

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/form990](http://www.irs.gov/form990)

OMB No 1545-0047  
**2016**  
Open to Public Inspection

**A For the 2016 calendar year, or tax year beginning 10-01-2016, and ending 09-30-2017**

- B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final  
 Return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
BLESSING HOSPITAL

Doing business as

Number and street (or P O box if mail is not delivered to street address) 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 \$ 449,554,690

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

**J** Website: WWW.BLESSINGHEALTH.ORG

**K** Form of organization  Corporation  Trust  Association  Other

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list (see instructions)  
**H(c)** Group exemption number

**L** Year of formation 1873 **M** State of legal domicile IL

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities  
BLESSING HOSPITAL'S MISSION IS TO IMPROVE THE HEALTH OF OUR COMMUNITY

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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	14
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	9
<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)	3,155
<b>6</b> Total number of volunteers (estimate if necessary)	703
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	121,938
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	2,730,547	2,989,431
<b>9</b> Program service revenue (Part VIII, line 2g)	339,601,856	380,759,706
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,704,367	3,170,184
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,154,599	11,521,341
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	355,191,369	398,440,662
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,777,391	3,027,159
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	148,495,324	153,865,776
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	151,341,079	166,936,742
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	302,613,794	323,829,677
<b>19</b> Revenue less expenses Subtract line 18 from line 12	52,577,575	74,610,985

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	474,135,117	524,033,244
<b>21</b> Total liabilities (Part X, line 26)	231,960,490	233,771,654
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	242,174,627	290,261,590

## 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: \_\_\_\_\_ Date: 2018-06-28  
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: 2018-06-28  
Check  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

**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 \$ 241,033,146 including grants of \$ 3,027,159 ) (Revenue \$ 380,759,706 )  
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 ▶ 241,033,146

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> . . . . .	Yes	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .	Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> . . . . .		No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> . . . . .		No
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> . . . . .		No
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> . . . . .		No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> . . . . .		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> . . . . .		No
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> . . . . .		No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> . . . . .	Yes	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> . . . . .	Yes	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> . . . . .	Yes	
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> . . . . .		No
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> . . . . .		No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> . . . . .	Yes	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> . . . . .		No
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> . . . . .	Yes	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> . . . . .	Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		No
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> . . . . .		No
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> . . . . .		No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> . . . . .		No
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) . . . . .		No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> . . . . .		No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . .		No

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . .	Yes	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	Yes	
<b>21</b> 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> . . . . .	Yes	
<b>22</b> 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> . . . . .	Yes	
<b>23</b> 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> . . . . .	Yes	
<b>24a</b> 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> . . . . .	Yes	
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		No
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		No
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		No
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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> . . . . .		No
<b>b</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> . . . . .		No
<b>26</b> 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> . . . . .		No
<b>27</b> 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> . . . . .		No
<b>28</b> 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) <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	Yes	
<b>c</b> 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> . . . . .	Yes	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	Yes	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .		No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .		No
<b>32</b> 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> . . . . .		No
<b>33</b> 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> . . . . .		No
<b>34</b> 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> . . . . .	Yes	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
<b>b</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> . . . . .	Yes	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		No
<b>37</b> 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> . . . . .		No
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

