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Form 990

Return of Organization Exempt From Income Tax

2014

Open to Public
Inspection

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

A For the 2014 calendar year, or tax year beginning 10-01-2014, and ending 09-30-2015

B Check if applicable	C Name of organization BLESSING HOSPITAL		D Employer identification number 37-0661183
<input type="checkbox"/> Address change			
<input type="checkbox"/> Name change	Doing business as		E Telephone number (217) 223-1200
<input type="checkbox"/> Initial return			
<input type="checkbox"/> Final return/terminated	Number and street (or P O box if mail is not delivered to street address) 1005 BROADWAY	Room/suite	
<input type="checkbox"/> Amended return	City or town, state or province, country, and ZIP or foreign postal code QUINCY, IL 62301		G Gross receipts \$ 420,941,235
<input type="checkbox"/> Application pending	F Name and address of principal officer MAUREEN A KAHN 1005 BROADWAY QUINCY, IL 62301		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

I Tax-exempt status 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527J Website: ► www.blessinghealthsystem.orgK Form of organization Corporation Trust Association Other ►

H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ►

L Year of formation 1875 M State of legal domicile IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
Blessing Hospital's mission is to improve the health of our community

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	13
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	2,740
6 Total number of volunteers (estimate if necessary)	6	721
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	

8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9 Program service revenue (Part VIII, line 2g)	6,407,229	4,543,764
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	307,997,618	330,881,505
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,931,588	2,830,262
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,308,818	10,017,694
	330,645,253	348,273,225

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	Prior Year	Current Year
14 Benefits paid to or for members (Part IX, column (A), line 4)	2,092,880	2,371,260
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	146,292,552	155,380,387
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ► ⁰		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	138,604,864	152,224,082
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	286,990,296	309,975,729
19 Revenue less expenses Subtract line 18 from line 12	43,654,957	38,297,496

20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21 Total liabilities (Part X, line 26)	434,374,816	444,546,245
22 Net assets or fund balances Subtract line 21 from line 20	225,804,038	242,862,017
	208,570,778	201,684,228

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	*****	2016-07-28
	Signature of officer	Date
	MAUREEN KAHN President	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name STEPHEN C KOESTER CPA	Preparer's signature STEPHEN C KOESTER CPA	Date	Check <input type="checkbox"/> if self-employed	PTIN P00342386
	Firm's name ► Gray Hunter Stenn LLP	Firm's EIN ►			
	Firm's address ► 500 Main 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 (2014)

Part III Statement of Program Service Accomplishments

Statement of Program Service Accomplishments
Check if Schedule O contains a response or note to any line in this Part II

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 C

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 \$ 236,645,547 including grants of \$ 2,371,260) (Revenue \$ 348,273,225

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 2015, the cost of charity care provided was \$6,642,241. Medicare and Medicaid shortfalls were \$39,215,016 and \$12,921,104, respectively. Blessing Hospital serviced 13,736 inpatients and 65,198 emergency department patients. Outpatient services included 349,240 laboratory exams and 85,345 radiology procedures. Blessing Hospital provided ADDITIONAL benefits of \$12,441,036 to the community DURING FISCAL YEAR 2015 as follows: Health Professionals Education SIU Residency Program \$3,030,473; Blessing-Rieman College of Nursing \$2,351,533; NURSING EDUCATIONAL PreceptorS \$ 857,386; SCHOOL OF RADIOLOGIC TECHNOLOGY \$ 314,572; SCHOOL OF MEDICAL LABORATORY TECHNICIANS \$ 69,501; SUB Total Health Professionals education \$6,623,465; Community Health Improvement Services COMMUNITY OUTREACH CLINIC \$ 244,988; SIU PATIENT CENTERED MEDICAL HOME \$ 141,620; ADAMS COUNTY HEALTH DEPARTMENT DENTAL PROGRAM \$ 70,000; Patient Transportation \$ 60,352; Medical Supplies/Services for Patients \$ 42,637; Educational Programs \$ 34,456; CHARITY PHARMACY PRESCRIPTIONS \$ 28,742; SUPPORT GROUPS \$ 22,620; Health Screenings/Tests \$ 9,373; MEDICAL INTERPRETING SERVICES \$ 5,375; SUB Total community health improvement serviceS \$ 660,163; Subsidized Health Services Home Healthcare SERVICES \$2,980,646; CARE COORDINATION \$1,432,193; HOSPICE \$ 320,616; BLESSING FAST CARE \$ 249,844; SUB TOTAL SUBSIDIZED HEALTH SERVICES \$4,983,299; In-Kind Contributions/Donations Donations/Sponsorships \$ 81,066; Adams County Ambulance Service \$ 70,775; MEETING SPACE \$ 22,268; SUB Total in-kind contributions/donations \$ 174,109.

