part V, Line 7 - Explanation of Needs Not Addressed and Reasons Why	THE FOLLOWING NEEDS IDENTIFIED IN THE MOST RECENTLY CONDUCTED CHNA WERE NOT ADDRESSED BY BLESSING HOSPITAL BECAUSE THEY ARE BEING ADDRESSED BY OTHER PARTNER ORGANIZATIONS 1) SUBSTANCE ABUSE2) NUTRITION & WEIGHT STATUS AND PHYSICAL ACTIVITY3) MATERNAL, INFANT & CHILD HEALTH4) ENVIRONMENTAL HEALTH
Part V, Line 14g - Other Means Hospital Facility Publicized the Policy	THE BILLING INVOICE INCLUDES A STATEMENT INDICATING THAT FINANCIAL ASSISTANCE IS AVAILABLE AND WHO TO CONTACT IN THE ORGANIZATION

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
BLESSING HOSPITAL

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

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Employer identification number
37-0661183

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SIU SCHOOL OF MEDICINE PO BOX 19607 327 W CALHOUN STREET SPRINGFIELD,IL 62794	37-6005961		1,696,669	0	BOOK		MEDICAL EDUCATION & RESEARCH AT SIU

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

1

3

Enter total number of other organizations listed in the line 1 table

0

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated 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
(1) GRANTS TO STUDENTS AT BLESSING-RIEMAN COLLEGE OF NURSING	133	396,211		BOOK	

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	
Return Reference	Explanation
Additional Supplemental Information	PART I, LINE 2SIU SCHOOL OF MEDICINESIU PROVIDES THE HOSPITAL BOARD OF TRUSTEES WITH AN ANNUAL UPDATE REGARDING THEIR USE OF THE GRANT FUNDS PROVIDED TO THEIR PROGRAM Blessing-Rieman College of NursingBlessing-Rieman College of Nursing requires a financial aid application upon admittance, has academic performance and financial need criteria, and has a selection committee that awards grants The College monitors and reviews the recipients individually on a semester basis for satisfactory academic progress and good standing

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
BLESSING HOSPITAL

Employer identification number
37-0661183

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>b</div><div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</div></div>	1b	
<div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div></div>	2	
<div><div>3</div><div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</div><div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div><div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div></div>		
<div><div>4</div><div>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</div></div>		
<div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>	4a	No
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	4b	Yes
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>	4c	No
<div><div></div><div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div></div>		
<div><div>5</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</div></div>		
<div><div>a</div><div>The organization?</div></div>	5a	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>	5b	No
<div><div>6</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</div></div>		
<div><div>a</div><div>The organization?</div></div>	6a	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>	6b	No
<div><div>7</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</div></div>	7	No
<div><div>8</div><div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III</div></div>	8	No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div></div>	9	No

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table								

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
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Additional Data

Software ID: 13000170
Software Version: 2013v4.0
EIN: 37-0661183
Name: BLESSING HOSPITAL

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
ABBY REICH MD Trustee	(i) (ii)	177,013	25,000	1,263	2,298	18,297	223,871	
ANTONY S WOLLASTON MD PHYSICIAN	(i) (ii)	344,460	195,290	20,465	5,142	15,486	580,843	
B BRADFORD BILLINGS Trustee	(i) (ii)	440,341	10,340	1,372,141	68,790	12,420	1,904,032	964,000
CHRISTOPHER R SOLARO MD PHYSICIAN	(i) (ii)	408,057	134,389	2,599	4,056	17,249	566,350	
CRAIG C HUSTON MD PHYSICIAN	(i) (ii)	348,957	188,104	18,652	3,197	17,249	576,159	
GEORGE E LIESMANN CMO	(i) (ii)	316,362	91,413	7,196	3,250	11,660	429,881	
JAMES B KASE MD PHYSICIAN	(i) (ii)	543,007		11,578	6,085	15,486	576,156	
JILL MASON CNO	(i) (ii)	196,345	47,444	6,808	137,182	6,459	394,238	
MAUREEN A KAHN PRESIDENT/CEO	(i) (ii)	354,283	114,121	24,959	53,524	12,420	559,307	
PATRICK M GERVELER Treasurer	(i) (ii)	283,788	87,577	30,937	39,827	18,297	460,426	
STUART L PYATT DO PHYSICIAN	(i) (ii)	322,851	301,346	20,929	43,445	15,991	704,562	
TIMOTHY A MOORE SECRETARY/CAO	(i) (ii)	160,673	43,965	31,912	74,067	16,151	326,768	

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
BLESSING HOSPITAL

Employer identification number
37-0661183

Part I

Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	CITY OF QUINCY ADAMS CNTY	37-6000378	748476BN7	05-03-2007	48,850,181	SCHEDULE O		X		X		X
B	CITY OF QUINCY ADAMS CNTY	37-6000378		08-01-2012	32,785,000	SCHEDULE O		X		X		X
C	CITY OF QUINCY ADAMS CNTY	37-6000378		08-01-2012	30,000,000	SCHEDULE O		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	20,058,595		1,420,000					
2	Amount of bonds legally defeased								
3	Total proceeds of issue	48,853,595		32,785,000		30,000,000			
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	570,296		164,582		164,582			
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds					29,831,911			
11	Other spent proceeds	48,853,595		32,620,418					
12	Other unspent proceeds					3,507			
13	Year of substantial completion	2009		2012					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X			X		
15	Were the bonds issued as part of an advance refunding issue?	X			X		X		
16	Has the final allocation of proceeds been made?	X		X			X		
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III

Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?		X		X		X		
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	2 900 %							
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6	Total of lines 4 and 5	2 900 %							
7	Does the bond issue meet the private security or payment test?	X		X		X			
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X			

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X		X		
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X	X			
b	Exception to rebate?	X		X			X		
c	No rebate due?		X		X		X		
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?								
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X			

Part V

Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X			

Part VI

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons
▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2013
Open to Public Inspection

Name of the organization
BLESSING HOSPITAL

Employer identification number
37-0661183

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$

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

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?	(i) Written agreement?	
			To	From			Yes	No		Yes	No
Total ▶ \$											

Part III Grants or Assistance Benefitting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) KLINGNER AND ASSOCIATES	SEE PART V	333,161	ENGINEERING SERVICES		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
Schedule L, Part V Supplemental Information	BOARD TRUSTEE, MICHAEL KLINGNER, IS PRESIDENT OF ENTITY WITH WHICH BUSINESS TRANSACTIONS WERE CONDUCTED

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.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2013

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Employer identification number

37-0661183

Return Reference	Explanation
Form 990, Part VI, Line 3 Description of Delegated Duties to Management Company	1) BLESSING CORPORATE SERVICES PROVIDES GENERAL MANAGEMENT SERVICES 2) WOUND CARE ADVANTAGE PROVIDES MANAGEMENT SERVICES FOR THE WOUND CARE DEPARTMENT WHICH INCLUDES HYPERBARIC SERVICES 3) QUINCY MEDICAL GROUP PROVIDES MANAGEMENT OF THE SURGERY CENTER OF QUINCY 4) ARAMARK PROVIDES MANAGEMENT OF FOOD SERVICES AND STERILE PROCESSING 5) BRIDGE HOME CARE PARTNERS PROVIDES MANAGEMENT OF BLESSING'S HOME CARE SERVICES

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

Return Reference	Explanation
Form 990, Part VI, Line 7a How Members or Shareholders Elect Governing Body	BLESSING CORPORATE SERVICES, INC , THE SOLE VOTING MEMBER OF BLESSING HOSPITAL, SHALL POSSESS THE RIGHTS AND RESPONSIBILITIES TO Appoint and/or remove all the trustees of the corporation AND APPOINT THE CORPORATION'S PRESIDENT

Return Reference	Explanation
Form 990, Part VI, Line 7b Describe Decisions of Governing Body Approval by Members or Shareholders	BLESSING CORPORATE SERVICES SHALL POSSESS THE RIGHTS AND RESPONSIBILITIES TO approve expressly all amendments to the corporation's articles of incorporation and bylaws before they may become effective, approve long-term debt, long-range plans and capital and operating budgets, approve the purchase and sale of real and personal property and contracts entered into by the corporation, not expressly made part of an approved budget, the reasonable value of which exceeds an amount set forth in the bylaws of the member, approve material investment decisions, including without limitation establishment and modification of investment policies, engagement and removal of investment managers and advisors, and changes in investment allocations not permitted by an existing investment policy, approve the parameters for terms of employment of physicians, including physician compensation plans, and any material variances from such parameters for individual physicians, approve the selection of auditors and legal counsel, approve charity care and community benefits-related policies, approve the formation of subsidiary entities and/or joint ventures, approve the filing of a petition in bankruptcy, making and assignment for the benefit of creditors, or applying for protection under any insolvency laws, approve the participation in any merger, combination, consolidation, liquidation, dissolution or other corporate or business entity restructuring, and have the power to compel the corporation to enforce and/or perform any contractual obligation

Return Reference	Explanation
Form 990, Part VI, Line 11b Form 990 Review Process	FOLLOWING MANAGEMENT AND LEGAL REVIEW, THE FORM 990 WAS PROVIDED TO THE BOARD OF TRUSTEES FOR REVIEW AND COMMENT PRIOR TO FILING

Return Reference	Explanation
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

Return Reference	Explanation
Form 990, Part VI, Line 15a Compensation Review & Approval Process - CEO, Top Management	MAUREEN A KAHN - president and ceo of blessing hospital - 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 BLESSING HOSPITAL BOARD OF TRUSTEES FOR APPROVAL

Return Reference	Explanation
Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	TIMOTHY A MOORE - CAO AND secretary of blessing hospital - No compensation IS RECEIVED FOR POSITION as Secretary OF BLESSING HOSPITAL 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 BLESSING HOSPITAL BOARD OF TRUSTEES FOR APPROVAL JILL K MASON - cno OF BLESSING HOSPITAL - 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 BLESSING HOSPITAL BOARD OF TRUSTEES FOR APPROVAL GEORGE E LIESMAN - CMO OF BLESSING HOSPITAL - 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 BLESSING HOSPITAL BOARD OF TRUSTEES FOR APPROVAL

Return Reference	Explanation
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

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Decreases	INCREASE IN MINIMUM PENSION LIABILITY = -\$18446034

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Decreases	TRANSFERS TO AFFILIATES = -\$15474912

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Decreases	TRANSFERS TO SITF = -\$950000