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 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (14); 1b Enter the number of voting members included in line 1a, above, who are independent (9); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (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 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); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (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 3 columns: Question, Yes, No. 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 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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b> Membership dues . . . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . . . .	<b>1c</b>				
	<b>d</b> Related organizations . . . . .	<b>1d</b>	1,790,011			
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	10,000			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	1,189,420			
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____		30,178			
	<b>h Total.</b> Add lines 1a-1f . . . . .		2,989,431			
<b>Program Service Revenue</b>		Business Code				
	<b>2a</b> NET PATIENT SERVICE REVENUE . . . . .	621110	376,193,843	376,193,843		
	<b>b</b> COLLEGE OF NURSING . . . . .	621110	4,270,123		4,270,123	
	<b>c</b> PHYSICAL THERAPY . . . . .	621110	295,740	295,740		
	<b>d</b> _____ . . . . .					
	<b>e</b> _____ . . . . .					
	<b>f</b> All other program service revenue . . . . .					
<b>g Total.</b> Add lines 2a-2f . . . . .		380,759,706				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		3,118,832		3,118,832	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .					
	<b>5</b> Royalties . . . . .					
	<b>6a</b> Gross rents . . . . .	(i) Real				
		1,242,222				
		<b>b</b> Less rental expenses . . . . .				
		<b>c</b> Rental income or (loss) . . . . .	1,242,222			
	<b>d</b> Net rental income or (loss) . . . . .		1,242,222		121,938	1,120,284
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .	(i) Securities				
		51,165,380				
		<b>b</b> Less cost or other basis and sales expenses . . . . .	50,297,593	816,435		
		<b>c</b> Gain or (loss) . . . . .	867,787	-816,435		
	<b>d</b> Net gain or (loss) . . . . .		51,352			51,352
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>				
		<b>b</b> Less direct expenses . . . . .	<b>b</b>			
<b>c</b> Net income or (loss) from fundraising events . . . . .						
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>					
	<b>b</b> Less direct expenses . . . . .	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities . . . . .					
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>					
	<b>b</b> Less cost of goods sold . . . . .	<b>b</b>				
	<b>c</b> Net income or (loss) from sales of inventory . . . . .					
Miscellaneous Revenue	Business Code					
<b>11a</b> OTHER . . . . .	900099	4,158,869			4,158,869	
<b>b</b> MANAGEMENT & ACCNTG FEES . . . . .	541610	2,603,759			2,603,759	
<b>c</b> SALE OF FOOD . . . . .	722100	1,769,359			1,769,359	
<b>d</b> All other revenue . . . . .		1,747,132			1,747,132	
<b>e Total.</b> Add lines 11a-11d . . . . .		10,279,119				
<b>12 Total revenue.</b> See Instructions . . . . .		398,440,662	376,489,583	121,938	18,839,710	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,801,638	1,801,638		
<b>2</b> Grants and other assistance to domestic individuals See Part IV, line 22	1,225,521	1,225,521		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	5,712,464	4,594,535	1,117,929	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	112,174,510	90,221,966	21,952,544	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	5,795,485	4,661,309	1,134,176	
<b>9</b> Other employee benefits	22,382,976	18,002,629	4,380,347	
<b>10</b> Payroll taxes	7,800,341	6,273,815	1,526,526	
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management	15,951,283		15,951,283	
<b>b</b> Legal	281,969		281,969	
<b>c</b> Accounting	118,283		118,283	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services See Part IV, line 17				
<b>f</b> Investment management fees	671,043		671,043	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	36,604,253	27,021,787	9,582,466	
<b>12</b> Advertising and promotion	450,651	450,651		
<b>13</b> Office expenses	232,248	127,867	104,381	
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	4,712,828	1,816,403	2,896,425	
<b>17</b> Travel	903,614	636,431	267,183	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	243,566	116,169	127,397	
<b>20</b> Interest	2,262,247	1,819,525	442,722	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	15,481,555	9,134,117	6,347,438	
<b>23</b> Insurance	3,012,159	2,286,609	725,550	
<b>24</b> 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.)				
<b>a</b> SUPPLIES	48,352,888	46,429,618	1,923,270	
<b>b</b> BAD DEBTS	13,474,737	13,474,737		
<b>c</b> SOFTWARE	8,759,046	4,729,885	4,029,161	
<b>d</b> EQUIPMENT RENTAL & MAINT	5,312,905	3,530,439	1,782,466	
<b>e</b> All other expenses	10,111,467	2,677,495	7,433,972	
<b>25</b> Total functional expenses. Add lines 1 through 24e	323,829,677	241,033,146	82,796,531	0
<b>26</b> 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 IX