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 **236,645,547**

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III

6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

9 Did the organization report an amount in Part X, line 21 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

10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V

11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

- a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
- b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII
- c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII
- d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX
- e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
- f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part XI

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII

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

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

14b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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

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

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

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

	Yes	No
1	Yes	
2	Yes	
3		No
4		No
5		No
6		No
7		No
8		No
9		No
10	Yes	
11a	Yes	
11b	Yes	
11c		No
11d	Yes	
11e	Yes	
11f		No
12a	Yes	
12b	Yes	
13		No
14a		No
14b		No
15		No
16		No
17		No
18		No
19		No
20a	Yes	
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 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<input checked="" type="checkbox"/>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	<input checked="" type="checkbox"/>	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? If "Yes," complete Schedule J	<input checked="" type="checkbox"/>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	<input checked="" type="checkbox"/>	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	<input checked="" type="checkbox"/>	25a	No	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	<input checked="" type="checkbox"/>	25b	No	
26	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? If "Yes," complete Schedule L, Part II	<input checked="" type="checkbox"/>	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? If "Yes," complete Schedule L, Part III	<input checked="" type="checkbox"/>	27	No	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)				
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	<input checked="" type="checkbox"/>	28a	No	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	<input checked="" type="checkbox"/>	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? If "Yes," complete Schedule L, Part IV	<input checked="" type="checkbox"/>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		29	No	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		30	No	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		31	No	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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? If "Yes," complete Schedule R, Part I	<input checked="" type="checkbox"/>	33	No	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	<input checked="" type="checkbox"/>	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)? If "Yes," complete Schedule R, Part V, line 2	<input checked="" type="checkbox"/>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	<input checked="" type="checkbox"/>	36	No	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	<input checked="" type="checkbox"/>	37	No	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 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 . . .	1a	189	
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . .	1c	Yes	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . .	2a	2,740	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note.</i> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .	3a	No	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . .	3b	No	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .	4a	No	
b If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	5a	No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . .	5c		
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? . . .	6a	No	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . .	6b		
7 Organizations that may receive deductible contributions under section 170(c).	7a	No	
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . .	7b		
b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . .	7c	No	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . .	7d	0	
d If "Yes," indicate the number of Forms 8282 filed during the year			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . .	7e	No	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	7f	No	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . .	7g	No	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . .	7h	No	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . .	8	No	
9a Did the sponsoring organization make any taxable distributions under section 4966? . . .	9a	No	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	9b	No	
10 Section 501(c)(7) organizations. Enter	10a		
a Initiation fees and capital contributions included on Part VIII, line 12 . . .	10b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11 Section 501(c)(12) organizations. Enter	11a		
a Gross income from members or shareholders . . .	11b		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . .			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . . .	12a	No	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	No	
a Is the organization licensed to issue qualified health plans in more than one state? <i>Note.</i> See the instructions for additional information the organization must report on Schedule O	13b		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . .	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year? . . .	14a	No	
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . .	14b		

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	1a	13		
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				
b Enter the number of voting members included in line 1a, above, who are independent	1b	8		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	Yes		
4 Did the organization make any significant changes to its 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		
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes		
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	8a	Yes		
a The governing body?	8b	Yes		
b Each committee with authority to act on behalf of the governing body?	9		No	
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				

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	
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	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13 Did the organization have a written whistleblower policy?	13	Yes	
14 Did the organization have a written document retention and destruction policy?	14	Yes	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	Yes	
a The organization's CEO, Executive Director, or top management official	15b	Yes	
b Other officers or key employees of the organization			
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	
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 <input checked="" type="checkbox"/> IL
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
<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, address, and telephone number of the person who possesses the organization's books and records ►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	Former			
(1) PHILLIP CONOVER	1 00							0	0	0
Trustee	0 00	X								
(2) HRISHIKESH GHANEKAR MD	1 00							23,100	0	0
Trustee	0 00	X								
(3) MICHAEL HULSEN	1 00							0	0	0
Trustee	0 00	X								
(4) DAVID BOSTER	1 00							0	0	0
Chairman	0 00	X		X						
(5) ABBY REICH MD	1 00							0	215,426	22,558
Trustee	39 00	X								
(6) MICHAEL D KLINGNER PE	1 00							0	0	0
Trustee	0 00	X								
(7) DAVID HETZLER JR	1 00							0	0	0
Trustee	0 00	X								
(8) TIMOTHY D KOONTZ	1 00							0	0	0
Trustee	0 00	X								
(9) THOMAS H MILLER MD	1 00							8,325	0	0
Trustee	0 00	X								
(10) DENNIS GO MD	1 00							21,300	0	0
Trustee	0 00	X								
(11) MAUREEN A KAHN	30 00							298,078	245,400	76,613
PRESIDENT/CEO	10 00	X		X						
(12) CHRISTOPHER J NIEMANN	1 00							0	0	0
VICE CHAIRMAN	0 00	X		X						
(13) HARRY R RUTH MD	1 00							0	0	0
Trustee	0 00	X								
(14) PATRICK M GERVELER	1 00							0	447,524	66,889
Treasurer	39 00			X						

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	Instrumental Trustee	Officer	Key employee	Highest compensated Employee			
(15) TIMOTHY A MOORE SECRETARY/CAO 0 00	40 00 0 00			X			262,496	0	90,982
(16) JILL MASON CNO 0 00	40 00 0 00			X			264,625	0	8,773
(17) GEORGE E LIESMANN CMO 0 00	40 00 0 00			X			348,983	0	15,282
(18) SCOTT M HOUGH MD PHYSICIAN 0 00	40 00 0 00				X		638,535	0	23,280
(19) ANTONY S WOLLASTON MD PHYSICIAN 0 00	40 00 0 00				X		486,410	0	20,263
(20) STEVE C WANG DO PHYSICIAN 0 00	40 00 0 00				X		500,565	0	375
(21) JAMES B KASE MD PHYSICIAN 0 00	40 00 0 00				X		507,435	0	23,311
(22) CHRISTOPHER R SOLARO MD PHYSICIAN 0 00	40 00 0 00				X		508,304	0	22,209