Return Reference	Explanation
SCHEDULE K, PART I, (f) DESC OF PURPOSE	A - USED TO (i) CURRENTLY REFUND ALL OF THE OUTSTANDING CITY OF QUINCY, ADAMS COUNTY, ILLINOIS REVENUE BONDS, SERIES 1993 (BLESSING HOSPITAL)(THE "SERIES 1993 BONDS"), (ii) ADVANCE REFUND ALL OF THE OUTSTANDING ILLINOIS HEALTH FACILITIES AUTHORITY REVENUE BONDS, SERIES 1999A (BLESSING HOSPITAL)(THE "SERIES 1999A BONDS") AND (iii) PAY CERTAIN EXPENSES INCURRED IN CONNECTION WITH THE ISSUANCE OF THE SERIES 2007 BONDS AND THE REFUNDING OF THE SERIES 1993 BONDS AND THE SERIES 1999A BONDS B - USED TO (i) REFUND THE OUTSTANDING VARIABLE RATE DEMAND REVENUE REFUNDING BONDS, SERIES 2008 (BLESSING HOSPITAL)(THE "SERIES 2008 BONDS")AND(ii) REFUND THE OUTSTANDING ADJUSTABLE RATE DEMAND REVENUE BONDS, SERIES 2004 (BLESSING HOSPITAL PROJECT)(THE "SERIES 2004 BONDS") C - TO REIMBURSE FOR THE COSTS OF THE PROJECT AND TO PAY CERTAIN COSTS OF ISSUANCE OF THE SERIES 2012B BONDS THE PROJECT CONSISTS OF THE ACQUISITION, CONSTRUCTION, AND EQUIPPING OF AN APPROXIMATELY 172,755 SQUARE FOOT PATIENT CARE ADDITION LOCATED ON THE MAIN CAMPUS AT BROADWAY AND 11TH STREETS IN QUINCY, ILLINOIS

Return Reference	Explanation
SCHEDULE K, PART II, LINE 12 - OTHER UNSPENT PROCEEDS	OTHER UNSPENT PROCEEDS ARE IN THE ADVANCE FUND

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
BLESSING HOSPITAL

Employer identification number
37-0661183

Part I

Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) 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 entity?	
						Yes	No
(1) BLESSING CORPORATE SERVICES BROADWAY AT 11TH PO BOX 7005 QUINCY, IL 623057005 37-1128706	PROVIDE DIRECTION AND CONTROL TO ENTITIES	IL	501(C)(3)	9	N/A		No
(2) THE BLESSING FOUNDATION BROADWAY AT 11TH POBOX 7005 QUINCY, IL 623057005 37-1128705	FUNDRAISING & GRANT-MAKING	IL	501(C)(3)	11B	BCS INC		No
(3) BLESSINGCARE CORP DBA ILLINI COMM HOSP 640 WEST WASHINGTON PITTSFIELD, IL 62363 37-1396010	PROVIDE HEALTHCARE	IL	501(C)(3)	3	BCS INC		No
(4) BLESSING HOSPITAL SELF-INSURANCE PLAN BROADWAY AT 11TH PO BOX 7005 QUINCY, IL 623057005 37-1045366	PROVIDE SUPPORT FOR MEDICAL LIABILITY CLAIMS	IL	501(C)(3)	11A	BCS INC		No
(5) BLESSINGCARE CORPORATION - MISSOURI 1005 BROADWAY QUINCY, IL 62301 43-1371818	CURRENTLY INACTIVE	MO	501(C)(3)	3	BCS INC		No
(6) BLESSING VOLUNTEERS IN PARTNERSHIP BROADWAY AT 11TH PO BOX 7005 QUINCY, IL 623057005 23-7160187	PROVIDE SUPPORT FOR BLESSING HOSPITAL	IL	501(C)(3)	11B	NA		No
(7) BLESSING AFFILIATES INC BROADWAY AT 11TH PO BOX 7005 QUINCY, IL 623057005 37-1128708	CURRENTLY INACTIVE	IL	501(C)(3)	9	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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ILLINI HEALTH SERVICES LLC PO BOX 40 QUINCY, IL 623060040 47-0901851	PHARMACY	IL	DENMAN					No			No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) DENMAN SERVICES INC BROADWAY AT 14TH STREET QUINCY, IL 62306 37-1132117	MED EQUIP	IL	BCS INC	C CORP				Yes	

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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 or (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 Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a Yes

1b Yes

1c Yes

1d

1e

1f

1g

1h

1i

1j Yes

1k Yes

1l Yes

1m Yes

1n Yes

1o Yes

1p Yes

1q Yes

1r Yes

1s

No

No

No

No

No

No

No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) DENMAN SERVICES INC	a	89,239	FMV
(2) DENMAN SERVICES INC	m	2,138,513	FMV
(3) DENMAN SERVICES INC	q	1,398,040	FMV

Schedule R (Form 990) 2013

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

[illegible]

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
------------------	-------------

Additional Data

Software ID: 13000170
Software Version: 2013v4.0
EIN: 37-0661183
Name: BLESSING HOSPITAL

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) BLESSING CORPORATE SERVICES BROADWAY AT 11TH PO BOX 7005 QUINCY, IL 623057005 37-1128706	PROVIDE DIRECTION AND CONTROL TO ENTITIES	IL	501(C)(3)	9	N/A		No
(1) THE BLESSING FOUNDATION BROADWAY AT 11TH POBOX 7005 QUINCY, IL 623057005 37-1128705	FUNDRAISING & GRANT-MAKING	IL	501(C)(3)	11B	BCS INC		No
(2) BLESSINGCARE CORP DBA ILLINI COMM HOSP 640 WEST WASHINGTON PITTSFIELD, IL 62363 37-1396010	PROVIDE HEALTHCARE	IL	501(C)(3)	3	BCS INC		No
(3) BLESSING HOSPITAL SELF-INSURANCE PLAN BROADWAY AT 11TH PO BOX 7005 QUINCY, IL 623057005 37-1045366	PROVIDE SUPPORT FOR MEDICAL LIABILITY CLAIMS	IL	501(C)(3)	11A	BCS INC		No
(4) BLESSINGCARE CORPORATION - MISSOURI 1005 BROADWAY QUINCY, IL 62301 43-1371818	CURRENTLY INACTIVE	MO	501(C)(3)	3	BCS INC		No
(5) BLESSING VOLUNTEERS IN PARTNERSHIP BROADWAY AT 11TH PO BOX 7005 QUINCY, IL 623057005 23-7160187	PROVIDE SUPPORT FOR BLESSING HOSPITAL	IL	501(C)(3)	11B	NA		No
(6) BLESSING AFFILIATES INC BROADWAY AT 11TH PO BOX 7005 QUINCY, IL 623057005 37-1128708	CURRENTLY INACTIVE	IL	501(C)(3)	9	BCS INC		No

BLESSING HOSPITAL
QUINCY, ILLINOIS
FINANCIAL STATEMENTS
SEPTEMBER 30, 2014 AND 2013

I N D E X

<u>Exhibit</u>		<u>Page</u>
	Board Of Trustees And Officers	1
	Independent Auditors' Report	2
	FINANCIAL STATEMENTS FOR THE YEARS ENDED SEPTEMBER 30, 2014 AND 2013:	
"A"	Balance Sheets	3
"B"	Statements Of Operations	4
"C"	Statements Of Changes In Net Assets	5
"D"	Statements Of Cash Flows	6
"E"	Notes To Financial Statements	7 - 35

BOARD OF TRUSTEES

David Boster
 Phillip Conover
 Hrishikesh Ghanekar, M.D.
 Dennis Go, M.D.
 David Hetzler, Jr.
 Michael Hulsen
 Michael D. Klingner, P.E.
 Timothy D. Koontz
 Thomas H. Miller, M.D.
 Christopher J. Niemann
 Abby Reich, M.D.
 Harry R. Ruth, M.D.

President of Medical-Dental Staff	Hrishikesh Ghanekar, M.D.
President of Hospital	Maureen A. Kahn
President of Blessing Corporate Services, Inc.	B. Bradford Billings

OFFICERS

Thomas H. Miller, M.D.	Chairman
David Boster	Vice-Chairman
Maureen A. Kahn	President/CEO
Patrick M. Gerveler	Treasurer
Timothy A. Moore	Secretary

GRAY HUNTER STENN LLP

A PARTNERSHIP OF PROFESSIONAL CORPORATIONS

CERTIFIED PUBLIC ACCOUNTANTS

500 MAINE STREET

QUINCY, ILLINOIS 62301

(217) 222-0304 FAX (217) 222-1691

QUINCY, ILLINOIS
OAK BROOK, ILLINOIS

MARION, ILLINOIS
DEKALB, ILLINOIS

Independent Auditors' Report

To the Board of Trustees of
Blessing Hospital

We have audited the accompanying financial statements of Blessing Hospital (a nonprofit organization), which comprise the balance sheets as of September 30, 2014 and 2013, and the related statements of operations, changes in net assets, and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Blessing Hospital as of September 30, 2014 and 2013, and the results of its operations, changes in its net assets and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.



Certified Public Accountants

Dated at Quincy, Illinois
January 6, 2015

**BLESSING HOSPITAL
BALANCE SHEETS
AS AT SEPTEMBER 30, 2014 AND 2013**

	As At September 30	
	2014	2013
Assets		
Current Assets:		
Cash and cash equivalents	\$ 91,452,366	\$ 66,918,329
Investments	99,245,235	92,478,085
Patient accounts receivable, net of allowance for doubtful accounts of \$9,771,000 in 2014 and \$11,426,000 in 2013	45,755,174	49,892,619
Inventories - at lower of cost or market	6,499,851	5,947,157
Prepaid expenses	4,499,690	4,539,970
Receivables - related organizations - net	1,083,752	1,492,092
Other current assets	2,241,547	4,976,810
Total Current Assets	\$ 250,777,615	\$ 226,245,062
Other Assets:		
Interest in net assets of The Blessing Foundation, Inc.	\$ 2,629,354	\$ 4,602,273
Assets whose use is limited:		
By board of trustees for self-insurance and other	\$ 10,879,589	\$ 11,301,676
To pay retirement benefits	2,974,834	2,726,792
Other assets	1,821,962	1,812,047
Total assets whose use is limited or restricted	\$ 15,676,385	\$ 15,840,515
Property, Plant And Equipment - Net	\$ 160,297,129	\$ 131,351,953
Other Noncurrent Assets:		
Noncurrent investments	\$ 179,361	\$ 177,141
Other notes receivable	5,469,919	4,486,812
Estimated insurance recoveries	2,311,772	2,192,951
Intangible assets	9,332,371	9,332,371
Total Other Noncurrent Assets	\$ 17,293,423	\$ 16,189,275
Total Assets	\$ 446,673,906	\$ 394,229,078
Liabilities and Net Assets		
Current Liabilities:		
Current installments of long-term debt	\$ 4,536,652	\$ 5,240,370
Accounts payable	11,908,474	11,314,626
Estimated third-party payor settlements - Medicare, Medicaid, Blue Cross	10,858,857	9,695,878
Retainage and construction accounts payable	9,710,608	6,511,647
Deferred revenue	1,691,570	1,758,793
Other accruals	28,400,419	24,980,216
Total Current Liabilities	\$ 67,106,580	\$ 59,501,530
Other Liabilities:		
Long-term debt, net of current portion and deferred financing costs	\$ 97,137,187	\$ 74,715,178
Estimated professional liability claims	11,139,634	10,543,683
Accrued pension costs	42,990,013	29,461,602
Other long-term liabilities	7,430,624	7,318,928
Total Other Liabilities	\$ 158,697,458	\$ 122,039,391
Total Liabilities	\$ 225,804,038	\$ 181,540,921
Net Assets:		
Unrestricted	\$ 216,838,047	\$ 209,134,934
Temporarily restricted	2,334,548	1,855,950
Permanently restricted	1,697,273	1,697,273
Total Net Assets	\$ 220,869,868	\$ 212,688,157
Total Liabilities And Net Assets	\$ 446,673,906	\$ 394,229,078

Exhibit "E", Notes To Financial Statements, is an integral part of this statement.