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	46,088,169	<b>1</b>	54,916,627
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	51,876,955	<b>4</b>	60,536,041
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> 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		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	6,853,284	<b>8</b>	6,648,882
	<b>9</b> Prepaid expenses and deferred charges . . . . .	4,763,745	<b>9</b>	6,084,380
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	398,841,977		
	<b>b</b> Less accumulated depreciation	186,561,485		
	<b>11</b> Investments—publicly traded securities . . . . .	98,026,856	<b>11</b>	99,462,078
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	47,085,758	<b>12</b>	60,291,228
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11 . . . . .	22,504,053	<b>15</b>	23,813,516
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	474,135,117	<b>16</b>	524,033,244	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	39,647,770	<b>17</b>	35,086,167
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .	82,735,000	<b>20</b>	78,740,000
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> 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 . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	8,297,469	<b>23</b>	7,594,158
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	101,280,251	<b>25</b>	112,351,329
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	231,960,490	<b>26</b>	233,771,654
<b>Net Assets or Fund Balances</b>	<b>27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b> Unrestricted net assets	238,001,176	<b>27</b>	286,038,953
	<b>28</b> Temporarily restricted net assets . . . . .	2,476,178	<b>28</b>	2,525,364
	<b>29</b> Permanently restricted net assets	1,697,273	<b>29</b>	1,697,273
	<b>30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33 Total net assets or fund balances . . . . .</b>	242,174,627	<b>33</b>	290,261,590
	<b>34 Total liabilities and net assets/fund balances . . . . .</b>	474,135,117	<b>34</b>	524,033,244

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	398,440,662
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	323,829,677
<b>3</b>	Revenue less expenses Subtract line 2 from line 1 . . . . .	<b>3</b>	74,610,985
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	242,174,627
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	12,113,367
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	
<b>7</b>	Investment expenses . . . . .	<b>7</b>	
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	-38,637,389
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	290,261,590

**Part XII Financial Statements and Reporting**

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

		Yes	No
<p><b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>			
<p><b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	<b>2a</b>		No
<p><b>b</b> Were the organization's financial statements audited by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis</p>	<b>2b</b>	Yes	
<p><b>c</b> 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?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	<b>2c</b>	Yes	
<p><b>3a</b> 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?</p>	<b>3a</b>	Yes	
<p><b>b</b> 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</p>	<b>3b</b>	Yes	

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 37-0661183

**Name:** BLESSING HOSPITAL

Form 990 (2016)

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## Form 990, Part III, Line 4a:

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 2017, THE COST OF CHARITY CARE PROVIDED WAS 6,088,558 MEDICARE AND MEDICAID SHORTFALLS WERE 41,381,057 AND 5,115,618, RESPECTIVELY BLESSING HOSPITAL TREATED PATIENTS THROUGH THE FOLLOWING SERVICES DURING FISCAL YEAR 2017 43,151 EMERGENCY CENTER AND 27,280 URGENT CARE VISITS, 352,839 OUTPATIENT VISITS, 17,913 SURGICAL OPERATIONS, INCLUDING 150 OPEN HEART SURGERIES, 15,596 INPATIENT ADMISSIONS, AND 1,108 BABIES OUTPATIENT SERVICES INCLUDED 172,148 CARDIOPULMONARY/CARDIOLOGY PROCEDURES, 773,994 LABORATORY TESTS, 119,709 RADIOLOGY PROCEDURES, AND 124,368 PHYSICAL THERAPY/REHABILITATION VISITS BLESSING HOSPITAL PROVIDED ADDITIONAL BENEFITS OF 11,220,033 TO THE COMMUNITY DURING FISCAL YEAR 2017 AS FOLLOWS HEALTH PROFESSIONALS EDUCATION SIU RESIDENCY PROGRAM 4,119,937 BLESSING-RIEMAN COLLEGE OF NURSING 1,500,992 NURSING EDUCATIONAL PRECEPTORS 955,961 SCHOOL OF RADIOLOGIC TECHNOLOGY 293,311 SCHOOL OF MEDICAL LABORATORY TECHNICIANS 59,564 SUB TOTAL HEALTH PROFESSIONALS EDUCATION 6,929,765 COMMUNITY HEALTH IMPROVEMENT SERVICES SIU PATIENT CENTERED MEDICAL HOME 115,401 ADAMS COUNTY HEALTH DEPARTMENT DENTAL PROGRAM 85,000 CHARITY PHARMACY PRESCRIPTIONS 46,661 PATIENT TRANSPORTATION 38,301 MEDICAL SUPPLIES/SERVICES FOR PATIENTS 29,221 SUPPORT GROUPS 23,358 HEALTH SCREENINGS/TESTS 9,017 EDUCATIONAL PROGRAMS 6,809 MEDICAL INTERPRETING SERVICES 6,477 SUB TOTAL COMMUNITY HEALTH IMPROVEMENT SERVICES 360,245 SUBSIDIZED HEALTH SERVICES HOME HEALTHCARE SERVICES 1,597,236 CARE COORDINATION 1,572,392 BLESSING FAST CARE 309,808 HOSPICE 9,674 SUB TOTAL SUBSIDIZED HEALTH SERVICES 3,489,110 IN-KIND CONTRIBUTIONS/DONATIONS DONATIONS/SPONSORSHIPS 284,629 ADAMS COUNTY AMBULANCE SERVICE 139,931 MEETING SPACE 16,353 SUB TOTAL IN-KIND CONTRIBUTIONS/DONATIONS 440,913 BLESSING HOSPITAL'S STRATEGIC OBJECTIVES FOR THE UPCOMING YEARS ARE AS FOLLOWS -LEVERAGING INNOVATIONS, CONTINUE TO TRANSITION TO A NEW BUSINESS MODEL IN RESPONSE TO HEALTH CARE REFORM, WITH FOCUS ON AFFILIATION/PARTNERSHIPS -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