1b Sub-Total	►			
c Total from continuation sheets to Part VII, Section A	►			
d Total (add lines 1b and 1c)	►	3,868,156	908,350	370,535

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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	9,045,551
QUINCY MEDICAL GROUP 1025 MAINE STREET QUINCY, IL 62301	MEDICAL SERVICES	2,785,167
WEST CENTRAL PATHOLOGY SPECIALISTS, 4000 CATAMARAN CT QUINCY, IL 62301	PATHOLOGY SERVICES	2,655,236
SOUND PHYSICIANS OF IL LLC PO BOX 742936 LOS ANGELES, CA 90074	PHYSICIAN SERVICES	2,216,448
BRIDGE HOMECARE PARTNERS 5335 FAR HILLS AVE STE 224 DAYTON, OH 45429	MANAGEMENT SERVICES	1,413,252

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 ►48

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	3,026,516				
	e Government grants (contributions)	1e	332,696				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,184,552				
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f		4,543,764				
Program Service Revenue			Business Code				
	2a COLLEGE OF NURSING	611600		3,450,822		3,450,822	
	b LESS CHARITY CARE	621110		-25,536,630	-25,536,630		
	c LESS CONTRACT ALLOW	621110		-620,411,339	-620,411,339		
	d PATIENT REVENUE	621110		973,039,167	973,039,167		
	e PHYSICAL THERAPY	621400		339,485	339,485		
	f All other program service revenue						
	g Total. Add lines 2a-2f			330,881,505			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,026,149		2,026,149	
	4 Income from investment of tax-exempt bond proceeds			0			
	5 Royalties			0			
	6a Gross rents	(I) Real	(II) Personal				
	b Less rental expenses	1,097,109					
	c Rental income or (loss)	1,097,109					
	d Net rental income or (loss)			1,097,109			1,097,109
	7a Gross amount from sales of assets other than inventory	(I) Securities	(II) Other				
b Less cost or other basis and sales expenses	73,297,123	175,000					
c Gain or (loss)	72,275,372	392,638					
d Net gain or (loss)	1,021,751	-217,638					
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18			804,113			804,113	
b Less direct expenses	a		0				
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities See Part IV, line 19	a		0				
b Less direct expenses	a		0				
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a		0				
b Less cost of goods sold	a		0				
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code					
11a MANAGEMENT & ACCNTG FEES	541610		1,976,048			1,976,048	
b OTHER	900099		3,219,084			3,219,084	
c SALE OF FOOD	722210		1,944,820			1,944,820	
d All other revenue			1,780,633			1,780,633	
e Total. Add lines 11a-11d			8,920,585				
12 Total revenue. See Instructions			348,273,225	327,430,683		16,298,778	

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 domestic organizations and domestic governments See Part IV, line 21	1,992,358	1,992,358		
2 Grants and other assistance to domestic individuals See Part IV, line 22	378,902	378,902		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals 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	978,871	782,245	196,626	
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	103,522,009	84,757,232	18,764,777	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	15,376,470	12,287,798	3,088,672	
9 Other employee benefits	28,179,723	22,519,262	5,660,461	
10 Payroll taxes	7,323,314	5,852,280	1,471,034	
11 Fees for services (non-employees)				
a Management	13,406,465		13,406,465	
b Legal	168,585		168,585	
c Accounting	127,012	11,997	115,015	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	436,014		436,014	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	35,729,939	27,220,174	8,509,765	
12 Advertising and promotion	427,212	427,212		
13 Office expenses	0			
14 Information technology	0			
15 Royalties	0			
16 Occupancy	4,803,282	2,011,429	2,791,853	
17 Travel	913,396	641,647	271,749	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	209,844	103,553	106,291	
20 Interest	2,181,148	1,743,021	438,127	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	18,379,599	10,781,878	7,597,721	
23 Insurance	1,865,416	1,416,086	449,330	
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	43,969,962	42,347,483	1,622,479	
b BAD DEBT EXPENSE	10,775,387	10,775,387		
c SOFTWARE	7,780,516	4,222,362	3,558,154	
d EQUIP RENTAL AND MAINTENAN	4,934,380	3,274,710	1,659,670	
e All other expenses	6,115,925	3,098,531	3,017,394	
25 Total functional expenses. Add lines 1 through 24e	309,975,729	236,645,547	73,330,182	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 checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year	(B) End of year	
Assets				
1	Cash—non-interest-bearing	91,373,117	1	82,072,257
2	Savings and temporary cash investments	0	2	0
3	Pledges and grants receivable, net	0	3	0
4	Accounts receivable, net	45,755,174	4	43,689,124
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	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	0	6	0
7	Notes and loans receivable, net	0	7	0
8	Inventories for sale or use	6,499,851	8	6,872,834
9	Prepaid expenses and deferred charges	4,499,690	9	4,309,668
10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	423,090,579	10a	
b	Less accumulated depreciation	237,164,168	10b	
		160,297,129	10c	185,926,411
11	Investments—publicly traded securities	62,310,422	11	57,889,063
12	Investments—other securities See Part IV, line 11	40,405,169	12	41,208,217
13	Investments—program-related See Part IV, line 11	0	13	0
14	Intangible assets	0	14	0
15	Other assets See Part IV, line 11	23,234,264	15	22,578,671
16	Total assets. Add lines 1 through 15 (must equal line 34)	434,374,816	16	444,546,245
Liabilities				
17	Accounts payable and accrued expenses	36,296,249	17	33,775,316
18	Grants payable	0	18	0
19	Deferred revenue	0	19	0
20	Tax-exempt bond liabilities	89,638,284	20	86,060,419
21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
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	0	22	0
23	Secured mortgages and notes payable to unrelated third parties	9,515,490	23	8,930,122
24	Unsecured notes and loans payable to unrelated third parties	0	24	0
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	90,354,015	25	114,096,160
26	Total liabilities. Add lines 17 through 25	225,804,038	26	242,862,017
Net Assets or Fund Balances				
27	Unrestricted net assets	204,538,957	27	197,872,910
28	Temporarily restricted net assets	2,334,548	28	2,114,045
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	0	30	0
31	Paid-in or capital surplus, or land, building or equipment fund	0	31	0
32	Retained earnings, endowment, accumulated income, or other funds	0	32	0
33	Total net assets or fund balances	208,570,778	33	201,684,228
34	Total liabilities and net assets/fund balances	434,374,816	34	444,546,245