Exhibit "B"

BLESSING HOSPITAL
STATEMENTS OF OPERATIONS
YEARS ENDED SEPTEMBER 30, 2014 AND 2013

	<u>Year Ended September 30</u>	
	<u>2014</u>	<u>2013</u>
<u>Unrestricted Revenues, Gains And Other Support:</u>		
Net patient service revenue	\$ 305,016,795	\$ 303,275,346
Provision for bad debts	<u>(15,905,450)</u>	<u>(22,735,733)</u>
Net patient service revenue less provision for bad debts	\$ 289,111,345	\$ 280,539,613
Auxiliary services income	13,777,115	12,778,194
Net assets released from restrictions used for operations	<u>1,973,422</u>	<u>2,374,525</u>
<u>Total Revenues, Gains And Other Support</u>	\$ 304,861,882	\$ 295,692,332
<u>Expenses:</u>		
Salaries, wages and contract labor	\$ 109,988,791	\$ 105,327,436
Other operating expenses	144,109,498	141,625,913
Depreciation and amortization	15,629,879	14,359,466
Interest expense	<u>2,374,965</u>	<u>2,498,966</u>
<u>Total Expenses</u>	\$ 272,103,133	\$ 263,811,781
Operating income	\$ 32,758,749	\$ 31,880,551
Investment income	<u>7,411,001</u>	<u>4,115,722</u>
Excess of revenues over expenses	\$ 40,169,750	\$ 35,996,273
Change in net unrealized gains and losses on other than trading securities	(1,643,767)	3,224,444
Net assets released from restrictions used for purchase of property and equipment	3,098,076	5,321,783
Transfers to parent	(15,474,912)	(13,042,828)
Pension liability adjustment	<u>(18,446,034)</u>	<u>33,736,516</u>
<u>Increase (Decrease) In Unrestricted Net Assets</u>	\$ 7,703,113	\$ 65,236,188

Exhibit "E", Notes To Financial Statements, is an integral part of this statement.

Exhibit "C"

BLESSING HOSPITAL
STATEMENTS OF CHANGES IN NET ASSETS
YEARS ENDED SEPTEMBER 30, 2014 AND 2013

	<u>Year Ended September 30</u>	
	<u>2014</u>	<u>2013</u>
<u>Unrestricted Net Assets:</u>		
Excess of revenues over expenses	\$ 40,169,750	\$ 35,996,273
Change in net unrealized gains and losses on other than trading securities	(1,643,767)	3,224,444
Net assets released from restrictions used for purchase of property and equipment	3,098,076	5,321,783
Transfers to parent	(15,474,912)	(13,042,828)
Pension liability adjustment	<u>(18,446,034)</u>	<u>33,736,516</u>
<u>Increase (Decrease) In Unrestricted Net Assets</u>	\$ <u>7,703,113</u>	\$ <u>65,236,188</u>
<u>Temporarily Restricted Net Assets:</u>		
Contributions	\$ 5,540,190	\$ 6,575,801
Net realized and unrealized gains (losses) on investments	9,906	(36,194)
Net assets released from restrictions	<u>(5,071,498)</u>	<u>(7,696,308)</u>
<u>Increase (Decrease) In Temporarily Restricted Net Assets</u>	\$ <u>478,598</u>	\$ <u>(1,156,701)</u>
<u>Permanently Restricted Net Assets:</u>		
Contributions	\$ -	\$ -
Net realized and unrealized gains (losses) on investments	<u>-</u>	<u>-</u>
<u>Increase (Decrease) In Permanently Restricted Net Assets</u>	\$ <u>-</u>	\$ <u>-</u>
<u>Increase (Decrease) In Net Assets</u>	\$ 8,181,711	\$ 64,079,487
<u>Net Assets, Beginning Of Year</u>	<u>212,688,157</u>	<u>148,608,670</u>
<u>Net Assets, End Of Year</u>	\$ <u>220,869,868</u>	\$ <u>212,688,157</u>

Exhibit "E", Notes To Financial Statements, is an integral part of this statement.

BLESSING HOSPITAL
STATEMENTS OF CASH FLOWS
YEARS ENDED SEPTEMBER 30, 2014 AND 2013

	<u>Year Ended September 30</u>	
	<u>2014</u>	<u>2013</u>
<u>Cash Flows From Operating Activities:</u>		
Change in net assets	\$ 8,181,711	\$ 64,079,487
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation and amortization	15,629,879	14,359,466
Amortization of deferred financing costs and bond premium	50,366	53,848
Provision for bad debts	15,905,450	22,735,733
(Gain) loss on disposal of property and equipment	8,954	(53,317)
Net realized and unrealized (gains) losses on investments other than trading securities	(4,038,269)	(5,658,875)
Undistributed portion of change in interest in net assets of The Blessing Foundation, Inc.	1,972,919	(4,602,273)
Transfers to parent	15,474,912	13,042,828
Restricted contributions	5,540,190	6,575,801
(Increase) decrease in patient accounts receivable	(11,768,005)	(19,676,271)
(Increase) decrease in inventories	(552,694)	427,195
(Increase) decrease in prepaid expenses	40,280	(1,128,198)
(Increase) decrease in other current assets and receivables - related organizations	3,116,117	(2,042,433)
(Increase) decrease in other notes receivable	(983,107)	(238,797)
(Increase) decrease in estimated insurance recoveries	(91,335)	(74,687)
Increase (decrease) in accounts payable	593,848	620,740
Increase (decrease) in other current accruals	2,420,203	(2,406,637)
Increase (decrease) in estimated professional liability claims	1,595,951	607,245
Increase (decrease) in accrued pension cost	13,528,411	(34,430,371)
Increase (decrease) in estimated third-party payor settlements	1,162,979	1,122,174
Increase (decrease) in deferred revenue	(158,223)	3,784
Increase (decrease) in other long-term liabilities	202,696	580,860
<u>Net Cash Provided (Used) By Operating Activities</u>	\$ 67,833,233	\$ 53,897,302
<u>Cash Flows From Investing Activities:</u>		
Purchase of property and equipment	\$ (44,643,866)	\$ (35,258,797)
Proceeds from disposal of property and equipment	59,857	90,750
Sales of investments	53,597,049	85,475,509
Purchase of investments	(56,164,020)	(84,428,628)
Purchase of intangibles and deferred financing costs	(7,666)	-
<u>Net Cash Provided (Used) By Investing Activities</u>	\$ (47,158,646)	\$ (34,121,166)
<u>Cash Flows From Financing Activities:</u>		
Transfers to parent	\$ (15,474,912)	\$ (13,042,828)
Restricted contributions	(5,540,190)	(6,575,801)
Increase (decrease) in retainage and construction accounts payable	3,198,961	4,031,239
Proceeds from issuance of long-term debt	27,155,000	219,710
Repayment of long-term debt	(5,479,409)	(5,498,729)
<u>Net Cash Provided (Used) By Financing Activities</u>	\$ 3,859,450	\$ (20,866,409)
<u>Net Increase (Decrease) In Cash And Cash Equivalents</u>	\$ 24,534,037	\$ (1,090,273)
<u>Cash And Cash Equivalents At Beginning Of Year</u>	66,918,329	68,008,602
<u>Cash And Cash Equivalents At End of Year</u>	\$ 91,452,366	\$ 66,918,329

Supplemental Disclosure Of Cash Flow Information:

Cash paid for interest for the years ended September 30, 2014 and 2013 was \$2,653,779 and \$2,663,480, respectively.

Interest capitalized for the years ended September 30, 2014 and 2013 was \$460,250 and \$178,698, respectively.

The Hospital entered into capital lease obligations in the amount of \$-0- and \$2,021,283 for equipment during the years ended September 30, 2014 and 2013, respectively.

Exhibit "E", Notes To Financial Statements, is an integral part of this statement.

BLESSING HOSPITAL
NOTES TO FINANCIAL STATEMENTS

Note (1) Description Of Organization And Summary Of Significant Accounting Policies

Organization - Blessing Hospital (Hospital), located in Quincy, Illinois, is a not-for-profit acute care hospital. The Hospital provides inpatient, outpatient and emergency care services for residents of Western Illinois and Northeastern Missouri. Admitting physicians are primarily practitioners in the local area. The Hospital was incorporated in Illinois in 1875 and is a member of a group of related organizations (See Note 12).

Use of estimates - Preparation of the Hospital's financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. These estimates are based on historical experience and information that is available to management about current events and action the Hospital may take in the future. Significant items subject to estimates and assumptions include depreciable lives and carrying values of long-lived assets; valuation allowances for receivables; the liability for third-party payor settlements – Medicare, Medicaid, and Blue Cross; liabilities for employee healthcare claims and worker's compensation claims; the liability for professional liability claims; other estimated third party liabilities; and obligations related to the Hospital's defined benefit plan. Actual results could differ from these estimates.

Cash and cash equivalents - Cash and cash equivalents include investments in highly liquid debt instruments with a maturity of three months or less, excluding amounts whose use is limited by board designation or other arrangements under trust agreements or with third-party payors.

Investments - Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value on the balance sheet. Investment income or loss (including realized gains and losses on investments, interest, and dividends) is included in the excess of revenues over expenses unless the income or loss is restricted by donor or law. Unrealized gains and losses on investments are excluded from the excess of revenues over expenses unless the investments are trading securities. The Hospital routinely invests its surplus operating funds in certificates of deposit.

Assets limited as to use - Assets limited as to use primarily include assets held by trustees under indenture agreements, assets restricted to pay retirement benefits, assets restricted by donors, and designated assets set aside by the Board of Trustees for future capital improvements and self-insurance trust arrangements, over which the Board retains control and may at its discretion subsequently use for other purposes.

Note (1) Description Of Organization And Summary Of Significant Accounting Policies (Cont'd.)

Property and equipment - Property and equipment acquisitions are recorded at cost.

Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed using the straight-line method. Equipment under capital lease obligations is amortized on the straight-line method over the shorter period of the lease term or the estimated useful life of the equipment. Such amortization is included in depreciation and amortization in the financial statements. Interest costs incurred on borrowed funds during the period of construction of capital assets are capitalized as a component of the cost of acquiring those assets.

Gifts of long-lived assets such as land, buildings, or equipment are reported as unrestricted support, and are excluded from the excess of revenues over expenses, unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

Temporarily and permanently restricted net assets - Temporarily restricted net assets are those whose use by the Hospital has been limited by donors to a specific time period or purpose. Permanently restricted net assets have been restricted by donors to be maintained by the Hospital in perpetuity.