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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			
THOMAS H MILLER MD ..... TRUSTEE	1 00 ..... 0 00	X						0	0	0
SAYEED ALI ..... TRUSTEE	1 00 ..... 0 00	X						0	0	0
NANCY BLUHM ..... TRUSTEE	1 00 ..... 0 00	X						0	0	0
DAVID BOSTER ..... TRUSTEE	1 00 ..... 0 00	X						0	0	0
JULIE BRINK ..... TRUSTEE	1 00 ..... 0 00	X						0	0	0
PHILLIP CONOVER ..... TRUSTEE	1 00 ..... 0 00	X						0	0	0
MICHAEL R HULSEN ..... TRUSTEE	1 00 ..... 0 00	X						0	0	0
DAVID HETZLER JR ..... TRUSTEE	1 00 ..... 0 00	X						0	0	0
MAUREEN A KAHN ..... PRESIDENT/CE	20 00 ..... 20 00	X		X				0	724,035	88,566
TIMOTHY D KOONTZ ..... TRUSTEE	1 00 ..... 0 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors									(D)	(E)	(F)
(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)						Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	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 ..... 0 00	X						0	204,605	23,326	
DENNIS GO MD ..... TRUSTEE	1 00 ..... 0 00	X						18,450	0	0	
HARSHA V POLAVARAPU MD ..... CHIEF OF STA	1 00 ..... 0 00	X						0	541,947	19,259	
TODD H PETTY MD ..... TRUSTEE	1 00 ..... 0 00	X						41,436	0	0	
CHRISTOPHER J NIEMANN ..... TRUSTEE	1 00 ..... 0 00	X						0	0	0	
MICHAEL D KLINGNER PE ..... TRUSTEE	1 00 ..... 0 00	X						0	0	0	
PATRICK M GERVELER ..... TREASURER	20 00 ..... 20 00			X				0	502,724	80,352	
TIMOTHY A MOORE ..... SECRETARY	20 00 ..... 20 00			X				0	306,608	82,307	
MARY F BARTHEL ..... CHIEF QUALIT	40 00 ..... 0 00				X			307,933	0	23,147	
JERRY R JACKSON ..... VP ENGINEERI	20 00 ..... 20 00				X			0	351,040	22,289	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors								(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
(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)								
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BETTY J KASPARIE ..... VP PLANNING	20 00 ..... 20 00				X			0	271,758	101,053
ELLIOT H KUIDA ..... COO	40 00 ..... 0 00				X			0	438,400	18,577
CHRISTOPHER R SOLARO MD ..... CHIEF OF MED	40 00 ..... 0 00				X			658,781	0	25,090
ARDEN J REYNOLDS MD ..... CHIEF OF SUR	40 00 ..... 0 00				X			219,375	0	1,961
JOELLEN L RANDALL ..... VP HUMAN RES	20 00 ..... 20 00				X			0	280,362	10,887
TIMOTHY L TRANOR ..... CNO	40 00 ..... 0 00				X			255,602	0	21,369
THOMAS A CLIATT DO ..... PHYSICIAN	40 00 ..... 0 00					X		717,703	0	75,248
ANTONY S WOLLASTON MD ..... PHYSICIAN	40 00 ..... 0 00					X		659,409	0	26,755
SCOTT M HOUGH MD ..... PHYSICIAN	40 00 ..... 0 00					X		796,046	0	24,339
DAVID J ECKERSLEY MD ..... PHYSICIAN	40 00 ..... 0 00					X		705,138	0	20,584