Part XI Reconciliation of Net AssetsCheck 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	348,273,225
2	Total expenses (must equal Part IX, column (A), line 25)	2	309,975,729
3	Revenue less expenses Subtract line 2 from line 1	3	38,297,496
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	208,570,778
5	Net unrealized gains (losses) on investments	5	-5,309,309
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	-39,874,737
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	201,684,228

Part XII Financial Statements and ReportingCheck 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	2a	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	2b	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	2c	Yes
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes
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	3b	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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**2014****Open to Public
Inspection**Department of the
Treasury
Internal Revenue Service**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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a **Type I**. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B**.

b **Type II**. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C**.

c **Type III functionally integrated**. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E**.

d **Type III non-functionally integrated**. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V**.

e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI)						
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 section 501(c)(3) organization, check this box and stop here ►						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2013 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2014. 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—2013. 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—2014. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ►		
b 10%-facts-and-circumstances test—2013. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ►		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI)						
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 section 501(c)(3) organization, check this box and stop here ►						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15
16 Public support percentage from 2013 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18
19a 33 1/3% support tests—2014. 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—2013. 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).

3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.

b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.

c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.

4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.

b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .

c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).

b **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?

c **Substitutions only.** Was the substitution the result of an event beyond the organization's control?

6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.

7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).

8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).

9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.

b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.

c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.

10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).

11 Has the organization accepted a gift or contribution from any of the following persons?

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

b A family member of a person described in (a) above?

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in **Part VI**.

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		
11a		
11b		
11c		

Part IV Supporting Organizations (continued)**Section B. Type I Supporting Organizations**

1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
1		

Section D. All Type III Supporting Organizations

1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?

2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).

3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)

a The organization satisfied the Activities Test Complete **line 2** below

b The organization is the parent of each of its supported organizations Complete **line 3** below

c The organization supported a governmental entity Describe in Part VI how you supported a government entity (**see instructions**)

2 Activities Test **Answer (a) and (b) below.**

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.**

	Yes	No
2a		

b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.**

	Yes	No
2b		

3 Parent of Supported Organizations **Answer (a) and (b) below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*

	Yes	No
3a		
3b		

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in **Part VI the role played by the organization in this regard.**

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income

1 Net short-term capital gain
 2 Recoveries of prior-year distributions
 3 Other gross income (see instructions)
 4 Add lines 1 through 3
 5 Depreciation and depletion
 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)
 6
 7 Other expenses (see instructions)
 8 **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)

	(A) Prior Year	(B) Current Year (optional)
1		
2		
3		
4		
5		
6		
7		
8		

Section B - Minimum Asset Amount

1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)
 a Average monthly value of securities
 b Average monthly cash balances
 c Fair market value of other non-exempt-use assets
 d **Total** (add lines 1a, 1b, and 1c)
 e **Discount** claimed for blockage or other factors (explain in detail in Part VI) _____
 2 Acquisition indebtedness applicable to non-exempt use assets
 3 Subtract line 2 from line 1d
 4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)
 5 Net value of non-exempt-use assets (subtract line 4 from line 3)
 6 Multiply line 5 by 035
 7 Recoveries of prior-year distributions
 8 **Minimum Asset Amount** (add line 7 to line 6)

	(A) Prior Year	(B) Current Year (optional)
1		
1a		
1b		
1c		
1d		
2		
3		
4		
5		
6		
7		
8		

Section C - Distributable Amount

1 Adjusted net income for prior year (from Section A, line 8, Column A)
 2 Enter 85% of line 1
 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
 4 Enter greater of line 2 or line 3
 5 Income tax imposed in prior year
 6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

		Current Year
1		
2		
3		
4		
5		
6		

Section D - Distributions

	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$ _____			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference

Explanation

SCHEDULE D
(Form 990)**Supplemental Financial Statements**

OMB No 1545-0047

2014

► 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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**Open to Public Inspection**Department of the Treasury
Internal Revenue Service**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 value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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? Yes No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of an historically important land area
	<input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> 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	
a Total number of conservation easements	Held at the End of the Year
b Total acreage restricted by conservation easements	2a
c Number of conservation easements on a certified historic structure included in (a)	2b
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____	2d
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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)? <input type="checkbox"/> Yes <input type="checkbox"/> 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) Revenue 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 Revenue 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 <input type="checkbox"/> Public exhibition	d <input type="checkbox"/> Loan or exchange programs
b <input type="checkbox"/> Scholarly research	e <input type="checkbox"/> Other
c <input type="checkbox"/> 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	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 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	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,818,441	1,808,535	1,844,729	560,920	568,392
b Contributions				60,036	
c Net investment earnings, gains, and losses	20,306	9,906	-36,194	1,223,773	-5,502
d Grants or scholarships					
e Other expenditures for facilities and programs					1,970
f Administrative expenses					
g End of year balance	1,838,747	1,818,441	1,808,535	1,844,729	560,920

