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Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
 ▶ Information about Form 990 and its instructions is at www.irs.gov/foi/m990

OMB No 1545-0047
2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 10-01-2015, and ending 09-30-2016

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization BLESSING HOSPITAL Doing business as Number and street (or P O box if mail is not delivered to street address) Room/suite 1005 BROADWAY City or town, state or province, country, and ZIP or foreign postal code QUINCY, IL 62301 F Name and address of principal officer MAUREEN A KAHN 1005 BROADWAY QUINCY, IL 62301	D Employer identification number 37-0661183 E Telephone number (217) 223-1200 G Gross receipts \$ 435,796,702
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
J Website: ▶ WWW.BLESSINGHEALTHSYSTEM.ORG		L Year of formation 1873 M State of legal domicile IL
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		

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 <input type="checkbox"/> 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 2015 (Part V, line 2a)	5		2,206	
6	Total number of volunteers (estimate if necessary)	6		707	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a		118,524	
b	Net unrelated business taxable income from Form 990-T, line 34	7b			
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year		Current Year	
	9 Program service revenue (Part VIII, line 2g)	4,543,764		2,730,547	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	330,881,505		339,601,856	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,830,262		2,704,367	
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,017,694		10,154,599	
		348,273,225		355,191,369	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,371,260		2,777,391	
	14 Benefits paid to or for members (Part IX, column (A), line 4)			0	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	155,380,387		148,495,324	
	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)	152,224,082		151,341,079	
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	309,975,729		302,613,794		
19 Revenue less expenses Subtract line 18 from line 12	38,297,496		52,577,575		
Net Assets or Fund Balances		Beginning of Current Year		End of Year	
	20 Total assets (Part X, line 16)	444,546,245		474,135,117	
	21 Total liabilities (Part X, line 26)	242,862,017		231,960,490	
22 Net assets or fund balances Subtract line 21 from line 20	201,684,228		242,174,627		

Part II Signature Block

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

Sign Here	***** Signature of officer	2017-02-06 Date				
	MAUREEN A KAHN PRESIDENT/CEO 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 2017-06-23	Check <input type="checkbox"/> if self-employed	PTIN P00342386	
	Firm's name ▶ GRAY HUNTER STENN LLP			Firm's EIN ▶ 36-3077757		
	Firm's address ▶ 500 MAINE ST QUINCY, IL 62301			Phone no (217) 222-0304		

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission

BLESSING HOSPITAL'S MISSION IS TO IMPROVE THE HEALTH OF OUR COMMUNITY

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 226,480,329 including grants of \$ 2,777,391) (Revenue \$ 339,601,856)
See Additional Data

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 ▶ 226,480,329

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, charitable contributions, and health insurance issuers.

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 [X]

Section A. Governing Body and Management

Table with 3 main columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (13); 1b Enter the number of voting members included in line 1a, above, who are independent (8); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (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? (Yes); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (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? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

Table with 3 main columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (Yes); 10b 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? (Yes); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b 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 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (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 The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); 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? (Yes); 16b 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? (Yes).

Section C. Disclosure

Table with 2 main columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (IL); 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [] Own website, [] Another's website, [X] Upon request, [] 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 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							3,605,702	3,344,155	747,636	

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 **▶ 83**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
QUINCY ANESTHESIA ASSOCIATES PC BROADWAY AT 11TH QUINCY, IL 62301	ANESTHESIA SVCS	9,040,287
QUINCY MEDICAL GROUP 1025 MAINE STREET QUINCY, IL 62301	PHYSICIAN SVCS	3,321,546
WEST CENTRAL PATHOLOGY SPECIALISTS 4000 CATAMARAN CT QUINCY, IL 62301	PATHOLOGY SVCS	2,885,966
WATERKOTTE CONSTRUCTION CO 2630 WISMANN LANE PO BOX 3586 QUINCY, IL 62301	FACILITY CNTRCT	2,562,348
SOUND PHYSICIANS OF IL LLC PO BOX 742936 LOS ANGELES, CA 90074	PHYSICIAN SVCS	1,585,355

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 **▶ 55**

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	1,293,541					
	e	Government grants (contributions) 1e	16,450					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	1,420,556					
	g	Noncash contributions included in lines 1a-1f \$	3,690					
	h	Total. Add lines 1a-1f ▶	2,730,547					
Program Service Revenue	2a	PATIENT REVENUE						
		Business Code						
		621110	1,064,751,969	1,064,751,969				
	b	COLLEGE OF NURSING	3,423,399			3,423,399		
	c	PHYSICAL THERAPY	275,253	275,253				
	d	LESS CHARITY CARE	-25,583,113	-25,583,113				
	e	LESS CONTRACT ALLOW	-703,265,652	-703,265,652				
	f	All other program service revenue						
g	Total. Add lines 2a-2f ▶	339,601,856						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶	2,120,449			2,120,449		
	4	Income from investment of tax-exempt bond proceeds . . . ▶						
	5	Royalties ▶						
	6a	Gross rents	(i) Real	1,193,876				
			(ii) Personal					
			b	Less rental expenses				
			c	Rental income or (loss)	1,193,876			
	d	Net rental income or (loss) ▶	1,193,876		118,524	1,075,352		
	7a	Gross amount from sales of assets other than inventory	(i) Securities	81,189,251				
			(ii) Other					
			b	Less cost or other basis and sales expenses	79,929,833	675,500		
			c	Gain or (loss)	1,259,418	-675,500		
	d	Net gain or (loss) ▶	583,918			583,918		
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a						
			b	Less direct expenses b				
			c	Net income or (loss) from fundraising events . . . ▶				
	9a	Gross income from gaming activities See Part IV, line 19 a						
			b	Less direct expenses b				
			c	Net income or (loss) from gaming activities . . . ▶				
	10a	Gross sales of inventory, less returns and allowances . . . a						
b			Less cost of goods sold b					
c			Net income or (loss) from sales of inventory . . . ▶					
Miscellaneous Revenue		Business Code						
11a	OTHER	900099	3,531,268			3,531,268		
b	SALE OF FOOD	722210	1,975,638			1,975,638		
c	CHILD CARE CENTER	624410	1,826,268			1,826,268		
d	All other revenue		1,627,549			1,627,549		
e	Total. Add lines 11a-11d ▶		8,960,723					
12	Total revenue. See Instructions ▶		355,191,369	336,178,457	118,524	16,163,841		