Excess of revenues over expenses - The statements of operations include excess of revenues over expenses. Changes in unrestricted net assets which are excluded from excess of revenues over expenses, consistent with industry practice, include unrealized gains and losses on investments other than trading securities, permanent transfers of assets to and from affiliates for other than goods and services, and contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for the purposes of acquiring such assets).

Net patient service revenue - The Hospital has agreements with third-party payors that provide for payments to the Hospital at amounts different from its established rates. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, and per diem payments. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

Charity care - The Hospital provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Because the Hospital does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue. See Note (2) for the total amount of charity care.

Note (1) Description Of Organization And Summary Of Significant Accounting Policies (Cont'd.)

Donor-restricted gifts - Unconditional promises to give cash and other assets to the Hospital are reported at fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the statements of operations as net assets released from restrictions. Donor-restricted contributions whose restrictions are met within the same year as received are reported as restricted contributions and a subsequent release of restrictions in the accompanying financial statements (See Note 13).

Estimated professional liability costs - The provision for estimated professional liability claims includes estimates of the ultimate costs for both actual reported claims and potential claims incurred but not reported.

Other long-term liabilities - The provision for other long-term liabilities includes the Hospital's estimate of potential liability for future adjustments of prior billings.

Income taxes - The Hospital is a not-for-profit corporation and has been recognized as tax-exempt pursuant to Section 501(c)(3) of the Internal Revenue Code and is exempt from federal income taxes on related income pursuant to Section 501(a) of the Code. The tax years from 2010 through 2013 remain open for review by the taxing authorities. Tax year 2009 is currently under exam by the Internal Revenue Service.

Patient accounts receivable - The Hospital provides an allowance for doubtful accounts equal to the estimated uncollectible amounts. The Hospital's estimate is based on historical collection experience and a review of the current status of patient accounts receivable. It is reasonably possible that the Hospital's estimate of the allowance for doubtful accounts will change. The Hospital considers accounts receivable to be past due one month after initial billing and charges off accounts when turned over to collection.

Notes receivable - Notes receivable include amounts due from employees, physicians, and Blessing Rieman College of Nursing students. Notes receivable are stated at unpaid principal balances with an allowance for uncollectible accounts. Notes due from employees and physicians bear interest at a rate equal to the prime rate plus 1% and are eligible for forgiveness as the borrower completes specified years of service with the Hospital. All student notes are on non-accrual status because management believes, in general, student's economic conditions, business conditions, and past collection efforts, show that collection of interest is doubtful. Interest on loans is recognized only to the extent cash payments are received and is calculated using the simple interest method on principal amounts outstanding. These notes' past due status is based on the contractual terms of the notes.

Deferred financing costs - Deferred financing costs are netted against long term debt and amortized over the period the obligation is outstanding using the interest method.

Intangible assets - Intangible assets are evaluated for impairment on a periodic basis.

Inventories - Inventories are valued at the lower of cost or market, following the first-in, first-out method.

Subsequent events - Subsequent events have been evaluated through January 6, 2015, which is the date the financial statements were available to be issued.

Note (2) Net Patient Service Revenue

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

Medicare - Inpatient acute care services and inpatient rehabilitation services rendered to Medicare program beneficiaries are paid at prospectively determined rates per discharge. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. Inpatient psychiatric services are paid at prospectively determined per diem rates that are based on clinical, diagnostic, and other factors. Inpatient skilled nursing services are paid at prospectively determined per diem rates that are based on the patients' acuity. Substantially all outpatient services are paid at prospectively determined rates. Certain medical education costs related to Medicare beneficiaries are paid based on a cost reimbursement methodology with certain limitations. The Hospital is reimbursed for cost reimbursable items at a tentative rate with final settlement determined after submission of annual cost reports by the Hospital and audits thereof by the Medicare fiscal intermediary. The Hospital's classification of patients under the Medicare program and the appropriateness of their admission are subject to an independent review by a quality improvement organization under contract with the Hospital. The Hospital's Medicare cost reports have been finalized by the Medicare fiscal intermediary through September 30, 2006 and for the fiscal years ending September 30, 2008 and 2009.

Medicaid - Inpatient services rendered to Medicaid program beneficiaries are reimbursed at prospectively determined rates per discharge or prospectively determined daily rates based on the services rendered. Outpatient services are reimbursed based upon a payment schedule by type of service. The Hospital's Medicaid cost reports have been finalized by the Medicaid fiscal intermediary through September 30, 2006 and for the fiscal year ending September 30, 2008.

Revenue from the Medicare and Medicaid programs accounted for approximately 29 percent and 10 percent, respectively, of the Hospital's net patient revenue for the year ended September 30, 2014, and 29 percent and 10 percent, respectively, of the Hospital's net patient revenue for the year ended September 30, 2013. Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term.

The Hospital also has entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. The basis for payment to the Hospital under these agreements includes prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily rates.

The Hospital provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than their established rates. The Hospital does not pursue collection of amounts determined to qualify as charity care so they are not reported as net patient service revenue. The amounts of direct and indirect costs for services and supplies furnished under the Hospital's charity care policy totaled approximately \$8,771,282 and \$9,034,873 for the years ended September 30, 2014 and 2013, respectively, and is based on a ratio of the Hospital's costs to its gross charges.

Exhibit "E"
(Page 5 of 29)

Note (2) Net Patient Service Revenue (Cont'd.)

The following is a schedule of revenues and deductions in arriving at net patient revenue:

	Year Ended September 30	
	2014	2013
Gross patient service revenue	\$ 870,583,993	\$ 777,934,282
Medicare allowances	(298,440,873)	(272,286,581)
Medicaid allowances	(105,502,328)	(76,168,003)
Charity care	(32,247,360)	(31,262,535)
Other allowances	(129,376,637)	(94,941,817)
Net patient service revenue	\$ <u>305,016,795</u>	\$ <u>303,275,346</u>

The Hospital recognizes patient service revenue associated with services provided to patients who have third-party payor coverage on the basis of contractual rates for the services rendered. For uninsured patients that do not qualify for charity care, the Hospital recognizes revenue on the basis of its standard rates for services provided. On the basis of historical experience, a significant portion of the Hospital's uninsured patients will be unable or unwilling to pay for the services provided. Thus, the Hospital records a significant provision for bad debts related to uninsured patients in the period the services are provided. Patient service revenue, net of contractual allowances and discounts (but before the provision for bad debts), recognized during the years ended September 30, 2014 and 2013 from these major payor sources, is as follows:

	Third-Party Payors	Self-Pay	Total All Payors
<u>Year Ended September 30, 2014</u>			
Patient service revenue (net of contractual allowances and discounts)	\$ <u>298,741,596</u>	\$ <u>6,275,199</u>	\$ <u>305,016,795</u>
<u>Year Ended September 30, 2013</u>			
Patient service revenue (net of contractual allowances and discounts)	\$ <u>284,621,580</u>	\$ <u>18,653,766</u>	\$ <u>303,275,346</u>

Note (3) Patient Accounts Receivable

Patient accounts receivable are reduced by an allowance for doubtful accounts. In evaluating the collectability of accounts receivable, the Hospital analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts. Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts. For receivables associated with services provided to patients who have third-party coverage, the Hospital analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for bad debts, if necessary. For receivables associated with self-pay patients, the Hospital records a significant provision for bad debts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between the standard rates and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts.

Note (3) Patient Accounts Receivable (Cont'd.)

The Hospital's self-pay write-offs decreased from \$19,989,074 for the year ended September 30, 2013 to \$18,740,419 for the year ended September 30, 2014. This decrease is the result of more patient accounts being identified as charity care and an expansion of eligibility criteria by the Illinois Medicaid program. The Hospital has not changed its charity care or uninsured discount policies during the years ended September 30, 2014 and 2013. The Hospital does not maintain a material allowance for doubtful accounts from third-party payors nor did it have significant bad debt write-offs from third-party payors.

Note (4) Contingencies

The Hospital has adopted a plan of self-insurance for certain liability coverage. The Hospital is periodically involved in litigation and regulatory investigations arising in the course of business. Under this plan, the Hospital is self-insured with respect to a primary layer of coverage for medical professional and general liability claims. Losses from asserted claims and from unasserted claims identified under the Hospital's incident reporting system are accrued based on estimates that incorporate the Hospital's past experience, as well as other considerations including the nature of each claim or incident and relevant trend factors. The Hospital has employed independent actuaries to estimate the ultimate costs, if any, of the settlement and defense costs of these claims. Accrued malpractice losses have been discounted at six percent for the years ending September 30, 2014 and 2013 and in management's opinion provide an adequate reserve for loss contingencies. The Hospital has certain commercial insurance coverage for claims exceeding the self-insurance layer. At September 30, 2014 and 2013, noncurrent estimated insurance recoveries included \$2,311,772 and \$2,192,951, respectively, for the estimated amount of the liability that would be recoverable under the commercial insurance plan.

The Hospital has established a trust fund for the payment of professional liability and general claim settlements. The professional actuarial consultants have assisted the Hospital with determining amounts to be deposited in the trust fund.

On October 3, 2000, Blessing Corporate Services, Inc. and the Hospital entered into a line of credit agreement as a requirement of maintaining a plan of self-insurance for worker's compensation effective October 1, 1994. Several amendments and extensions of various dates have occurred since the original issuance. The current agreement extends a line of credit of up to \$450,000 with an expiration date set for July 8, 2015.

Note (5) Investments

Investments at September 30, 2014 and 2013 are as follows:

	As Of September 30	
	2014	2013
	Fair Value	Fair Value
Marketable Equity Securities	\$ 40,251,932	\$ 45,376,548
U.S. Government Obligations	206,316	312,174
Government Bonds	14,108,982	12,745,698
Government Backed Securities	2,048,776	2,796,019
Corporate Mortgage/Asset Backed Securities	8,725,634	8,470,636
Foreign Bonds	10,522	660,027
Corporate Bonds	13,707,545	13,950,812
Money Market Accounts	831,200	657,463
Mutual Funds	12,926,211	3,567,962
Managed Future Hedge Fund	4,497,044	2,400,607
Certificates Of Deposits	13,158,016	13,176,731
Other Assets	4,628,803	4,381,064
Total	\$ 115,100,981	\$ 108,495,741
Classified as current	\$ 99,245,235	\$ 92,478,085
Assets whose use is limited:		
By board of trustees for self-insurance and other	10,879,589	11,301,676
Under bond indenture agreement by trustee	3,521	3,511
Assets held to pay retirement benefits	2,974,834	2,726,792
By donor:		
Endowment assets	1,697,273	1,697,273
Specific purpose assets	121,168	111,263
Classified as noncurrent	179,361	177,141
Total	\$ 115,100,981	\$ 108,495,741

Note (5) Investments (Cont'd.)