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 92.310 %

c Temporarily restricted endowment 7.690 %

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	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
(ii) related organizations	<input type="checkbox"/>	Yes		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	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		13,183,024			13,183,024
b Buildings		217,828,279	98,740,290	119,087,989	
c Leasehold improvements		7,763,985	5,051,836	2,712,149	
d Equipment					
e Other		184,315,291	133,372,042	50,943,249	
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)					185,926,411

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives	4,359,725	F
(2) Closely-held equity interests		
Other		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 12)

41.208.21

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c
See Form 990, Part X, line 13.

Total (Column (b) must equal Form 990, Part X, col (B), line 13.)

Part IV Other Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Part IX Other Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15	
(a) Description	(b) Book value
(1) GOODWILL	9,332,371
(2) INSURANCE RECOVERY RECEIVABLE	2,377,155
(3) INTEREST IN NET ASSETS OF FOUNDATION	1,752,982
(4) INTEREST RECEIVABLE	164,436
(5) OTHER RECEIVABLES	8,951,727

Table 1. (Continued) $\Delta E_{\text{ex}}^{\text{obs}}$ (cm $^{-1}$) and $\Delta E_{\text{ex}}^{\text{cal}}$ (cm $^{-1}$) for $\text{Xe}_n\text{Cl}_m\text{F}_l$ (2) ($n = 15$)

22.572.671

Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 15.

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

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	333,119,690
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) 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	-8,112,205
e	Add lines 2a through 2d	2e	-8,112,205
3	Subtract line 2e from line 1	3	341,231,895
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	7,041,330
c	Add lines 4a and 4b	4c	7,041,330
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	348,273,225

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	299,896,642
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	1,132,314
e	Add lines 2a through 2d	2e	1,132,314
3	Subtract line 2e from line 1	3	298,764,328
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	436,014
b	Other (Describe in Part XIII)	4b	10,775,387
c	Add lines 4a and 4b	4c	11,211,401
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	309,975,729

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	TEMPORARILY RESTRICTED CONTRIBUTIONS \$4211068 INVESTMENT INCOME \$2026149 REALIZED GAINS ON SECURITIES AND ASSETS \$804113
Part XII, Line 2d Other expenses and losses per audited F/S	LIABILITY CLAIMS RPTD ON SEPARATE 990 \$1132314
Part XII, Line 4b Other revenue amounts included on 990 but not included in F/S	BAD DEBT REDUCTION OF REVENUE ON F/S \$10775387

Part XIII Supplemental Information (continued)

Return Reference	Explanation

Additional Data

Software ID: 14000265
Software Version: 2014v6.0
EIN: 37-0661183
Name: BLESSING HOSPITAL

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

1	(a) Description of Liability	(b) Book Value
	ACCRUED INTEREST	741,232
	ACCRUED PAYROLL TAXES	597,654
	ACCRUED PENSION COSTS	68,910,760
	ACCRUED SALARIES & WAGES	18,393,446
	ADVANCES AND DEFERRED REVENUE	1,917,848
	DEFERRED COMPENSATION	4,643,719
	ESTIMATED 3RD-PARTY PAYOR SETTLEMENTS	10,515,188
	LEASES PAYABLE	1,802,320
	OTHER LONG TERM LIABILITY	6,176,435
	PREMIUM ON LONG TERM DEBT	397,556
	Rounding	2

SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Employer identification number

NAME OF THE ORGANIZATION

NAME OF THE ORGANIZATION: BLESSING HOSPITAL
EMPLOYER IDENTIFICATION NUMBER: 37-0661183

Part I Financial Assistance and Certain Other Community Benefits at Costs

	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	3a	Yes
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	3b	Yes
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other _____ 25000 0000000 %		
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 criteria used 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	Yes
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"?		
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	No
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	No
6a Did the organization prepare a community benefit report during the tax year?	6a	Yes
b If "Yes," did the organization make it available to the public?	6b	Yes
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H		

7 Financial Assistance and Certain Other Community Benefits at Cost

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
a Financial Assistance at cost (from Worksheet 1) . . .			6,642,241		6,642,241 2 220 %
b Medicaid (from Worksheet 3, column a)			52,073,536	39,152,432	12,921,104 4 330 %
c Costs of other means-tested government programs (from Worksheet 3, column b) .					
d Total Financial Assistance and Means-Tested Government Programs .			58,715,777	39,152,432	19,563,345 6 550 %
Other Benefits					
e Community health improvement services and community benefit operations (from Worksheet 4) . .			655,776	5,533	650,243 0 220 %
f Health professions education (from Worksheet 5) . .			6,623,465		6,623,465 2 220 %
g Subsidized health services (from Worksheet 6) . .			17,161,899	12,178,600	4,983,299 1 670 %
h Research (from Worksheet 7)					
i Cash and in-kind contributions for community benefit (from Worksheet 8)			174,109		174,109 0 060 %
j Total. Other Benefits . .			24,615,249	12,184,133	12,431,116 4 170 %
k Total. Add Items 7d and 7i			82,321,026	51,326,565	31,994,461 10 730 %