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	2,005,995	2,005,995		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	771,396	771,396		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	4,087,235	3,353,796	733,439	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	104,014,108	85,349,170	18,664,938	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	11,763,699	9,652,748	2,110,951	
9	Other employee benefits	21,572,164	17,701,121	3,871,043	
10	Payroll taxes	7,058,118	5,791,565	1,266,553	
11	Fees for services (non-employees)				
a	Management	17,988,912		17,988,912	
b	Legal	233,591		233,591	
c	Accounting	121,495	6,484	115,011	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	485,787		485,787	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	35,514,881	24,858,414	10,656,467	
12	Advertising and promotion	453,042	453,042		
13	Office expenses	220,353	118,069	102,284	
14	Information technology				
15	Royalties				
16	Occupancy	4,997,032	2,123,725	2,873,307	
17	Travel	831,831	592,568	239,263	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	201,460	97,456	104,004	
20	Interest	2,534,571	2,079,752	454,819	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	14,017,747	8,270,471	5,747,276	
23	Insurance	918,012	696,887	221,125	
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	45,470,874	43,869,286	1,601,588	
b	BAD DEBTS	8,053,082	8,053,082		
c	SOFTWARE	7,765,307	4,193,266	3,572,041	
d	EQUIPMENT RENTAL & MAINT	4,771,572	3,368,870	1,402,702	
e	All other expenses	6,761,530	3,073,166	3,688,364	
25	Total functional expenses. Add lines 1 through 24e	302,613,794	226,480,329	76,133,465	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	82,072,257	1	46,088,169
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	43,689,124	4	51,876,955
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	6,872,834	8	6,853,284
	9 Prepaid expenses and deferred charges	4,309,668	9	4,763,745
	10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a 382,787,714		
	b Less accumulated depreciation	10b 185,851,417	185,926,411	10c 196,936,297
	11 Investments—publicly traded securities	57,889,063	11	98,026,856
	12 Investments—other securities. See Part IV, line 11	41,208,217	12	47,085,758
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	22,578,671	15	22,504,053
16 Total assets. Add lines 1 through 15 (must equal line 34)	444,546,245	16	474,135,117	
Liabilities	17 Accounts payable and accrued expenses	33,775,316	17	39,647,770
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	86,540,000	20	82,735,000
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	8,930,122	23	8,297,469
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	113,616,579	25	101,280,251
	26 Total liabilities. Add lines 17 through 25	242,862,017	26	231,960,490
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	197,872,910	27	238,001,176
	28 Temporarily restricted net assets	2,114,045	28	2,476,178
	29 Permanently restricted net assets	1,697,273	29	1,697,273
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	201,684,228	33	242,174,627	
34 Total liabilities and net assets/fund balances	444,546,245	34	474,135,117	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	355,191,369
2	Total expenses (must equal Part IX, column (A), line 25)	2	302,613,794
3	Revenue less expenses Subtract line 2 from line 1	3	52,577,575
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	201,684,228
5	Net unrealized gains (losses) on investments	5	3,514,002
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	-15,601,178
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	242,174,627

Part XII Financial Statements and Reporting

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

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

Additional Data

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

Form 990, Part III, Line 4a

4a (Code) (Expenses \$ 226,480,329 including grants of \$ 2,777,391) (Revenue \$ 339,601,856)

SEE SCHEDULE O 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 COMMUNITIES, 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 2016, THE COST OF CHARITY CARE PROVIDED WAS 6,899,766 MEDICARE AND MEDICAID SHORTFALLS WERE 40,684,952 AND 10,740,306, RESPECTIVELY BLESSING HOSPITAL TREATED PATIENTS THROUGH THE FOLLOWING SERVICES DURING FISCAL YEAR 2016 45,731 EMERGENCY CENTER AND 28,322 URGENT CARE VISITS, 381,826 OUTPATIENT VISITS, 16,597 SURGICAL OPERATIONS, INCLUDING 115 OPEN HEART SURGERIES, 14,716 INPATIENT ADMISSIONS, AND 1,168 BABIES OUTPATIENT SERVICES INCLUDED 169,719 CARDIOPULMONARY/CARDIOLOGY PROCEDURES, 702,168 LABORATORY TESTS, 111,089 RADIOLOGY PROCEDURES, AND 130,001 PHYSICAL THERAPY/REHABILITATION VISITS BLESSING HOSPITAL PROVIDED ADDITIONAL BENEFITS OF 13,017,980 TO THE COMMUNITY DURING FISCAL YEAR 2016 AS FOLLOWS HEALTH PROFESSIONALS EDUCATION SIU RESIDENCY PROGRAM 4,285,925 BLESSING-RIEMAN COLLEGE OF NURSING 2,195,363 NURSING EDUCATIONAL PRECEPTORS 1,027,933 SCHOOL OF RADIOLOGIC TECHNOLOGY 305,763 SCHOOL OF MEDICAL LABORATORY TECHNICIANS 65,112 SUB TOTAL HEALTH PROFESSIONALS EDUCATION 7,880,096 COMMUNITY HEALTH IMPROVEMENT SERVICES SIU PATIENT CENTERED MEDICAL HOME 139,140 ADAMS COUNTY HEALTH DEPARTMENT DENTAL PROGRAM 35,000 PATIENT TRANSPORTATION 38,363 MEDICAL SUPPLIES/SERVICES FOR PATIENTS 31,678 EDUCATIONAL PROGRAMS 26,603 CHARITY PHARMACY PRESCRIPTIONS 51,920 SUPPORT GROUPS 19,267 HEALTH SCREENINGS/TESTS 7,868 MEDICAL INTERPRETING SERVICES 3,970 SUB TOTAL COMMUNITY HEALTH IMPROVEMENT SERVICES 353,809 SUBSIDIZED HEALTH SERVICES HOME HEALTHCARE SERVICES 2,192,973 CARE COORDINATION 1,580,780 HOSPICE 468,963 BLESSING FAST CARE 293,513 SUB TOTAL SUBSIDIZED HEALTH SERVICES 4,536,229 IN-KIND CONTRIBUTIONS/DONATIONS DONATIONS/SPONSORSHIPS 151,360 ADAMS COUNTY AMBULANCE SERVICE 70,775 MEETING SPACE 25,711 SUB TOTAL IN-KIND CONTRIBUTIONS/DONATIONS 247,846 BLESSING HOSPITAL'S STRATEGIC OBJECTIVES FOR THE UPCOMING YEARS ARE AS FOLLOWS -CONTINUE TO TRANSITION TO A NEW BUSINESS MODEL IN RESPONSE TO HEALTH CARE REFORM, WITH FOCUS ON AFFILIATION/PARTNERSHIP -INCORPORATE DISRUPTIVE INNOVATION INTO OUR BUSINESS MODEL -ENSURE HIGH QUALITY, PATIENT CENTERED CARE AS MEASURED AGAINST NATIONAL BENCHMARKS -ENSURE PHYSICIAN LEADERSHIP DEVELOPMENT, ALIGNMENT, AND ENGAGEMENT -ENSURE EFFECTIVE RESOURCE ALLOCATION THROUGH EVIDENCE BASED PRACTICES/LEADERSHIP