**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			
JOHN H ARNOLD MD ..... PHYSICIAN	40 00 ..... 0 00					X		815,701	0	17,871

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

**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](http://www.irs.gov/form990).

**2016**

**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 12, check only one box )

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )
- 11  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
  - f Enter the number of supported organizations \_\_\_\_\_
  - g Provide the following information about the supported organization(s) \_\_\_\_\_

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**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, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income (Do not include gain or loss from the sale of capital assets (Explain in Part VI))						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					<b>12</b>	
<b>13 First five years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	
<b>15</b> Public support percentage for 2015 Schedule A, Part II, line 14	<b>15</b>	
<b>16a 33 1/3% support test—2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <span style="float: right;">▶ <input type="checkbox"/></span>		
<b>b 33 1/3% support test—2015.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <span style="float: right;">▶ <input type="checkbox"/></span>		
<b>17a 10%-facts-and-circumstances test—2016.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <span style="float: right;">▶ <input type="checkbox"/></span>		
<b>b 10%-facts-and-circumstances test—2015.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <span style="float: right;">▶ <input type="checkbox"/></span>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <span style="float: right;">▶ <input type="checkbox"/></span>		

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

(Complete only if you checked the box on line 10 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b>	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						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b>	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b>	Add lines 7a and 7b						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>9</b>	Amounts from line 6						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b>	Add lines 10a and 10b						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14</b>	<b>First five years.</b> 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 <b>stop here</b> <span style="float: right;">► <input type="checkbox"/></span>						

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

<b>15</b>	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b>	Public support percentage from 2015 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b>	Investment income percentage for <b>2016</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2015</b> Schedule A, Part III, line 17	<b>18</b>	
<b>19a</b>	<b>33 1/3% support tests—2016.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <span style="float: right;">► <input type="checkbox"/></span>		
<b>b</b>	<b>33 1/3% support tests—2015.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <span style="float: right;">► <input type="checkbox"/></span>		
<b>20</b>	<b>Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <span style="float: right;">► <input type="checkbox"/></span>		

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	<b>1</b>		
<b>2</b>	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	<b>3a</b>		
<b>b</b>	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
	<b>3c</b>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	<b>4b</b>		
<b>c</b>	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> 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.		
	<b>4c</b>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	<b>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
	<b>6</b>		
<b>7</b>	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	<b>7</b>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	<b>8</b>		
<b>9a</b>	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9a</b>		
<b>b</b>	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9b</b>		
<b>c</b>	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9c</b>		
<b>10a</b>	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	<b>10a</b>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	<b>10b</b>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	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>b</b>	A family member of a person described in (a) above?		
<b>c</b>	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>		
		<b>11a</b>	
		<b>11b</b>	
		<b>11c</b>	

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	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? <i>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.</i>		
		<b>1</b>	
<b>2</b>	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? <i>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.</i>		
		<b>2</b>	