Part II Community 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
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy			46,809		46,809	0 020 %
8 Workforce development						
9 Other						
10 Total			46,809		46,809	0 020 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	10,775,387	
3 Enter 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	503,211	
4 Provide 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

5 Enter total revenue received from Medicare (including DSH and IME)	5	97,250,162	
6 Enter Medicare allowable costs of care relating to payments on line 5	6	105,477,728	
7 Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-8,227,566	
8 Describe 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

9a Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b If "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 IV Management 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 %
1					
2					
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 (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

See Additional Data Table

Other (describe)

Facility reporting group

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)

A

Name of hospital facility or letter of facility reporting group _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____ 12

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 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 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	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 significant 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 checked="" 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 Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 15	5	Yes
5 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 Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted		
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	No
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	Yes
7 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)	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>www.blessinghealthsystem.org</u>		
b <input checked="" type="checkbox"/> Other website (list url) <u>www.unitedwayadamsco.org</u>		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 12		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
a If "Yes" (list url) <u>www.blessinghealthsystem.org</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	No
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a 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)?	12a	No
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, 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)

A

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Financial Assistance Policy (FAP)			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 0000%</u> and FPG family income limit for eligibility for discounted care of <u>250 0000%</u>		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	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)	16	Yes
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>www.blessinghospital.org</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>www.blessinghospital.org</u>		
c	<input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>www.blessinghospital.org</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> Other (describe in Section C)		

Billing and Collections

17	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 all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes
18	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(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
e	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V Facility Information (continued)

A

Name of hospital facility or letter of facility reporting group _____

	Yes	No
19 Did the hospital facility or other 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?	19	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Actions that require a legal or judicial process		
d <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)		
a <input type="checkbox"/> Notified individuals of the financial assistance policy on admission		
b <input type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
c <input type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
d <input type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
e <input type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required 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?	21	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 Section C)		
d <input type="checkbox"/> Other (describe in Section C)		

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

22 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 Section C)		
23 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?	23	No
If "Yes," explain in Section C		
24 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?	24	No
If "Yes," explain in Section C		

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16l, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Additional Data Table	

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 BLESSING HOSPICE - GREENE COUNTY 330 5TH STREET CARROLTON, IL 62016	FULL HOSPICE PROGRAM IN ILLINOIS
6 BLESSING HOSPICE - HANCOCK COUNTY 71 SOUTH ADAMS CARTHAGE, IL 62321	FULL HOSPICE PROGRAM IN ILLINOIS
7 BLESSING HOSPICE - PIKE COUNTY 967 WEST WASHINGTON PITTSFIELD, IL 62363	FULL HOSPICE PROGRAM IN ILLINOIS
8 DENMAN COUNTRY DRUGS 102 PRAIRIE MILLS ROAD GOLDEN, IL 62339	PHARMACY WITHIN RURAL HEALTH CLINIC
9 EAST ADAMS COUNTY RURAL HEALTH CLINIC 102 PRAIRIE MILLS ROAD GOLDEN, IL 62339	RURAL HEALTH CLINIC
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 CHNA's 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 3c - Charity Care Eligibility Criteria (FPG Is Not Used)	Patients are eligible for catastrophic financial assistance if their income exceeds 250% of the Federal Poverty Guidelines and their medical bills exceed 20% of their total reported family income. Eligibility is based on an individual's or family's total income, family size and assets. Patients experiencing catastrophic medical indigence are eligible for a discount ranging from 50% to 100%.

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 \$10,775,387 IS SUBTRACTED FROM TOTAL EXPENSES OF \$309,324,835 REPORTED ON LINE 25, COLUMN A OF FORM 990, PART IX, FOR A NET TOTAL EXPENSE OF \$298,549,448

Form and Line Reference	Explanation
Part I, Line 7g - Costs Associated With Physicians 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	<p>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</p>

Form and Line Reference	Explanation
Part III, Line 4 - Bad Debt Expense	SEE NOTE (3) ON PAGE 11 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 2015