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ABBY REICH MD TRUSTEE	1 00 39 00	X						0	215,029	23,529
DENNIS GO MD TRUSTEE	1 00	X						18,000	0	0
HARRY R RUTH MD TRUSTEE	1 00	X						0	0	0
HARSHA V POLAVARAPU MD TRUSTEE	1 00 39 00	X						0	472,781	19,446
HRISHIKESH GHANEKAR MD CHIEF OF STA	1 00	X						25,200	0	0
THOMAS H MILLER MD TRUSTEE	1 00	X						0	0	0
TODD H PETTY MD CHIEF OF STA	1 00	X						29,705	0	0
DAVID BOSTER CHAIRMAN	1 00	X		X				0	0	0
PHILLIP CONOVER TRUSTEE	1 00	X						0	0	0
MICHAEL HULSEN TRUSTEE	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID HETZLER JR TRUSTEE	1 00	X						0	0	0
MAUREEN A KAHN PRESIDENT/CE	30 00	X		X				0	641,595	86,935
TIMOTHY D KOONTZ TRUSTEE	10 00	X						0	0	0
CHRISTOPHER J NIEMANN VICE CHAIRMA	1 00	X		X				0	0	0
MICHAEL D KLINGNER PE TRUSTEE	1 00	X						0	0	0
PATRICK M GERVELER TREASURER	1 00			X				0	472,442	78,059
TIMOTHY A MOORE SECRETARY	39 00			X				0	282,563	95,936
JERRY R JACKSON VP ENGINEERI	40 00				X			0	427,971	20,955
BETTY J KASPARIE VP PLANNING	40 00				X			0	269,969	161,579
ELLIOT H KUIDA COO	40 00				X			0	292,274	13,414

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOELLEN L RANDALL VP HUMAN RES	40 00				X			0	269,531	11,007
STUART L PYATT DO PHYSICIAN	40 00					X		665,775	0	81,099
THOMAS A CLIATT DO PHYSICIAN	40 00					X		626,621	0	73,084
ANTONY S WOLLASTON MD PHYSICIAN	40 00					X		646,670	0	24,361
CHRISTOPHER R SOLARO MD PHYSICIAN	40 00					X		617,095	0	25,153
SCOTT M HOUGH MD PHYSICIAN	40 00					X		805,648	0	24,572
JILL MASON FORMER CNO	40 00						X	170,988	0	8,507

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.

2015

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).
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).
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).
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).
8 A community trust described in section 170(b)(1)(A)(vi).
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...
10 An organization organized and operated exclusively to test for public safety.
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...
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
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)

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2015. 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 <input type="checkbox"/>		
b 33 1/3% support test—2014. 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 <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2015. 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 <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2014. 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 <input type="checkbox"/>		
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 <input type="checkbox"/>		

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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2015. 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 ► <input type="checkbox"/>		
b 33 1/3% support tests—2014. 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 ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part II of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		
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? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

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**)
 - The organization satisfied the Activities Test. Complete **line 2** below.
 - The organization is the parent of each of its supported organizations. Complete **line 3** below.
 - 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.*
 - 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.*
- 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.*
 - 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.*

	Yes	No
2a		
2b		
3a		
3b		

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

	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3	4	
5 Depreciation and depletion	5	
6 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)	7	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

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

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

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 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013. _____			
e From 2014. _____			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7			
\$ _____			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013. _____			
d From 2014. _____			
e From 2015. _____			

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
▶ Complete if the organization answered "Yes," on 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.

OMB No 1545-0047
2015
Open to Public Inspection

Name of the organization
BLESSING HOSPITAL

Employer identification number
37-0661183

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on 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" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on 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 on 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 on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

(continued)

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

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

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

Table with columns for Amount and rows for Beginning balance, Additions during the year, Distributions during the year, and Ending balance.

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.

Table with columns for Current year, Prior year, Two years back, Three years back, and Four years back. Rows include Beginning of year balance, Contributions, Net investment earnings, gains, and losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, and End of year balance.

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 92.360%, c Temporarily restricted endowment 7.640%
The percentages on 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

Table with columns for Yes and No. Rows for (i) unrelated organizations, (ii) related organizations, and b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

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.

Table with columns for (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, and (d) Book value. Rows include Land, Buildings, Leasehold improvements, Equipment, Other, and Total.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	343,835,425
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	-5,921,030	
e	Add lines 2a through 2d		2e	-5,921,030
3	Subtract line 2e from line 1		3	349,756,455
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	5,434,914	
c	Add lines 4a and 4b		4c	5,434,914
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	355,191,369

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	295,963,301
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	1,888,376	
e	Add lines 2a through 2d		2e	1,888,376
3	Subtract line 2e from line 1		3	294,074,925
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	8,538,869	
c	Add lines 4a and 4b		4c	8,538,869
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	302,613,794

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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

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

¹ (a) Description of Liability	(b) Book Value
ACCRUED PENSION COSTS	57,962,188
ACCRUED SALARIES & WAGES	15,473,879
ESTIMATED 3RD-PARTY PAYOR SETTLEMENT	11,746,000
OTHER LONG TERM LIABILITY	6,440,480
DEFERRED COMPENSATION	4,783,279
ADVANCES AND DEFERRED REVENUE	2,140,129
LEASES PAYABLE	1,574,710
ACCRUED INTEREST	686,384
ACCRUED PAYROLL TAXES	578,484
PREMIUM ON LONG TERM DEBT	331,573
ROUNDING	
DEFERRED FINANCING COST	-436,855

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 2, PART V, LINE 4	ENDOWMENT FUNDS ARE TO BE USED FOR THE GENERAL SUPPORT AND OPERATIONS OF BLESSING HOSPITAL

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 2D	BAD DEBT REDUCTION OF REVENUE ON F/S -8,053,082 NET ASSETS RELEASED FROM RESTRICTIONS 2,132,052