Investment income and gains for assets limited as to use, cash equivalents, and other investments are comprised of the following for the years ending September 30, 2014 and 2013:

	Year Ending September 30	
	2014	2013
	Fair Value	Fair Value
Investment Income:		
Interest and dividend income	\$ 3,040,620	\$ 2,090,021
Investment fees	(506,167)	(461,387)
Realized gains (losses) on sales of securities	4,885,502	2,433,771
Gain (loss) on sale of fixed assets	(8,954)	53,317
	<u>\$ 7,411,001</u>	<u>\$ 4,115,722</u>
Other Changes in Unrestricted Net Assets:		
Change in net unrealized gains (losses) on other than trading securities	\$ <u>(1,643,767)</u>	\$ <u>3,224,444</u>
Other Changes in Temporarily Restricted Net Assets:		
Change in net unrealized gains (losses) on other than trading securities	\$ <u>9,906</u>	\$ <u>(36,194)</u>

Note (6) Inventories

Inventories consist of the following:

	As Of September 30	
	2014	2013
Surgery and anesthesia	\$ 4,204,819	\$ 3,610,144
Pharmacy and intravenous	1,116,471	1,145,467
Storeroom	162,533	165,537
Laboratory	267,284	232,258
Supplies processing development	90,232	95,060
Cardiology	545,293	607,057
Radiology	113,219	91,634
Total	<u>\$ 6,499,851</u>	<u>\$ 5,947,157</u>

Note (7) Property, Plant, And Equipment

Property, plant, and equipment consist of the following:

	As Of September 30	
	2014	2013
Land	\$ 12,900,771	\$ 12,869,734
Land improvements	7,023,811	6,558,947
Buildings and building equipment	146,594,106	141,448,769
Furniture, fixtures and equipment	160,488,259	150,390,480
Construction in progress	53,118,256	24,384,755
	\$ 380,125,203	\$ 335,652,685
Less accumulated depreciation	(219,828,074)	(204,300,732)
<u>Total</u>	<u>\$ 160,297,129</u>	<u>\$ 131,351,953</u>

Property, plant and equipment in the amount of \$2,913,169 and \$3,461,862 are held under capital lease at September 30, 2014 and 2013, respectively. The related accumulated amortization for equipment under capital lease obligations was \$482,513 and \$462,817 at September 30, 2014 and 2013, respectively.

Blessing Hospital has entered into purchase commitments until 2020 to acquire computer software for approximately \$26.8 million; as of September 30, 2014, \$14,436,349 of those commitments has not been paid. As of September 30, 2014 the Hospital has also entered into contracts for approximately \$60.5 million related to the construction of a patient care addition, and at year end \$14,290,503 of those contracts has not been paid. In addition, the Hospital has entered into approximately \$4.3 million in contracts for the purchase of equipment and consulting services, none of which had been paid at September 30, 2014.

The Hospital capitalizes interest cost on borrowings incurred during the new construction or upgrade of qualifying assets. Capitalized interest is added to the cost of the underlying assets and is amortized over the useful lives of the assets. During the years ended September 30, 2014 and 2013, the Hospital capitalized \$460,250 and \$178,698 of interest, respectively, in connection with various capital expansion projects.

Note (8) Other Accruals

Other accruals consist of the following:

	As Of September 30	
	2014	2013
Salaries, wages, and paid time off	\$ 18,206,595	\$ 16,903,776
Payroll taxes and other withholding	612,168	536,378
Deferred compensation - current	2,280,691	2,093,141
Accrued interest	788,598	657,529
Employee healthcare claims	3,200,000	2,677,614
Workers' compensation claims	1,312,367	1,111,778
Professional liability claims - current	2,000,000	1,000,000
<u>Total</u>	<u>\$ 28,400,419</u>	<u>\$ 24,980,216</u>

Note (9) Pension Plan

The Hospital has a noncontributory defined benefit pension plan. The defined benefit plan was amended effective March 31, 2007 to freeze benefit accruals for active participants hired on or after April 1, 2002. The amendment also freezes participation in the plan as of March 31, 2007; any employee who was not a plan participant on that date will not become a plan participant. The Hospital's funding policy is to contribute the amount necessary to meet the funding requirements as defined by the Internal Revenue Code. The Hospital uses a September 30 measurement date for its defined benefit plan. The following tables set forth the benefit obligation, fair value of plan assets, and the funded status of the Hospital's plan; amounts recognized in the Hospital's financial statements; and the principal weighted-average assumptions used:

	Year Ended September 30	
	2014	2013
<u>Change In Benefit Obligation:</u>		
Benefit obligation at Beginning of Year	\$ 133,286,826	\$ 152,672,684
Service cost	3,570,709	4,547,197
Interest cost	6,690,683	5,963,824
Actuarial (gains)/losses	19,425,426	(26,280,526)
Benefits paid	(4,019,147)	(3,616,353)
<u>Benefit Obligation At End Of Year</u>	<u>\$ 158,954,497</u>	<u>\$ 133,286,826</u>
<u>Change In Plan Assets:</u>		
Fair value of plan assets at Beginning of Year	\$ 103,825,224	\$ 88,780,711
Actual return on plan assets	7,992,136	10,660,866
Employer contribution	8,166,271	8,000,000
Benefits paid	(4,019,147)	(3,616,353)
<u>Fair Value Of Plan Assets At End Of Year</u>	<u>\$ 115,964,484</u>	<u>\$ 103,825,224</u>
<u>Funded Status</u>	<u>\$ (42,990,013)</u>	<u>\$ (29,461,602)</u>

Amounts recognized in the Balance Sheet consist of:

	Year Ended September 30	
	2014	2013
Noncurrent assets	\$ -	\$ -
Current liabilities	-	-
Noncurrent liabilities	(42,990,013)	(29,461,602)
<u>Net Amount Recognized in Balance Sheet</u>	<u>\$ (42,990,013)</u>	<u>\$ (29,461,602)</u>

Note (9) Pension Plan (Cont'd.)

Amounts recognized as changes in unrestricted net assets but not yet reclassified as components of net periodic benefit cost consist of:

	Year Ended September 30	
	2014	2013
Net actuarial loss (gain)	\$ 46,622,812	\$ 28,168,716
Prior service cost (credit)	42,180	50,244
Net initial obligation (asset)	-	-
Total	\$ 46,664,992	\$ 28,218,960

Components of net periodic benefit cost are as follows:

	Year Ended September 30	
	2014	2013
Net Periodic Benefit Cost:		
Service cost	\$ 3,570,709	\$ 4,547,197
Interest cost	6,690,683	5,963,824
Expected return on assets	(8,292,446)	(7,124,844)
Amortization of net (gain) loss	1,271,640	3,911,904
Amortization of prior service cost	8,064	8,064
Net periodic benefit cost	\$ 3,248,650	\$ 7,306,145

Other changes in net assets not yet included in net periodic benefit cost and reclassifications to net periodic benefit cost of amounts previously recognized as changes in unrestricted net assets but not included in net periodic benefit cost when they arose:

	Year Ended September 30	
	2014	2013
Other changes in unrestricted net assets:		
Net (gain) loss	\$ 19,725,736	\$ (29,816,548)
Recognized (gain) loss	(1,271,640)	(3,911,904)
Prior service cost	-	-
Recognized prior service (cost) credit	(8,064)	(8,064)
Total of other changes in unrestricted net assets	\$ 18,446,032	\$ (33,736,516)
Total amounts recognized as changes in unrestricted net assets arising from a defined benefit plan	\$ 21,694,682	\$ (26,430,371)

During 2014 the plan's total unrecognized net loss increased by \$18.5 million. The variance between the actual and expected return on plan assets during 2014 increased the total unrecognized net loss by \$0.3 million. Because the total unrecognized net loss exceeds the greater of 10% of the projected benefit obligation or 10% of the plan assets, the excess will be amortized over the average expected future working lifetime of active plan participants. As of October 1, 2013 the average expected future working lifetime of active plan participants was 11.67 years. Actual results for 2014 will depend on the 2014 actuarial valuation of the plan.

Note (9) Pension Plan (Cont'd.)

Amounts expected to be recognized in net periodic cost in the coming year are as follows:

	Year Ended September 30	
	2014	2013
(Gain)/loss recognition	\$ 2,660,378	\$ 1,271,640
Prior service cost recognition	8,064	8,064

The following table summarizes the Hospital sponsored pension plan that has an accumulated benefit obligation in excess of plan assets:

	Year Ended September 30	
	2014	2013
Projected benefit obligation	\$ 158,954,497	\$ 133,286,826
Accumulated benefit obligation	141,743,116	121,256,464
Fair value of plan assets	115,964,484	103,825,224

The following are weighted-average assumptions used to determine benefit obligations and net periodic benefit cost at September 30, 2014 and 2013:

	Year Ended September 30	
	2014	2013
Actuarial Assumptions Used To Determine Benefit Obligations:		
Discount rate	4.47%	5.09%
Rate of Compensation Increase	2.50%	2.50%
Mortality	RP-2000	RP-2000
Actuarial Assumptions Used To Determine Net Periodic Benefit Cost:		
Discount rate	5.09%	3.95%
Expected Return on Plan Assets	7.75%	7.75%
Rate of Compensation Increase	2.50%	2.50%

The change in unrecognized net gain/loss is one measure of the degree to which important assumptions have coincided with actual experience. During 2014 the unrecognized net loss increased by 13.8% of the 9/30/2013 projected benefit obligation. The Hospital changes important assumptions whenever changing conditions warrant. The discount rate is typically changed at least annually and the expected long-term return on plan assets will typically be revised every three to five years. Other material assumptions include the compensation increase rates, rates of employee termination, and rates of participant mortality.

The discount rate was determined by projecting the plan's expected future benefit payments as defined for the projected benefit obligation, discounting those expected payments using a theoretical zero-coupon spot yield curve derived from a universe of high-quality bonds as of the measurement date, and solving for a single equivalent discount rate that resulted in the same projected benefit obligation. A 1% increase/(decrease) in the discount rate would have (decreased)/increased the net periodic benefit cost for fiscal year 2014 by \$(1.6)/\$2.0 million and (decreased)/increased the year-end projected benefit obligation by \$(21.8)/\$27.4 million.

Note (9) Pension Plan (Cont'd.)

The Hospital's expected long-term return on plan assets assumption is based on a periodic review and modeling of the plan's asset allocation and liability structure over a long-term horizon. Expectations of returns for each asset class are the most important of the assumptions used in the review and modeling and are based on comprehensive reviews of historical data and economic/financial market theory. The expected long-term rate of return on plan assets was determined based on historical and expected future returns of the various asset classes, using the target allocations described below.

The Hospital's investment policy includes various guidelines and procedures designed to ensure assets are invested in a manner necessary to meet expected future benefits earned by participants. The investment guidelines consider a broad range of economic conditions. Central to the policy are target allocation ranges (described below) by major asset categories.

The target allocations for plan assets are 65% equity securities and 35% debt securities. The objectives of the target allocations are to maintain investment portfolios that diversify risk through prudent asset allocation parameters and achieve asset returns that meet or exceed the plan's actuarial assumptions.

The investment policy is periodically reviewed by the Hospital and a designated third-party fiduciary for investment matters. The policy is established and administered in a manner so as to comply at all times with applicable government regulations.