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 140 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 HOSPITALS 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 REGIONS 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 CIY IN WHICH THE MAIN BLESSING HOSPITAL CAMPUS IS LOCATED, IS THE HUB OF NON-FARM EMPLOYMENT AND RETAIL TRADE IN THE MARKET AREA THE MEDIAN HOUSEHOLD INCOME IN ILLINOIS IS \$56,212 THE MEDIAN HOUSEHOLD INCOME IN THE FOUR ILLINOIS COUNTIES IN BLESSINGS PRIMARY MARKET AREA IS BELOW THE ILLINOIS AVERAGE, RANGING FROM \$8,200 TO \$16,700 LOWER THE MISSOURI MEDIAN HOUSEHOLD INCOME IS \$46,905 IN THE TWO MISSOURI COUNTIES IN BLESSINGS PRIMARY MARKET AREA THE MEDIAN HOUSEHOLD INCOME IS BELOW THE STATE AVERAGE BETWEEN \$5,700 AND \$5,900 THE PERCENTAGE OF RESIDENTS OVER THE AGE OF 65 IN ILLINOIS IS 13.5 PERCENT THE ILLINOIS COUNTIES IN BLESSINGS PRIMARY MARKET AREA EXCEED THAT RATE BETWEEN 4.8 AND 7.9 PERCENT THE PERCENTAGE OF RESIDENTS OVER THE AGE OF 65 IN MISSOURI IS 15 PERCENT THE MISSOURI COUNTIES IN BLESSINGS PRIMARY MARKET AREA EXCEED THE STATE AVERAGE BY 1.6 TO 2.8 PERCENT THE ILLINOIS POVERTY RATE IS 14.4 PERCENT FOR THE FOUR COUNTIES IN BLESSINGS PRIMARY MARKET IN ILLINOIS, THE CHILDHOOD POVERTY RATE IS 20.5 PERCENT, WHICH IS SLIGHTLY BELOW THE STATE AVERAGE OF 21 PERCENT THE MISSOURI POVERTY RATE IS 15.5 PERCENT FOR THE TWO MISSOURI COUNTIES IN BLESSINGS PRIMARY MARKET, THE CHILDHOOD POVERTY RATE IS 25.5%, WHICH IS ABOVE THE STATE AVERAGE OF 22 PERCENT THE OBESITY RATE AVERAGE ACROSS THE FOUR ILLINOIS COUNTIES IN BLESSINGS PRIMARY MARKET IS 31.75 PERCENT, ABOVE THE STATE AVERAGE OF 27 PERCENT IN MISSOURI, THE OBESITY RATE AVERAGE IS 33.5 PERCENT IN THE TWO COUNTIES IN BLESSINGS PRIMARY MARKET, ABOVE THE STATE AVERAGE OF 22 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 over 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 2,740 employees. Of significant importance are the volunteers who serve the Hospital. In Fiscal Year 2015, Blessing Hospital had 721 active volunteers who served for a total of 61,306 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, Northeastern Missouri, and Southeastern Iowa 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: 14000265
Software Version: 2014v6.0
EIN: 37-0661183
Name: BLESSING HOSPITAL

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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 3j - Description of Other Needs Assessment	Adams County adopted the Mobilizing for Action through Planning and Partnerships (MAPP) process developed by the National Association of County and City Health Officials (NACCHO) to guide community building efforts. This strategic planning tool uses the community's strengths, needs and desires to identify priority health issues and the resources to address them. The MAPP model consists of the following components: Organize for success, Identify strategic issues, Partnership development, Conduct MAPP assessments, Formulate goals and strategies, Action including planning, implementation and evaluation. The Adams County Health Department, Blessing Health System, University of Illinois Extension and United Way of Adams County continue to provide strong leadership in the MAPP process. However, long-term success and value comes from community participation with other partners across Adams County.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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 5 - Account Input from Persons Who Represent the Community	A Community Themes & Strengths Survey was conducted between June 2014 and April 2015 that collected feedback from the general population of Adams County, Illinois. The survey provides a deeper understanding of the issues that county residents feel are important. It identifies issues that interest the community, perceptions of quality of life and summarizes community assets. In addition, the Community Building structure facilitated by the United Way of Adams County includes teams of individuals with representation from Blessing Health System, the Adams County Health Department, mental health professionals, social workers, and other healthcare professionals. In total, approximately 125 volunteers participate in all aspects of community building, engaging in meaningful and rich discussions to learn about community issues and promising practices. They have a lead role in the formation, implementation, and updating of long range visions to meet the most critical needs in our community, in studying trends that affect our community, and recommending ways in which we can make an impact on these trends through the mobilization of financial, volunteer and community resources.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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 7d - Description of Making Needs Assessment Widely Available	Since the release of the CHNA in September 2015, representatives from United Way of Adams County have presented the key findings of the report to community groups in Adams County. As of April 2016, approximately 300 community members have heard the presentation and have had the opportunity to ask questions and provide feedback. This feedback is important to provide further direction for the Community Building groups. The presentations provide an opportunity to create broad community awareness on the issues and opportunities addressed in the CHNA.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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 11 - 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 ABUSE 2) NUTRITION & WEIGHT STATUS AND PHYSICAL ACTIVITY 3) MATERNAL, INFANT & CHILD HEALTH 4) ENVIRONMENTAL HEALTH

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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 16i - Other Means Hospital Facility Publicized the Policy	The United Way shares Blessing Hospitals financial assistance policy to those in need of medical care or facing medical debt through their Helpline and their Unmet Needs group. The Helpline is a free information and referral service that assists residents in finding the help they need. Whether those calling need a phone number or information about availability of a service or they need assistance in finding healthcare, housing, food, utility and rent assistance, senior services, substance abuse programs, or legal services, the United Way Helpline offers that help. The United Way also shares the information through the Quincy Area Partnership for Unmet Needs. This group is a network of social service agencies and faith-based organizations. Member agencies present cases for consideration at Unmet Needs meetings. Clients in need of assistance contact a member agency with their specific need. As the cases are discussed, entity representatives talk about programs they have that could assist the patient. Blessing is represented at these meetings. The United Way also has an Interagency Council that meets monthly. Several agencies from throughout the community attend this meeting. They have a presenter at most meetings. Blessing has presented in the past, focusing on care coordination and touching on the financial assistance program. ABC (Alliance for Building Community) is another community collaborative that assists us in educating the community about our financial assistance program. ABC is a community planning group that conducts a community needs assessment and identifies community priorities. ABC leadership includes representative from social service agencies, government, health care, private industry, etc. Once the community priorities are identified, action teams work on implementation strategies to address the issue. Access to health care services has consistently been identified as a community priority for our area. A team has been established to address this area and includes entities such as Adams County Health Department, SIU Quincy Family Practice, Transitions of Western Illinois, Quincy Medical Group, and a variety of other health entities. Blessing has partnered to support the community needs assessment process and to help implement access to health care programs in our community. Through these initiatives, the community is educated about the financial assistance program and how to assist people in accessing the assistance. Blessing Hospital has also established a care coordination department that works with patients in the ambulatory setting to assist them in meeting their healthcare needs. One of the targeted areas of the care coordination program is to help patients establish a primary care home. This can include providing education to patients about services available in the community and if applicable how to access the financial assistance programs within those agencies.