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 4B	INVESTMENT INCOME 2,120,449 REALIZED GAINS ON SECURITIES AND ASSETS 583,918 TEMPORARILY RESTRICTED CONTRIBUTIONS 2,730,547

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 2D	LIABILITY CLAIMS REPORTED ON SEPARATE 990 1,888,376

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 4B	BAD DEBT REDUCTION OF REVENUE ON F/S 8,053,082 INVESTMENT EXPENSES 485,787

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" on 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.**

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization BLESSING HOSPITAL	Employer identification number 37-0661183
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Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a Yes	
b If "Yes," was it a written policy?	1b Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>200 0000000000 %</u>	3a Yes	
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 checked="" type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	3b Yes	
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 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"?	4 Yes	
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	
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	

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			6,899,766		6,899,766	2 340 %
b Medicaid (from Worksheet 3, column a)			57,067,758	46,327,452	10,740,306	3 650 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			63,967,524	46,327,452	17,640,072	5 990 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			353,809	3,632	350,177	0 120 %
f Health professions education (from Worksheet 5)			7,780,096		7,780,096	2 640 %
g Subsidized health services (from Worksheet 6)			15,905,979	11,369,750	4,536,229	1 540 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			247,845		247,845	0 080 %
j Total. Other Benefits			24,287,729	11,373,382	12,914,347	4 380 %
k Total. Add lines 7d and 7j			88,255,253	57,700,834	30,554,419	10 370 %

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			47,667		47,667	0.020 %
8 Workforce development						
9 Other						
10 Total			47,667		47,667	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?		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.	8,053,082		
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.	376,079		
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).	101,561,309
6 Enter Medicare allowable costs of care relating to payments on line 5.	105,784,303
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	-4,222,994
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: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other	

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	Yes
9b 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.	Yes

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?
1

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

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): _____ 1 _____

		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?		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		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	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply)			
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 type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA <u>20 15</u>		
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	Yes	
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		No
6b	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	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)	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	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 12</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	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?		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)?		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on 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)

Financial Assistance Policy (FAP)

A

Name of hospital facility or letter of facility reporting group _____

		Yes	No
13	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP		
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>250 000000000000</u> %		
b	<input checked="" 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>WWWBLESSINGHOSPITALORG</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>WWWBLESSINGHOSPITALORG</u>		
c	<input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>WWWBLESSINGHOSPITALORG</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 party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	19	Yes
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 19 (check all that apply)		
a	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
b	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
c	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
d	<input checked="" 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? If "No," indicate why	21	Yes
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? If "Yes," explain in Section C	23	No
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? If "Yes," explain in Section C	24	No

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? 10

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 936 BROADWAY QUINCY,IL 62301	FULL HOSPICE PROGRAM IN ILLINOIS
5 BLESSING HOSPICE - GREENE COUNTY 330 5TH STREET CARROLLTON,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 CLIN 102 PRAIRIE MILLS ROAD GOLDEN,IL 62339	RURAL HEALTH CLINIC
10 BLESSING FASTCARE CLINIC 3200 BROADWAY QUINCY,IL 62301	AMBULATORY CARE CLINIC

Part VI Supplemental Information

Provide the following information

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

Form and Line Reference	Explanation
PART I, LINE 3C - OTHER INCOME BASED CRITERIA FOR FREE OR DISCOUNTED CARE	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 7G - SUBSIDIZED HEALTH SERVICES EXPLANATION	BLESSING HOSPITAL DOES NOT INCLUDE AS SUBSIDIZED HEALTH SERVICES ANY COSTS ATTRIBUTABLE TO A PHYSICIAN CLINIC

Form and Line Reference	Explanation
PART I, LINE 7, COLUMN (F) - EXCLUSIONS FROM PERCENT OF TOTAL EXPENSE	BAD DEBT EXPENSE OF 8,053,082 IS SUBTRACTED FROM TOTAL EXPENSES OF 302,613,794 REPORTED ON LINE 25, COLUMN A OF FORM 990, PART IX, FOR A NET TOTAL EXPENSE OF 294,560,712

Form and Line Reference	Explanation
PART I, LINE 7 - COSTING METHODOLOGY EXPLANATION	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 II - 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 III, LINE 2 - BAD DEBT EXPENSE METHODOLOGY	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 BAD DEBT EXPENSE, PATIENTS ELIGIBLE FOR ASSISTANCE	A NUMBER OF PATIENTS ARE TRULY UNABLE TO PAY FOR THEIR MEDICAL EXPENDITURES BUT DO NOT COMPLETE THE PROCESS REQUIRED TO APPLY FOR FINANCIAL ASSISTANCE THE HOSPITAL USES FINANCIAL AND OTHER INFORMATION OF SUCH PATIENTS OTHERWISE AVAILABLE TO THE HOSPITAL TO IDENTIFY THOSE PATIENTS THAT WOULD QUALIFY FOR CHARITY CARE IF THEY COMPLETED THE PAPERWORK THE HOSPITAL ANALYZES ITS PAST HISTORY AND IDENTIFIES THE PERCENTAGE OF THE BAD DEBT EXPENSE THAT IS EVENTUALLY REVERSED DUE TO PATIENTS QUALIFYING FOR FINANCIAL ASSISTANCE THE HOSPITAL APPLIES THAT PERCENTAGE TO THE BAD DEBT EXPENSE TO ESTIMATE THE AMOUNT OF THE HOSPITAL'S BAD DEBT EXPENSE THAT WILL BE FOUND TO BE ATTRIBUTABLE TO PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE THE BAD DEBT EXPENSE ASSOCIATED WITH SUCH PATIENTS' ACCOUNTS ARE TREATED AS COMMUNITY BENEFIT

Form and Line Reference	Explanation
BAD DEBT EXPENSE FOOTNOTE TO FINANCIAL STATEMENTS	SEE NOTE (3) ON PAGE 11 OF THE HOSPITAL'S ATTACHED FINANCIAL STATEMENTS

Form and Line Reference	Explanation
PART III, LINE 8 - MEDICARE EXPLANATION	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 - COLLECTION PRACTICES EXPLANATION	COLLECTION PRACTICES ARE NOT PURSUED IF A COMPLETED FINANCIAL ASSISTANCE APPLICATION HAS BEEN RETURNED AND APPROVED