The fair value of the Hospital's pension plan assets at September 30, 2014, by asset class are as follows:

	Level 1: Quoted Prices in Active Markets for Identical Assets	Level 2: Significant Other Observable Inputs	Level 3: Significant Unobservable Inputs	Total
Cash	\$ 6,604,026	\$ -	\$ -	\$ 6,604,026
Equity securities:				
U.S. large-cap value	17,144,468	-	-	17,144,468
U.S. large-cap growth	17,099,785	-	-	17,099,785
U.S. small-cap value	6,153,870	-	-	6,153,870
Small-cap growth	8,964,868	-	-	8,964,868
All-cap stock	10,701,560	-	-	10,701,560
International	19,243,491	-	-	19,243,491
Fixed income securities:				
Corporate bonds	6,789,017	-	-	6,789,017
Government bonds	11,361,862	-	-	11,361,862
Asset-backed securities	6,440,865	-	-	6,440,865
Mutual fund	5,374,384	-	-	5,374,384
Taxable Municipal Bond	86,288	-	-	86,288
Total	\$ 115,964,484	\$ -	\$ -	\$ 115,964,484

Exhibit "E"
(Page 14 of 29)

Note (9) Pension Plan (Cont'd.)

The fair value of the Hospital's pension plan assets at September 30, 2013, by asset class are as follows:

	Level 1: Quoted Prices in Active Markets for Identical Assets	Level 2: Significant Other Observable Inputs	Level 3: Significant Unobservable Inputs	Total
Cash	\$ 4,630,351	\$ -	\$ -	\$ 4,630,351
Equity securities:				
U.S. large-cap value	15,460,340	-	-	15,460,340
U.S. large-cap growth	14,671,523	-	-	14,671,523
U.S. small-cap value	5,670,472	-	-	5,670,472
Small-cap growth	8,992,392	-	-	8,992,392
All-cap stock	10,097,037	-	-	10,097,037
International	17,498,511	-	-	17,498,511
Fixed income securities:				
Corporate bonds	4,489,797	-	-	4,489,797
Government bonds	8,514,869	-	-	8,514,869
Foreign bonds	228,294	-	-	228,294
Asset-backed securities	7,294,335	-	-	7,294,335
Mutual fund	6,192,766	-	-	6,192,766
Taxable Municipal Bond	84,537	-	-	84,537
Total	\$ 103,825,224	\$ -	\$ -	\$ 103,825,224

The Hospital expects to contribute \$8.4 million to the plan during the upcoming year. Funding requirements for subsequent time periods are uncertain and will significantly depend on whether the plan's actuary changes any assumptions used to calculate plan funding levels, the actual return on plan assets, changes in the employee groups covered by the plan, and any legislative or regulatory changes affecting plan funding requirements. For financial planning, cash flow management or cost reduction purposes the Hospital may increase, accelerate, decrease, or delay contributions to the plan to the extent permitted by law.

The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid:

2015	\$ 4,516,399
2016	5,006,707
2017	5,611,747
2018	6,220,206
2019	6,750,421
Years 2020-2024	42,287,445

Note (9) Pension Plan (Cont'd.)

The Hospital also sponsors a defined contribution 403(b) plan. Substantially all employees are eligible to participate in the plan. The Hospital's contributions to this plan, which are based on a 25% match of employee's contributions up to 1.25% of an employee's compensation, amounted to \$986,687 and \$887,106 for the years ended September 30, 2014 and 2013, respectively. Due to the defined benefit plan amendment referred to previously, the Hospital will also contribute 3% of an employee's eligible compensation for each employee impacted by the amendment. The 3% contribution was \$2,234,691 and \$2,093,141 for the years ended September 30, 2014 and 2013, respectively.

Note (10) Non-Qualified Deferred Compensation Plans

The Hospital also sponsors a 457(b) retirement plan for the benefit of a group of designated employees. The assets of the plan are subject to the general creditors of the Hospital; thus, the assets are reported as noncurrent assets on the balance sheet with a corresponding noncurrent liability.

The Hospital also sponsors a 457(f) retirement plan for the benefit of a group of designated employees. The cost of the 457(f) plan was \$-0- and \$-0- for the years ended September 30, 2014 and 2013, respectively. The payouts of the 457(f) plan were \$-0- and \$1,339,000 for the years ended September 30, 2014 and 2013, respectively. The Hospital has recorded a liability of \$46,000 and \$46,000 for the years ended September 30, 2014 and 2013, respectively, for this plan.

Note (11) Long-term Debt

During the year ended September 30, 2012, the Hospital issued through the City of Quincy, Illinois revenue bonds totaling \$32,785,000 entitled City of Quincy, Adams County, Illinois Revenue Refunding Bonds, Series 2012A (Blessing Hospital). The interest income on these bonds is considered to be exempt from federal taxation for bond holders. Net proceeds from the bond issue were \$32,620,418. Proceeds were reduced by \$164,582 for legal and accounting fees, trustees' fees, financial printing costs, and rating agency charges. These costs are netted against long-term debt on the balance sheet and are being amortized over the life of the bonds following the interest method. During the year ended September 30, 2012, proceeds of the bond issue were used to legally defease \$12,595,000 of Series 2004 bonds and \$20,000,000 of Series 2008 bonds. The bonds are collateralized by a pledge of the Hospital's gross receipts. Following is a schedule of bond maturities:

	<u>Amount</u> <u>Series 2012A</u>	<u>Due</u> <u>November 15</u>	<u>Interest</u> <u>Rate</u>
\$	605,000	2014	*
	640,000	2015	
	675,000	2016	
	820,000	2017	
	965,000	2018	
	1,420,000	2019	
	1,485,000	2020	
	1,555,000	2021	
	1,830,000	2022	
	1,910,000	2023	
	2,100,000	2024	
	2,190,000	2025	
	2,290,000	2026	
	2,490,000	2027	
	2,605,000	2028	
	2,515,000	2029	
	1,205,000	2030	
	1,280,000	2031	
	1,355,000	2032	
	<u>1,430,000</u>	2033	
\$	<u><u>31,365,000</u></u>		

*Series 2012A bonds are variable rate bonds, thus, the interest rate is not presented. Interest is paid on a monthly basis.

Because of their variable rate, the fair market value of these bonds approximated their carrying value at September 30, 2014 and 2013.

Note (11) Long-term Debt (Cont'd.)

During the year ended September 30, 2012, the Hospital issued through the City of Quincy, Illinois revenue bonds with a maximum principal amount of \$30,000,000 entitled City of Quincy, Adams County, Illinois Revenue Bonds, Series 2012B (Blessing Hospital). The interest income on these bonds is considered to be exempt from federal taxation for bond holders. Proceeds are to be used for the acquisition, construction, and equipping of a patient care addition with borrowings drawn on the bonds as the project progresses. During the years ended September 30, 2014 and 2013, \$27,155,000 and \$-0-, respectively, were drawn on the bond issuance. Net proceeds from the draws were \$29,827,752. Proceeds were reduced by \$164,582 for legal and accounting fees, trustees' fees, financial printing costs, and rating agency charges. These costs are netted against long-term debt on the balance sheet and are being amortized over the life of the bonds following the interest method. The bonds are collateralized by a pledge of the Hospital's gross receipts. Following is a schedule of bond maturities:

	<u>Amount</u> <u>Series 2012B</u>	<u>Due</u> <u>November 15</u>	<u>Interest</u> <u>Rate</u>
\$	675,000	2020	*
	725,000	2021	
	775,000	2022	
	825,000	2023	
	875,000	2024	
	925,000	2025	
	975,000	2026	
	1,025,000	2027	
	1,075,000	2028	
	1,125,000	2029	
	1,175,000	2030	
	1,225,000	2031	
	1,275,000	2032	
	1,325,000	2033	
	1,625,000	2034	
	1,665,000	2035	
	1,700,000	2036	
	1,735,000	2037	
	1,775,000	2038	
	1,815,000	2039	
	1,855,000	2040	
	1,895,000	2041	
	<u>1,935,000</u>	2042	
\$	<u><u>30,000,000</u></u>		

*Series 2012B bonds are variable rate bonds, thus, the interest rate is not presented. Through August 22, 2019, the bonds bear interest at an annual rate of 2.05% on drawn funds and 0.25% on undrawn funds. Interest is paid on a semiannual basis.

Because of their variable rate, the fair market value of these bonds approximated their carrying value at September 30, 2014 and 2013.

Note (11) Long-term Debt (Cont'd.)

During the year ended September 30, 2007, the Hospital issued through the City of Quincy, Illinois revenue bonds totaling \$47,575,000 entitled City of Quincy, Adams County, Illinois Revenue Refunding Bonds, Series 2007 (Blessing Hospital). The interest income on these bonds is considered to be exempt from federal taxation for bond holders. Net proceeds from the bond issue were \$48,850,181, consisting of \$47,575,000 principal and \$1,275,181 net original issue premium. Proceeds were reduced by \$570,296 for underwriter's discount and reimbursable expenses, legal and accounting fees, trustees' fees, financial printing costs, and rating agency charges. These costs are netted against long-term debt on the balance sheet and are being amortized over the life of the bonds following the interest method. The net original issue premium is being amortized as a reduction in interest expense over the life of the bonds. Following is a schedule of bond maturities:

	<u>Amount</u> <u>Series 2007</u>	<u>Due</u> <u>November 15</u>	<u>Interest</u> <u>Rate</u>
\$	3,015,000	2014	5.00%
	3,165,000	2015	5.00%
	3,320,000	2016	5.00%
	3,490,000	2017	5.00%
	3,660,000	2018	5.00%
	855,000	2019	5.00%
	900,000	2020	5.00%
	940,000	2021	5.00%
	990,000	2022	*
	1,040,000	2023	*
	1,095,000	2024	*
	1,145,000	2025	*
	1,205,000	2026	*
	1,265,000	2027	*
	1,325,000	2028	*
	<u>1,385,000</u>	2029	*
\$	<u><u>28,795,000</u></u>		

* Various interest rates

The bonds are collateralized by a pledge of the Hospital's gross receipts. The fair market value of these bonds approximated \$30,498,296 and \$33,276,318 at September 30, 2014 and 2013, respectively. Fair values of the Hospital's revenue notes are based on current traded value. Interest is paid semi-annually on May 15 and November 15.

Under the terms of the 2012A, 2012B, and 2007 indentures, the Hospital is required to maintain certain deposits with a trustee. Such deposits are included with assets whose use is limited in the financial statements. The indenture also places limits on the incurrence of additional borrowings and requires that the Hospital satisfy certain measures of financial performance as long as the bonds are outstanding. Management believes the Hospital is in compliance with these covenants and conditions as of September 30, 2014.

Note (11) Long-term Debt (Cont'd.)

On October 1, 2011, Blessing Hospital entered into a financing agreement totaling \$643,400 for the renovation of the hospital cafeteria. The agreement is to be repaid in 48 monthly payments of principal and interest with an interest rate of 7.25%. At September 30, 2014 and 2013, the Hospital owed \$-0- and \$344,913, respectively, on this note.