Schedule I
(Form 990)Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

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

► Attach to Form 990.

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

2014

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceName of the organization
BLESSING HOSPITAL

Employer identification number

37-0661183

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. 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 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		1,992,358	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 Domestic Individuals. 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	132	378,902		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 2 SIU SCHOOL OF MEDICINE SIU 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 Nursing. Blessing-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)**Compensation Information**

OMB No 1545-0047

Department of the Treasury
Internal Revenue ServiceFor 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.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**2014****Open to Public
Inspection**Name of the organization
BLESSING HOSPITAL

Employer identification number

37-0661183

Part I Questions Regarding Compensation**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

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

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?**3** 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

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

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization**a** Receive a severance payment or change-of-control payment?**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?**c** Participate in, or receive payment from, an equity-based compensation arrangement?

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

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of**a** The organization?**b** Any related organization?

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

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

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

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

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

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

Note. The sum of columns (B)(i)-(iii) 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 in column(B) 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: 14000265
Software Version: 2014v6.0
EIN: 37-0661183
Name: BLESSING HOSPITAL

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

(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)(1)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
ABBY REICH MD, Trustee	(i) 181,765 (ii)	32,350	1,311	2,528	20,030	237,984	
ANTONY S WOLLASTON MD, PHYSICIAN	(i) 363,204 (ii)	102,746	20,460	3,250	17,013	506,673	
CHRISTOPHER R SOLARO MD, PHYSICIAN	(i) 468,801 (ii)	36,764	2,739	3,250	18,959	530,513	
GEORGE E LIESMANN, CMO	(i) 167,748 (ii)		181,235	2,112	13,170	364,265	
JAMES B KASE MD, PHYSICIAN	(i) 473,155 (ii)	24,000	10,280	3,250	20,061	530,746	
JILL MASON, CNO	(i) 179,315 (ii)	38,627	46,683	2,041	6,732	273,398	
MAUREEN A KAHN, PRESIDENT/CEO	(i) 269,042 (ii) 103,993	7,562 136,715	21,474 4,692	33,655 27,707	11,962 3,289	343,695 276,396	
PATRICK M GERVELER, Treasurer	(i) 309,683 (ii)	106,718	31,123	46,859	20,030	514,413	
SCOTT M HOUGH MD, PHYSICIAN	(i) 358,915 (ii)	255,291	24,329	3,250	20,030	661,815	
STEVE C WANG DO, PHYSICIAN	(i) 367,287 (ii)	112,636	20,642	375		500,940	
TIMOTHY A MOORE, SECRETARY/CAO	(i) 179,477 (ii)	54,190	28,829	75,731	15,251	353,478	

**Schedule K
(Form 990)****Supplemental Information on Tax Exempt Bonds****2014**Department of the Treasury
Internal Revenue Service

► 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.

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

Open to Public
InspectionName of the organization
BLESSING HOSPITALEmployer 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

1	Amount of bonds retired	A		B		C		D	
		23,073,595		2,025,000					
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		168,089			
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								
13	Year of substantial completion	2009		2012		2015			
		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

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

Return Reference	Explanation
Part VI	PART IV, LINE 2C, BOND C - THE REBATE COMPUTATION WAS PERFORMED MAY 18, 2015

Schedule L
(Form 990 or 990-EZ)**Transactions with Interested Persons**

OMB No 1545-0047

2014**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

► 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.

► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.Name of the organization
BLESSING HOSPITAL

Employer identification number

37-0661183

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) 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 Benefiting 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	248,052	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 990-EZ 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.****2014****Open to Public
Inspection**

Name of the organization

BLESSING HOSPITAL

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 approveexpressly all amendments to the corporation's articles of incorporationand 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 BIENNIAL 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 BIENNIAL 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 BIENNIAL 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 = -\$22536427

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Decreases	TRANSFERS TO AFFILIATES = -\$16163310

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Decreases	TRANSFERS TO SITF = -\$1175000

Return Reference	Explanation
SCHEDULE K, PART I, (f) DESC OF PURPOSE	<p>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</p>

**SCHEDULE R
(Form 990)****Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

2014**Open to Public
Inspection**Department of the Treasury
Internal Revenue ServiceName 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) Disproportionate 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			
(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		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j	Yes	
1k	Yes	
1l	Yes	
1m	Yes	
1n	Yes	
1o	Yes	
1p	Yes	
1q	Yes	
1r	Yes	
1s		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	93,105	FMV
(2) DENMAN SERVICES INC	m	2,247,678	FMV
(3) DENMAN SERVICES INC	q	1,114,048	FMV

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate 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			

Part VII Supplemental Information

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

Return Reference	Explanation
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Schedule R (Form 990) 2014

Additional Data

Software ID: 14000265
Software Version: 2014v6.0
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