Form and Line Reference	Explanation
PART VI, LINE 2 - 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, LINE 3 - 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, LINE 4 - COMMUNITY INFORMATION	<p>FOR 141 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 CITY IN WHICH THE MAIN BLESSING HOSPITAL CAMPUS IS LOCATED, IS THE HUB OF NON-FARM EMPLOYMENT AND RETAIL TRADE IN THE MARKET AREA THE MEDIAN HOUSEHOLD INCOME IN ILLINOIS IS 57,574 THE MEDIAN HOUSEHOLD INCOME IN THE FOUR ILLINOIS COUNTIES IN BLESSINGS PRIMARY MARKET AREA IS BELOW THE ILLINOIS AVERAGE, RANGING FROM 12,500 TO 17,800 LOWER THE MISSOURI MEDIAN HOUSEHOLD INCOME IS 48,173 IN THE TWO MISSOURI COUNTIES IN BLESSINGS PRIMARY MARKET AREA THE MEDIAN HOUSEHOLD INCOME IS BELOW THE STATE AVERAGE BETWEEN 5,400 AND 6,400 THE PERCENTAGE OF RESIDENTS OVER THE AGE OF 65 IN ILLINOIS IS 14.2 PERCENT THE ILLINOIS COUNTIES IN BLESSINGS PRIMARY MARKET AREA EXCEED THAT RATE BETWEEN 4.8 AND 9.5 PERCENT THE PERCENTAGE OF RESIDENTS OVER THE AGE OF 65 IN MISSOURI IS 15.7 PERCENT THE MISSOURI COUNTIES IN BLESSINGS PRIMARY MARKET AREA EXCEED THE STATE AVERAGE BY 1.6 TO 2.3 PERCENT THE ILLINOIS POVERTY RATE IS 13.6 PERCENT FOR THE FOUR COUNTIES IN BLESSINGS PRIMARY MARKET IN ILLINOIS, THE AVERAGE POVERTY RATE IS 14.5 PERCENT, WHICH IS SLIGHTLY ABOVE THE STATE AVERAGE THE MISSOURI POVERTY RATE IS 14.8 PERCENT FOR THE TWO MISSOURI COUNTIES IN BLESSINGS PRIMARY MARKET, THE POVERTY RATE AVERAGES 17%, WHICH IS 2.2% ABOVE THE STATE AVERAGE THE OBESITY RATE AVERAGE ACROSS THE FOUR ILLINOIS COUNTIES IN BLESSINGS PRIMARY MARKET IS 26 PERCENT, SLIGHTLY BELOW THE STATE AVERAGE OF 29.4 PERCENT IN MISSOURI, THE OBESITY RATE AVERAGE IS 30 PERCENT IN THE TWO COUNTIES IN BLESSINGS PRIMARY MARKET, SLIGHTLY BELOW THE STATE AVERAGE OF 30.4 PERCENT</p>

Form and Line Reference	Explanation
PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH	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 HOSPITAL OPERATIONS 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 2,206 EMPLOYEES OF SIGNIFICANT IMPORTANCE ARE THE VOLUNTEERS WHO SERVE THE HOSPITAL IN FISCAL YEAR 2016, BLESSING HOSPITAL HAD 707 ACTIVE VOLUNTEERS WHO SERVED FOR A TOTAL OF 61,883 HOURS IN ADDITION TO THE VOLUNTEERS ACTIVELY WORKING IN THE HOSPITAL, BLESSING'S BOARD OF TRUSTEES IS COMPRISED OF VOLUNTEERS THAT INCLUDE BUSINESS LEADERS, PHYSICIANS, AND OTHER COMMUNITY LEADERS

Form and Line Reference	Explanation
PART VI, LINE 6 - AFFILIATED HEALTH CARE SYSTEM	<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 ORGANIZATION - CHS HOLDING COMPANY (A TAXABLE CORPORATION) PROVIDES HEALTH INSURANCE PRODUCTS AND SERVICES</p>

Form and Line Reference

Explanation

PART VI, LINE 7 - STATE FILING
OF COMMUNITY BENEFIT REPORT

ILLINOIS

Form and Line Reference	Explanation
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

Schedule H (Form 990) 2015

Additional Data

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

Form 990 Schedule H, Part V Section A. Hospital Facilities

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?

1

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

1

BLESSING HOSPITAL AT 11TH ST
BROADWAY AT 11TH ST
QUINCY,IL 62301

Licensed hospital

General medical & surgical

Children's hospital

Teaching hospital

Critical access hospital

Research facility

ER-24 hours

ER-other

Other (Describe)

Facility reporting group

X

X

X

X

X

A

Schedule I (Form 990)

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

OMB No 1545-0047

2015

Open to Public Inspection

Complete if the organization answered "Yes," on 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.

Department of the Treasury Internal Revenue Service

Name of the organization BLESSING HOSPITAL

Employer identification number

37-0661183

Part I General Information on Grants and Assistance

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

Table with 8 columns: (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. Row 1 contains 'See Additional Data Table'.

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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) BLESSING-RIEMAN STUDENTS	172	650,270		BOOK	
(2) BLESSING HEALTH PATIENTS	831	102,741		BOOK	
(3) EMPLOYEE ASSISTANCE	17	18,385		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
<p>SCHEDULE I, PAGE 1, PART I, LINE 2</p>	<p>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 ALL OTHER ORGANIZATIONS BLESSING HOSPITAL PROVIDED GRANTS PRIMARILY TO LOCALLY MANAGED 501C3 ORGANIZATIONS THAT SUPPORT OR SHARE THE MISSION OF THE BLESSING HEALTH SYSTEM SENIOR LEADERSHIP APPROVES ALL GRANTS WHEN AN ORGANIZATION IS GIVEN A DONATION, IT EITHER AGREES TO RESTRICT THE DONATION TO THE PURPOSE FOR WHICH IT WAS GIVEN, OR IT RECEIVES A LETTER DIRECTING THAT THE DONATION MAY BE USED ONLY FOR THE APPROVED PURPOSE BLESSING HEALTH SYSTEM EMPLOYEES FREQUENTLY ATTEND MANY OF THE SPONSORED EVENTS OR THE HEALTH SYSTEM RECEIVES ACKNOWLEDGEMENT FROM THE ORGANIZATION ABOUT THE PROGRAM THAT WAS SUPPORTED BY THE GRANT BLESSING-RIEMAN COLLEGE OF NURSING STUDENTS 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 BLESSING HEALTH SYSTEM PATIENTS HEALTHCARE PROFESSIONALS WITHIN THE BLESSING HEALTH SYSTEM SEND REQUESTS FOR ASSISTANCE OF PATIENTS WHO ARE IN MEDICAL NECESSITY AND FINANCIAL DISABILITY WHEN THERE ARE NO COMMUNITY RESOURCES AVAILABLE THE BLESSING FOUNDATION ADMINISTERS THE BEST MATCHED RESTRICTED SPECIFIC PURPOSE FUND TO THE HEALTH ISSUE OF THE PATIENT THE APPLICATIONS MUST BE APPROVED BY THE FOUNDATION OFFICE BEFORE THE FUNDS ARE DISBURSED EMPLOYEE ASSISTANCE THE EMPLOYEE CRISIS FUND IS FOR FINANCIAL ASSISTANCE FOR EMPLOYEES MEETING A REQUIRED LENGTH OF SERVICE AND IN GOOD EMPLOYMENT STANDING EMPLOYEES MAKE REQUESTS FOR ASSISTANCE THROUGH THEIR DEPARTMENT LEADERS THE APPLICATIONS GO TO A COMMITTEE WHO REVIEWS THEM FOR APPROVAL THE BALANCE OF THE FUND IS IN A GENERAL LEDGER ACCOUNT ON THE BOOKS OF BLESSING HOSPITAL AND IS MONITORED BY HOSPITAL ACCOUNTANTS</p>