On September 30, 2010, Blessing Hospital entered into a financing agreement to purchase a surgery robot for \$2,120,000. The agreement is to be repaid in 48 monthly payments of principal and interest with an interest rate of 2.70%. The agreement is secured by the equipment purchased which has a carrying value of \$908,571 and \$1,211,429 at September 30, 2014 and 2013, respectively. At September 30, 2014 and 2013, the Hospital owed \$-0- and \$538,528, respectively, on this note.

On October 31, 2006, Blessing Hospital borrowed \$13,000,000 to purchase an ambulatory surgery center. The loan was to be repaid in 240 monthly payments of principal and interest with an initial interest rate of 7.53%. The loan is collateralized by a pledge of the Hospital's unrestricted receivables. On August 12, 2008, the balance of the note was refinanced, and the interest rate was adjusted to 5.60%. The note was refinanced again on February 18, 2011. The remaining balance is to be repaid in 186 monthly payments at an initial interest rate of 5.00%. On February 18, 2021 the interest rate will be adjusted to the swap rate at that date plus 1.75%. The allocation of the original purchase price was \$12,630,277 for goodwill, \$152,285 for fixed assets, and \$217,438 for inventory. The goodwill is included in intangible assets and was being amortized over fifteen years. Beginning October 1, 2010, goodwill is no longer being amortized but rather periodically tested for impairment as required by FASB ASC 958-805. At September 30, 2014 and 2013, the Hospital owed \$9,515,490 and \$10,083,086, respectively, on this note.

The Hospital leases various medical equipment and building improvements under capital lease agreements. Scheduled maturities on debt capital lease obligations are as follows:

	Long-Term Debt	Capital Lease Obligations
2015	\$ 4,292,107	\$ 335,743
2016	4,497,778	307,636
2017	4,712,014	307,636
2018	5,051,284	307,636
2019	5,391,841	274,132
Later years	<u>76,203,666</u>	<u>927,822</u>
	\$ <u>100,148,690</u>	\$ <u>2,460,605</u>
Less unamortized deferred financing costs	\$ <u>(521,716)</u>	
	<u>\$ 99,626,974</u>	
Less amount representing interest under capital lease obligations		\$ <u>(413,740)</u>
		<u>\$ 2,046,865</u>

Note (12) Related Party Transactions

During the year ended September 30, 1983, the Hospital underwent a restructuring of its organization. As a result of that restructuring, the Hospital is now a member of a group of related organizations. Other members of the group and a summary of their functions are listed below:

Blessing Corporate Services, Inc. - serves as the parent organization in the structure and provides overall direction and control to all entities within the structure. During the year ended September 30, 2005, Blessing Corporate Services, Inc. began operating a division of practicing physicians. During the years ended September 30, 2014 and 2013, the Hospital transferred \$15,474,912 and \$13,042,828, respectively, to Blessing Corporate Services, Inc. During the years ended September 30, 2014 and 2013, Blessing Hospital paid a management fee to Blessing Corporate Services, Inc. in the amounts of \$7,783,259 and \$6,984,249, respectively. In addition, Blessing Corporate Services, Inc. leases administrative offices from the Hospital under a one year lease. Rent paid by Blessing Corporate Services, Inc. to the Hospital during the years ended September 30, 2014 and 2013 totaled \$50,974 and \$49,958, respectively.

The Blessing Foundation, Inc. - engages in fundraising to benefit the Hospital.

BlessingCare Corporation - Missouri - established during the year ended September 30, 1985. This entity is currently inactive.

BlessingCare Corporation - Illinois - established during the year ended September 30, 2000. The entity operates a not-for-profit hospital in Pittsfield, Illinois.

Denman Services, Inc. (a taxable corporation) - formed for investment purposes and is wholly owned by Blessing Corporate Services, Inc.

Illini Health Services, LLC - formed for investment purposes and is ninety-five percent (95%) owned by Denman Services, Inc. and five percent (5%) owned by BlessingCare Corporation – Illinois.

Blessing Affiliates, Inc. - established during the year ended September 30, 1983. This entity is currently inactive.

Exhibit "E"
(Page 21 of 29)

Note (12) Related Party Transactions (Cont'd.)

Following is a summary of activity for the related organizations for the year ended September 30, 2014:

	The Blessing Foundation, Inc.	BlessingCare Corporation dba Illini Community Hospital	Blessing Corporate Services, Inc. and Subsidiary
Assets	\$ <u>43,830,172</u>	\$ <u>17,813,565</u>	\$ <u>15,082,501</u>
Liabilities	\$ <u>9,393,288</u>	\$ <u>7,989,036</u>	\$ <u>8,124,881</u>
Equity	\$ <u>34,436,884</u>	\$ <u>9,824,529</u>	\$ <u>6,957,620</u>
Increase (Decrease) In Net Assets For Year	\$ <u>835,573</u>	\$ <u>727,580</u>	\$ <u>(606,822)</u>
Accounts receivable (payable) by Blessing Hospital from (to) related organizations at September 30, 2014	\$ <u>243,668</u>	\$ <u>336,164</u>	\$ <u>514,380</u>

* As of January 31, 2002, Blessing Corporate Services, Inc. became the sole stockholder of Denman Services, Inc. and thus, records the investment in Denman Services, Inc. using the equity method of accounting. Accordingly, Blessing Corporate Services, Inc. and Subsidiary's financial information presented above includes the investment in Denman Services, Inc. and the resulting income from equity in earnings from the subsidiary.

** Blessing Affiliates, Inc. and BlessingCare Corporation – Missouri are not presented above as there is no material financial activity.

Blessing Hospital has contracted with Denman Services, Inc. to provide biomedical services to the Hospital. The Hospital has paid Denman Services, Inc. \$1,014,324 and \$939,672 for these services for the years ended September 30, 2014 and 2013, respectively, under this contract. Denman Services, Inc. also provides linen services to Blessing Hospital. During the years ended September 30, 2014 and 2013, Blessing Hospital paid Denman Services, Inc. \$957,015 and \$1,001,821, respectively, for these services. In addition, Blessing Hospital in the course of its operations, purchases certain medical supplies from Denman Services, Inc. Amounts paid for these supplies totaled \$167,174 and \$207,437 for the years ended September 30, 2014 and 2013, respectively.

Denman Services, Inc. purchases various supplies, services, and health insurance from Blessing Hospital. Amounts paid for these services and supplies totaled \$1,398,040 and \$1,038,531 for the years ended September 30, 2014 and 2013, respectively. Denman also leases real estate from Blessing Hospital under various lease agreements. Rent paid by Denman to Blessing Hospital during the years ended September 30, 2014 and 2013 totaled \$90,178 and \$88,906, respectively.

Note (12) Related Party Transactions (Cont'd.)

During the years ended September 30, 2014 and 2013, Blessing Hospital received specific purpose grants from The Blessing Foundation, Inc. for the support of various activities and programs. The specific purpose grants totaled \$1,164,690 and \$548,841 for the years ended September 30, 2014 and 2013, respectively. During the years ended September 30, 2014 and 2013, respectively, \$833,560 and \$678,033 were released from restrictions and included in net assets released from restrictions and used for operations. In addition, The Blessing Foundation, Inc. conducted a fundraising campaign to raise funds for the patient care addition being constructed by the Hospital. Because the entities are financially interrelated, contributions to the campaign are recorded by the Hospital as temporarily restricted revenue when pledged or contributed and as an asset (Interest in Net Assets of The Blessing Foundation, Inc.) on the balance sheet until funds are transferred to the Hospital. During the years ended September 30, 2014 and 2013, campaign pledges and contributions included in restricted revenue and 'Interest in Net Assets of The Blessing Foundation, Inc.' totaled \$3,098,076 and \$4,602,273, respectively. These amounts were released from restriction in the same year as contributed. During the year ended September 30, 2013, campaign pledges included \$100,000 from Denman Services, Inc. and \$300,000 from Blessing Volunteers in Partnership, an organization whose mission is to raise money to benefit Blessing Hospital. During the year ended September 30, 2014, campaign pledges included \$100,000 from Blessing Volunteers in Partnership.

Blessing Hospital leases medical office space from The Blessing Foundation, Inc. The lease agreements provide for monthly rental payments of approximately \$13,000 with a 3% annual rent increase. The lease agreements expire on June 1, 2015 and October 18, 2023. The Hospital also leases three clinic spaces from The Blessing Foundation, Inc. The first lease can be renewed until July 1, 2020 and calls for monthly payments of approximately \$6,000. The second lease expires June 30, 2014 and calls for monthly payments of approximately \$3,700. The third lease expired January 1, 2014 and called for monthly payments of \$3,209. A portion of the clinic space is subleased by the Hospital to an unrelated entity. Rent expense paid to The Blessing Foundation during the years ended September 30, 2014 and 2013 totaled \$269,109 and \$384,846, respectively.

Note (13) Temporarily And Permanently Restricted Net Assets

Temporarily restricted net assets are available for the following purposes at September 30, 2014 and 2013:

	<u>As Of September 30</u>	
	<u>2014</u>	<u>2013</u>
Resident Education	\$ 20,214	\$ 19,384
Hospice	200,000	100,000
Blessing Rieman College of Nursing	103,373	110,409
Eno Bequest	160,723	168,498
Hospital Program Needs and Community Health Improvement	<u>1,850,238</u>	<u>1,457,659</u>
<u>Total</u>	<u>\$ 2,334,548</u>	<u>\$ 1,855,950</u>

Note (13) Temporarily And Permanently Restricted Net Assets (Cont'd.)

Permanently restricted net assets at September 30, 2014 and 2013 are restricted to:

	<u>As Of September 30</u>	
	<u>2014</u>	<u>2013</u>
Investments to be held in perpetuity, the income from which is expendable to support health care services (reported as operating income)	\$ <u>1,697,273</u>	\$ <u>1,697,273</u>

Note (14) Concentrations Of Credit Risk

Blessing Hospital maintains cash balances in several financial institutions in Quincy, Illinois. The balances are insured by the Federal Deposit Insurance Corporation up to \$250,000 per institution. At September 30, 2014 and 2013, Blessing Hospital had cash balances in excess of the basic FDIC limit of \$87,629,098 and \$62,764,849, respectively, which include outstanding checks. A portion of the excess cash balance is collateralized by repurchase agreements. One repurchase agreement increased from \$35,000,000 to \$50,000,000 on May 29, 2014. Another repurchase agreement collateralized \$20,000,000 of deposits at September 30, 2014. The Hospital does not believe that it is exposed to significant credit risk in connection with cash and cash equivalents.

The Hospital routinely invests in money market mutual funds. These funds generally invest in highly liquid U.S. government and agency obligations. Investments in money market funds are not insured or guaranteed by the U.S. government; however, management believes that credit risk related to these investments is minimal.

The Hospital is located in Quincy, Illinois. The Hospital grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements.