Additional Data

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

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
SIU SCHOOL OF MEDICINE PO BOX 19607 327 W CALHOUN SPRINGFIELD,IL 62794	37-6005961	501C3	1,892,737		BOOK		MED ED & RESEARCH
CULVER-STOCKTON COLLEGE ONE COLLEGE HILL CANTON,MO 63435	43-0610813	501C3	30,000		BOOK		GENERAL SUPPORT
QUINCY NOTRE DAME FOUNDATION 1400 SOUTH 11TH STREET QUINCY,IL 62301	37-6080186	501C3	30,000		BOOK		GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
QUINCY PUBLIC SCHOOLS FOUNDATION 1444 MAINE STREET QUINCY, IL 62301	37-1251029	501C3	20,000		BOOK		GENERAL SUPPORT
QUINCY UNIVERSITY 1800 COLLEGE AVENUE QUINCY, IL 62301	37-0661231	501C3	20,000		BOOK		GENERAL SUPPORT
UNITED WAY OF ADAMS COUNTY 936 BROADWAY SUITE F QUINCY, IL 62301	37-0673476	501C3	7,258		BOOK		GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
AMERICAN RED CROSS 3000 NORTH 23RD STREET QUINCY, IL 62301	53-0196605	501C3	6,000		BOOK		GENERAL SUPPORT

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
 ▶ **Attach to Form 990.**

2015
Open to Public Inspection

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

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

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<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)		
<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)									
<p>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.</p>	1b									
<p>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?</p>	2									
<p>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.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<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				
<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									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</p>										
<p>a Receive a severance payment or change-of-control payment?</p>	4a	Yes								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	Yes								
<p>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.</p>	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>										
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>										
<p>a The organization?</p>	5a	No								
<p>b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.</p>	5b	No								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>										
<p>a The organization?</p>	6a	No								
<p>b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.</p>	6b	No								
<p>7 For persons listed on 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.</p>	7	No								
<p>8 Were any amounts reported on 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.</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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 on 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 on 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
SCHEDULE J, PAGE 1, PART I, LINE 4	JERRY R JACKSON 0 47,577 0 JILL MASON 171,966 0 0

Additional Data

Software ID:
Software Version:
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)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ABBY REICH MD TRUSTEE	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	207,806	5,880	1,343	2,269	23,584	238,558	
1 HARSHA V POLAVARAPU MD TRUSTEE	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	392,937	60,849	18,995	3,313	20,724	492,227	
2 MAUREEN A KAHN PRESIDENT/CEO	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	440,807	171,004	29,784	70,802	24,311	728,530	
3 PATRICK M GERVELER TREASURER	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	327,956	108,934	35,552	57,140	27,576	550,501	
4 TIMOTHY A MOORE SECRETARY	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	194,817	57,616	30,130	79,803	20,912	378,499	
5 JERRY R JACKSON VP ENGINEERING/FACIL	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	253,789	87,408	86,774	6,331	20,621	448,926	46,000
6 BETTY J KASPARIE VP PLANNING & COMP	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	195,233	59,715	15,021	146,954	19,261	431,548	
7 ELLIOT H KUIDACOO	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	229,640	49,725	12,909	3,278	12,767	305,688	
8 JOELLEN L RANDALL VP HUMAN RESOURCES	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	211,270	55,110	3,151	2,523	13,168	280,538	
9 STUART L PYATT DO PHYSICIAN	(i)	272,551	371,925	21,299	61,541	23,321	746,874	
	(ii)	-----	-----	-----	-----	-	-	
10 THOMAS A CLIATT DO PHYSICIAN	(i)	359,648	243,487	23,486	54,602	23,240	699,705	
	(ii)	-----	-----	-----	-----	-	-	
11 ANTONY S WOLLASTON MD PHYSICIAN	(i)	362,525	263,010	21,135	5,879	23,240	671,031	
	(ii)	-----	-----	-----	-----	-	-	
12 CHRISTOPHER R SOLARO MD PHYSICIAN	(i)	477,875	136,355	2,865	4,531	25,465	642,248	
	(ii)	-----	-----	-----	-----	-	-	
13 SCOTT M HOUGH MD PHYSICIAN	(i)	357,735	422,546	25,367	3,313	26,017	830,220	
	(ii)	-----	-----	-----	-----	-	-	
14 JILL MASON FORMER CNO	(i)	-----	-----	170,988	-----	8,507	179,495	
	(ii)	-----	-----	-----	-----	-	-	

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

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.

2015

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization BLESSING HOSPITAL

Employer identification number

37-0661183

Part I Bond Issues

Table with 10 columns: (a) Issuer name, (b) Issuer EIN, (c) CUSIP #, (d) Date issued, (e) Issue price, (f) Description of purpose, (g) Defeased (Yes/No), (h) On behalf of issuer (Yes/No), (i) Pool financing (Yes/No). Rows include CITY OF QUINCY ADAMS COUNTY.

Part II Proceeds

Table with 13 rows and 8 columns. Rows 1-13 list various proceeds categories and years. Rows 14-17 are yes/no questions regarding bond issuance and record keeping.