The mix of receivables from patients and third-party payors was as follows at September 30:

	<u>2014</u>	<u>2013</u>
Medicare	27 %	27 %
Medicaid	30	23
Blue Cross	6	4
Other Third-Party Payors	28	30
Patient Responsibility	<u>9</u>	<u>16</u>
	<u>100 %</u>	<u>100 %</u>

Note (15) Functional Expenses

The Hospital provides general health care services to residents within its geographic location. Expenses related to providing these services are as follows:

	Year Ended September 30	
	2014	2013
Health care services	\$ 200,001,201	\$ 198,502,638
General and administrative	<u>72,101,932</u>	<u>65,309,143</u>
Total	\$ <u>272,103,133</u>	\$ <u>263,811,781</u>

Note (16) Fair Value Measurements

The following methods and assumptions were used by the Hospital in estimating the fair value of its financial instruments:

Cash and cash equivalents: The carrying amount reported in the balance sheet for cash and cash equivalents approximates fair value based on their short-term nature.

Accounts receivable: The carrying value of accounts receivable approximates fair value due to their short-term nature and historical collectibility.

Investments: Fair values, which are the amounts reported in the balance sheet, are measured on a recurring basis using quoted market prices in active markets for identical assets (Level 1), if available. If Level 1 inputs are not available, amounts are estimated using quoted market prices in active markets for similar securities (Level 2) or measured using an external appraisal (Level 3). The net asset value of an underlying investment fund was used to determine the fair value amount of Level 2 investments shown below.

Assets limited as to use: These assets consist primarily of cash and short-term investments and interest receivable. The carrying amount reported in the balance sheet is fair value.

Accounts payable and accrued expenses: The carrying amount reported in the balance sheet for accounts payable and accrued expenses approximates fair value due to the short-term nature of the obligations.

Estimated third-party payor settlements: The carrying amount reported in the balance sheet for estimated third-party payor settlements approximates fair value.

Long-term debt: Fair values of the Hospital's bonds are based on current traded value. The fair value of the Hospital's remaining long-term debt is estimated using discounted cash flow analyses, based on the Hospital's current incremental borrowing rates for similar types of borrowing arrangements (See Note 11).

Note (16) Fair Value Measurements (Cont'd.)

The carrying amounts and estimated fair values of the Hospital's financial instruments at September 30, 2014 and 2013 are as follows:

	September 30			
	2014		2013	
	Carrying Amount	Fair Value	Carrying Amount	Fair Value
Financial Assets:				
Cash and cash equivalents	\$ 91,452,366	\$ 91,452,366	\$ 66,918,329	\$ 66,918,329
Patient accounts receivable	45,755,174	45,755,174	49,892,619	49,892,619
Short-term investments	99,245,235	99,245,235	92,478,085	92,478,085
Assets limited as to use	15,676,385	15,676,385	15,840,515	15,840,515
Financial Liabilities:				
Accounts payable and accrued expenses	50,019,501	50,019,501	42,806,489	42,806,489
Estimated third-party payor settlements	10,858,857	10,858,857	9,695,878	9,695,878
Long-term debt	101,673,839	103,377,135	79,955,548	81,566,866

The following are the major categories of assets measured at fair value on a recurring basis during the years ended September 30, 2014 and 2013, using quoted prices in active markets for identical assets (Level 1); significant other observable inputs (Level 2); and significant unobservable inputs (Level 3).

	Level 1: Quoted Prices in Active Markets for Identical Assets	Level 2: Significant Other Observable Inputs	Level 3: Significant Unobservable Inputs	Total
<u>Year Ended September 30, 2014</u>				
Available-for-sale securities	\$ 109,894,784	\$ 3,749,197	\$ -	\$ 113,643,981
Investment in real property	-	-	1,457,000	1,457,000
	<u>\$ 109,894,784</u>	<u>\$ 3,749,197</u>	<u>\$ 1,457,000</u>	<u>\$ 115,100,981</u>
<u>Year Ended September 30, 2013</u>				
Available-for-sale securities	\$ 104,638,134	\$ 2,400,607	\$ -	\$ 107,038,741
Investment in real property	-	-	1,457,000	1,457,000
	<u>\$ 104,638,134</u>	<u>\$ 2,400,607</u>	<u>\$ 1,457,000</u>	<u>\$ 108,495,741</u>

Note (17) Operating Leases

The Hospital has entered into several operating leases for equipment and real estate. The lease terms generally range from monthly leases to 120 months. Total rental expense for the period ended September 30, 2014 and 2013 was \$2,766,160 and \$2,730,075, respectively.

The following is a schedule of future minimum lease payments for the next five years:

2015	\$	2,273,311
2016		2,161,243
2017		1,920,328
2018		1,881,165
2019		<u>1,819,699</u>
<u>Total</u>	\$	<u>10,055,746</u>

Note (18) Rental Income

The Hospital leases various parcels of property to several businesses as well as individuals.

Non-cancelable operating lease terms generally range from 36 to 120 months. Rental income was \$1,035,911 and \$1,019,450 for the years ended September 30, 2014 and 2013, respectively. Future minimum rental payments to be received on non-cancelable operating leases are contractually due as follows as of September 30, 2014:

2015	\$	692,274
2016		700,078
2017		707,999
2018		688,161
2019		<u>416,152</u>
<u>Total</u>	\$	<u>3,204,664</u>

Note (19) Electronic Health Records Funding

The Hospital recognizes revenue for incentives earned under the Medicare electronic health records program in the year in which all related contingencies are resolved, including whether the Hospital will comply with the applicable meaningful use requirements. Incentive payments received under the Medicare program include a discharge-related portion, which is calculated by Centers for Medicare & Medicaid Services based on the Hospital's most recently filed cost report. Such amounts are subject to adjustment at the time of settling the twelve month cost report for the Hospital's fiscal year. The Hospital achieved compliance with the Year 3 and Year 4 meaningful use requirements under the program during the years ended September 30, 2014 and 2013 and, accordingly, recognized auxiliary income of \$867,039 and \$1,236,696, respectively, in the accompanying statements of operations. At September 30, 2014 and 2013, \$611,331 and \$1,161,601 of receivables related to this revenue were included in other current assets.

Note (20) Intangible Assets

Intangible assets consisted of the following at September 30, 2014 and 2013:

	As Of September 30	
	2014	2013
Goodwill	\$ 12,900,776	\$ 12,900,776
Less: accumulated amortization	<u>(3,568,405)</u>	<u>(3,568,405)</u>
Total	\$ <u>9,332,371</u>	\$ <u>9,332,371</u>

Deferred financing costs are netted against long term debt and consisted of the following at September 30, 2014 and 2013:

	As Of September 30	
	2014	2013
Deferred financing costs	\$ 625,931	\$ 618,265
Less: accumulated amortization	<u>(104,215)</u>	<u>(53,848)</u>
Total	\$ <u>521,716</u>	\$ <u>564,417</u>

Amortization of intangible assets amounted to \$50,367 and \$53,849 for the years ended September 30, 2014 and 2013, respectively.

The following is a schedule of amortization of deferred financing costs for the next five years:

2015	\$ 46,317
2016	42,258
2017	37,999
2018	33,524
2019	<u>28,830</u>
Total	\$ <u>188,928</u>

Advertising costs are expensed as incurred. Advertising expense totaled \$385,634 and \$456,096 for the years ended September 30, 2014 and 2013, respectively.

Note (21) Endowment

The Hospital's endowment consists of a pool of investments established to provide income for purposes related to the Hospital. The endowment includes donor-restricted endowment funds. In accordance with the FASB Accounting Standards Codification, net assets associated with the endowment fund are classified and reported based on the existence or absence of donor-imposed restrictions. The endowment balance is included in net assets limited as to use in the balance sheets.

Exhibit "E"
(Page 28 of 29)

Note (21) Endowment (Cont'd.)

For the year ended September 30, 2014, the Hospital had the following endowment related activities:

	Temporarily Restricted	Permanently Restricted	Total
Endowment Net Assets, Beginning of Year	\$ 111,262	\$ 1,697,273	\$ 1,808,535
Investment Return:			
Investment Income	\$ -	\$ -	\$ -
Net Appreciation (Realized & Unrealized)	9,906	-	9,906
Total Investment Return	\$ 9,906	\$ -	\$ 9,906
Contributions	-	-	-
Appropriation of endowment assets for expenditure	-	-	-
Endowment Net Assets, End of Year	\$ 121,168	\$ 1,697,273	\$ 1,818,441

For the year ended September 30, 2013, the Hospital had the following endowment related activities:

	Temporarily	Permanently	Total
Endowment Net Assets, Beginning of Year	\$ 147,456	\$ 1,697,273	\$ 1,844,729
Investment Return:			
Investment Income	\$ 941	\$ -	\$ 941
Net Appreciation (Realized & Unrealized)	(36,194)	-	(36,194)
Total Investment Return	\$ (35,253)	\$ -	\$ (35,253)
Contributions	-	-	-
Appropriation of endowment assets for expenditure	(941)	-	(941)
Endowment Net Assets, End of Year	\$ 111,262	\$ 1,697,273	\$ 1,808,535

Note (21) Endowment (Cont'd)Interpretation of Relevant Law

On June 30, 2009, the State of Illinois repealed UMIFA and enacted the Illinois Uniform Prudent Management of Institutional Funds Act (UPMIFA), which changes the standards for investing endowment funds and for determining amounts to be appropriated for expenditure. Management of the Hospital has interpreted the UPMIFA as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, the Hospital classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the organization in a manner consistent with the standard of prudence prescribed by UPMIFA. In accordance with UPMIFA, the Hospital considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds:

- (1) The duration and preservation of the fund
- (2) The purposes of the Hospital and the donor-restricted endowment fund
- (3) General economic conditions
- (4) The possible effect of inflation and deflation
- (5) The expected total return from income and the appreciation of investments
- (6) Other resources of the Hospital
- (7) The investment policy of the Hospital.

Return Objectives and Risk Parameters

The Hospital has adopted investment and spending policies for endowment assets that attempt to maintain a sufficient liquidity to ensure the funding to programs supported by the endowment while seeking to maintain the purchasing power of the endowment assets. Under this policy, as approved by the Board of Trustees, the endowment assets are invested in a manner that is intended to produce results that meet or exceed (net of fees) the market index, or blended market index, as identified in the policy. The Hospital expects its endowment funds, over time, to provide an average rate of return of approximately 8.5 percent annually. Actual returns in any given year may vary from this amount.

Strategies Employed for Achieving Objectives

To satisfy its long-term rate of return objectives, the Hospital relies on a total return strategy in which investment returns are achieved through both capital appreciation or depreciation (realized and unrealized) and current yield (interest and dividends). The Hospital targets a diversified asset allocation that places a greater emphasis on equity-based investments to achieve its long-term return objectives within prudent risk constraints.

Spending Policy

The primary objective of the endowment is to provide support of the operating needs of the Hospital. Consequently, the Hospital's spending policy provides for discretionary appropriations of investment return.

Note (22) Reclassifications

Certain prior years' amounts have been reclassified to conform to current year presentation. The effect of such reclassifications did not change total net assets, unrestricted net assets, or excess of revenues over expenses.