Part III Private Business Use

Table with 2 rows and 8 columns. Rows 1 and 2 are yes/no questions regarding partnership status and private business use of bond-financed property.

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?								
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?		X	X		X			
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
SCHEDULE K - PURPOSE OF ISSUE DESCRIPTION	CITY OF QUINCY, ADAMS COUNTY 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 CITY OF QUINCY, ADAMS COUNTY 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") CITY OF QUINCY, ADAMS COUNTY C - TO REIMBURSE FOR THE COSTS OF THE PROJECT AND TO PAY CERTAIN COSTS OF ISSUANCE OF THE SERIES 2012B BONDS THE PROJECT CONSISTS OF THE ACQUISITION, CONSTRUCTION, AND EQUIPPING OF AN APPROXIMATELY 172,755 SQUARE FOOT PATIENT CARE ADDITION LOCATED ON THE MAIN CAMPUS AT BROADWAY AND 11TH STREETS IN QUINCY, ILLINOIS

Return Reference	Explanation
SCHEDULE K - DATE REBATE COMPUTATION PERFORMED	CITY OF QUINCY, ADAMS COUNTY 05/18/15

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
See Additional Data Table					

Part V Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 37-0661183

Name: BLESSING HOSPITAL

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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) MISSA J GERVELER	FAMILY MEMBER	34,516	EMPLOYMENT		No
(1) JASON H HETZLER	FAMILY MEMBER	99,197	EMPLOYMENT		No
(2) CRAIG B KURK	FAMILY MEMBER	81,540	EMPLOYMENT		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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
(4) ERIN E KURK	FAMILY MEMBER	73,347	EMPLOYMENT		No
(1) ELLEN J TRAMAN	FAMILY MEMBER	54,960	EMPLOYMENT		No
(2) ROBERT G TRAMAN	FAMILY MEMBER	30,112	EMPLOYMENT		No

**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.

OMB No 1545-0047

2015

**Open to Public
Inspection**

Name of the organization
BLESSING HOSPITAL

Employer identification number

37-0661183

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	<p>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 COMMUNITIES. 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 2016, THE COST OF CHARITY CARE PROVIDED WAS 6,899,766 MEDICARE AND MEDICAID SHORTFALLS WERE 40,684,952 AND 10,740,306, RESPECTIVELY BLESSING HOSPITAL TREATED PATIENTS THROUGH THE FOLLOWING SERVICES DURING FISCAL YEAR 2016 45,731 EMERGENCY CENTER AND 28,322 URGENT CARE VISITS, 381,826 OUTPATIENT VISITS, 16,597 SURGICAL OPERATIONS, INCLUDING 115 OPEN HEART SURGERIES, 14,716 INPATIENT ADMISSIONS, AND 1,168 BABIES OUTPATIENT SERVICES INCLUDED 169,719 CARDIOPULMONARY/CARDIOLOGY PROCEDURES, 702,168 LABORATORY TESTS, 111,089 RADIOLOGY PROCEDURES, AND 130,001 PHYSICAL THERAPY/REHABILITATION VISITS BLESSING HOSPITAL PROVIDED ADDITIONAL BENEFITS OF 13,017,980 TO THE COMMUNITY DURING FISCAL YEAR 2016 AS FOLLOWS HEALTH PROFESSIONALS EDUCATION SIU RESIDENCY PROGRAM 4,285,925 BLESSING-RIEMAN COLLEGE OF NURSING 2,195,363 NURSING EDUCATIONAL PRECEPTORS 1,027,933 SCHOOL OF RADIOLOGIC TECHNOLOGY 305,763 SCHOOL OF MEDICAL LABORATORY TECHNICIANS 65,112 SUB TOTAL HEALTH PROFESSIONALS EDUCATION 7,880,096 COMMUNITY HEALTH IMPROVEMENT SERVICES SIU PATIENT CENTERED MEDICAL HOME 139,140 ADAMS COUNTY HEALTH DEPARTMENT DENTAL PROGRAM 35,000 PATIENT TRANSPORTATION 38,363 MEDICAL SUPPLIES/SERVICES FOR PATIENTS 31,678 EDUCATIONAL PROGRAMS 26,603 CHARITY PHARMACY PRESCRIPTIONS 51,920 SUPPORT GROUPS 19,267 HEALTH SCREENINGS/TESTS 7,868 MEDICAL INTERPRETING SERVICES 3,970 SUB TOTAL COMMUNITY HEALTH IMPROVEMENT SERVICES 353,809 SUBSIDIZED HEALTH SERVICES HOME HEALTHCARE SERVICES 2,192,973 CARE COORDINATION 1,580,780 HOSPICE 468,963 BLESSING FAST CARE 293,513 SUB TOTAL SUBSIDIZED HEALTH SERVICES 4,536,229 IN-KIND CONTRIBUTIONS/DONATIONS DONATIONS/SPONSORSHIPS 151,360 ADAMS COUNTY AMBULANCE SERVICE 70,775 MEETING SPACE 25,711 SUB TOTAL IN-KIND CONTRIBUTIONS/DONATIONS 247,846 BLESSING HOSPITAL'S STRATEGIC OBJECTIVES FOR THE UPCOMING YEARS ARE AS FOLLOWS -CONTINUE TO TRANSITION TO A NEW BUSINESS MODEL IN RESPONSE TO HEALTH CARE REFORM, WITH FOCUS ON AFFILIATION/PARTNERSHIP -INCORPORATE DISRUPTIVE INNOVATION INTO OUR BUSINESS MODEL -ENSURE HIGH QUALITY, PATIENT CENTERED CARE AS MEASURED AGAINST NATIONAL BENCHMARKS -ENSURE PHYSICIAN LEADERSHIP DEVELOPMENT, ALIGNMENT, AND ENGAGEMENT -ENSURE EFFECTIVE RESOURCE ALLOCATION THROUGH EVIDENCE BASED PRACTICES/LEADERSHIP</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 3	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 ENVIRONMENTAL SERVICES 5) BRIDGE HOME CARE PARTNERS PROVIDES MANAGEMENT OF BLESSING'S HOME CARE SERVICES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 6	BLESSING CORPORATE SERVICES, INC IS THE SOLE VOTING MEMBER OF BLESSING HOSPITAL

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 7A	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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 7B	BLESSING CORPORATE SERVICES SHALL POSSESS THE RIGHTS AND RESPONSIBILITIES TO APPROVE EXPRESSLY ALL AMENDMENTS TO THE CORPORATION'S ARTICLES OF INCORPORATION AND BYLAWS BEFORE THEY MAY BECOME EFFECTIVE, APPROVE LONG- TERM DEBT, LONG-RANGE PLANS AND CAPITAL AND OPERATING BUDGETS, APPROVE THE PURCHASE AND SALE OF REAL AND PERSONAL PROPERTY AND CONTRACTS ENTERED INTO BY THE CORPORATION, NOT EXPRESSLY MADE PART OF AN APPROVED BUDGET, THE REASONABLE VALUE OF WHICH EXCEEDS AN AMOUNT SET FORTH IN THE BYLAWS OF THE MEMBER, APPROVE MATERIAL INVESTMENT DECISIONS, INCLUDING WITHOUT LIMITATION ESTABLISHMENT AND MODIFICATION OF INVESTMENT POLICIES, ENGAGEMENT AND REMOVAL OF INVESTMENT MANAGERS AND ADVISORS, AND CHANGES IN INVESTMENT ALLOCATIONS NOT PERMITTED BY AN EXISTING INVESTMENT POLICY, APPROVE THE PARAMETERS FOR TERMS OF EMPLOYMENT OF PHYSICIANS, INCLUDING PHYSICIAN COMPENSATION PLANS, AND ANY MATERIAL VARIANCES FROM SUCH PARAMETERS FOR INDIVIDUAL PHYSICIANS, APPROVE THE SELECTION OF AUDITORS AND LEGAL COUNSEL, APPROVE CHARITY CARE AND COMMUNITY BENEFITS-RELATED POLICIES, APPROVE THE FORMATION OF SUBSIDIARY ENTITIES AND/OR JOINT VENTURES, APPROVE THE FILING OF A PETITION IN BANKRUPTCY, MAKING AN 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	FOLLOWING MANAGEMENT AND LEGAL REVIEW, THE FORM 990 WAS PROVIDED TO THE BOARD OF TRUSTEES FOR REVIEW AND COMMENT PRIOR TO FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	NO COMPENSATION IS RECEIVED FOR SERVING AS AN OFFICER 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	THESE FORMS ARE LOCATED IN THE CORPORATE ADMINISTRATIVE OFFICES AND ARE AVAILABLE UPON REQUEST FOR PUBLIC INSPECTION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	OTHER FEES 24,858,414 10,656,467 0

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	INCREASE IN MINIMUM PENSION LIABILITY 11,178,212 TRANSFERS TO AFFILIATES -24,754,390 TRANSFERS TO SITF - 2,025,000 TOTAL -15,601,178

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

Open to Public Inspection

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
BLESSING HOSPITAL

Employer identification number

37-0661183

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) BLESSING CORPORATE SERVICES BROADWAY AT 11TH PO BOX 7005 QUINCY, IL 623057005 37-1128706	MGMT SVCS	IL	501C3	9	N/A		No
(2) THE BLESSING FOUNDATION BROADWAY AT 11TH POBOX 7005 QUINCY, IL 623057005 37-1128705	FUNDRAISE	IL	501C3	11B	BCS INC BCS INC		No
(3) BLESSINGCARE CORP DBA ILLINI COMM H 640 WEST WASHINGTON PITTSFIELD, IL 62363 37-1396010	HOSPITAL	IL	501C3	3	BCS INC BCS INC		No
(4) BLESSING HOSPITAL SELF-INSURANCE PL BROADWAY AT 11TH PO BOX 7005 QUINCY, IL 623057005 37-1045366	MED CLAIMS	IL	501C3	11A	BCS INC BCS INC		No
(5) BLESSINGCARE CORPORATION - MISSOURI 1005 BROADWAY QUINCY, IL 62301 43-1371818	INACTIVE	MO	501C3	3	BCS INC BCS INC		No
(6) BLESSING VOLUNTEERS IN PARTNERSHIP BROADWAY AT 11TH PO BOX 7005 QUINCY, IL 623057005 23-7160187	HSP SUPPRT	IL	501C3	11B	N/A		No
(7) BLESSING AFFILIATES INC BROADWAY AT 11TH PO BOX 7005 QUINCY, IL 623057005 37-1128708	INACTIVE	IL	501C3	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		Yes	No	
(1) ILLINI HEALTH SERVICES LLC PO BOX 40 QUINCY, IL 623060040 47-0901851	PHARMACY	IL	DENMAN DENMAN					No			No	
(2) CURRENT HEALTH NETWORK LLC 1005 BROADWAY QUINCY, IL 62301 81-1681509	PRVDR NTWK	IL	CHS HLDGS					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	N/A					Yes	
(2) CHS HOLDING COMPANY 1005 BROADWAY QUINCY, IL 62301 32-0481381	GRP HLTH	IL	BCS INC	C CORP					No

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	118,524	FMV
(2) DENMAN SERVICES INC	Q	890,671	FMV
(3) DENMAN SERVICES INC	M	2,402,519	FMV

Part VII **Supplemental Information**

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

Return Reference	Explanation
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Additional Data

Software ID:
Software Version:
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
BLESSING CORPORATE SERVICES BROADWAY AT 11TH PO BOX 7005 QUINCY, IL 623057005 37-1128706	MGMT SVCS	IL	501C3	9	N/A		No
THE BLESSING FOUNDATION BROADWAY AT 11TH POBOX 7005 QUINCY, IL 623057005 37-1128705	FUNDRAISE	IL	501C3	11B	BCS INC BCS INC		No
BLESSINGCARE CORP DBA ILLINI COMM H 640 WEST WASHINGTON PITTSFIELD, IL 62363 37-1396010	HOSPITAL	IL	501C3	3	BCS INC BCS INC		No
BLESSING HOSPITAL SELF-INSURANCE PL BROADWAY AT 11TH PO BOX 7005 QUINCY, IL 623057005 37-1045366	MED CLAIMS	IL	501C3	11A	BCS INC BCS INC		No
BLESSINGCARE CORPORATION - MISSOURI 1005 BROADWAY QUINCY, IL 62301 43-1371818	INACTIVE	MO	501C3	3	BCS INC BCS INC		No
BLESSING VOLUNTEERS IN PARTNERSHIP BROADWAY AT 11TH PO BOX 7005 QUINCY, IL 623057005 23-7160187	HSP SUPPRT	IL	501C3	11B	N/A		No
BLESSING AFFILIATES INC BROADWAY AT 11TH PO BOX 7005 QUINCY, IL 623057005 37-1128708	INACTIVE	IL	501C3	9	BCS INC		No