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	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)? <i>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).</i>		
		<b>1</b>	

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
		<b>1</b>	
<b>2</b>	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
		<b>2</b>	
<b>3</b>	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
		<b>3</b>	

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b>	Activities Test <b>Answer (a) and (b) below.</b>		
<b>a</b>	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? <i>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.</i>		
		<b>2a</b>	
<b>b</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? <i>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.</i>		
		<b>2b</b>	
<b>3</b>	Parent of Supported Organizations <b>Answer (a) and (b) below.</b>		
<b>a</b>	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? <i>Provide details in Part VI.</i>		
		<b>3a</b>	
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
		<b>3b</b>	

**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)
<b>1</b> Net short-term capital gain	<b>1</b>	
<b>2</b> Recoveries of prior-year distributions	<b>2</b>	
<b>3</b> Other gross income (see instructions)	<b>3</b>	
<b>4</b> Add lines 1 through 3	<b>4</b>	
<b>5</b> Depreciation and depletion	<b>5</b>	
<b>6</b> 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)	<b>6</b>	
<b>7</b> Other expenses (see instructions)	<b>7</b>	
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	

**Section B - Minimum Asset Amount**

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

**Section C - Distributable Amount**

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

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in Part VI) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
<b>9</b> Distributable amount for 2016 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2016</b>	<b>(iii) Distributable Amount for 2016</b>
<b>1</b> Distributable amount for 2016 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2016			
<b>a</b>			
<b>b</b>			
<b>c</b> From 2013. . . . .			
<b>d</b> From 2014. . . . .			
<b>e</b> From 2015. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2016 distributable amount			
<b>i</b> Carryover from 2011 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2016 from Section D, line 7			
<b>\$</b>			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2016 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
<b>6</b> Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2017.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b>			
<b>b</b> Excess from 2013. . . . .			
<b>c</b> Excess from 2014. . . . .			
<b>d</b> Excess from 2015. . . . .			
<b>e</b> Excess from 2016. . . . .			

**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)

**Supplemental Financial Statements**

OMB No 1545-0047  
**2016**  
**Open to Public Inspection**

▶ 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](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
BLESSING HOSPITAL

**Employer identification number**  
37-0661183

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

	(a) Donor advised funds	(b) Funds and other accounts
<b>1</b> Total number at end of year		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> 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
<b>a</b> Total number of conservation easements	<b>2a</b>
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>
<b>d</b> Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	<b>2d</b>

**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
- |                                        | Amount |
|----------------------------------------|--------|
| <b>c</b> Beginning balance             |        |
| <b>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> 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" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	1,837,667	1,838,747	1,818,441	1,808,535	1,844,729
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses	-43,686	-1,080	20,306	9,906	-36,194
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	1,793,981	1,837,667	1,838,747	1,818,441	1,808,535

- 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 ▶ 94 930 %
  - c** Temporarily restricted endowment ▶ 5 070 %
- 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
- |                                                                                                        | Yes | No |
|--------------------------------------------------------------------------------------------------------|-----|----|
| <b>(i)</b> unrelated organizations . . . . .                                                           |     | No |
| <b>(ii)</b> related organizations . . . . .                                                            | Yes |    |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | Yes |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		14,395,667		14,395,667
<b>b</b> Buildings		208,396,215	81,900,452	126,495,763
<b>c</b> Leasehold improvements		7,183,114	4,395,986	2,787,128
<b>d</b> Equipment . . . . .				
<b>e</b> Other . . . . .		168,866,981	100,265,047	68,601,934
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . ▶				212,280,492

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .	1,274,711	F
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) MUTUAL FUNDS	33,057,350	F
(B) CERTIFICATES OF DEPOSITS	13,183,666	F
(C) CORP MORTGAGE/ASSET BACKED SE	7,630,694	F
(D) OTHER INVESTMENT ASSETS	5,144,807	F
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12 )	60,291,228	

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13 )		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15 )	

**Part X Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
See Additional Data Table	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	112,351,329

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	381,482,790
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII) . . . . .	<b>2d</b>	-10,798,257	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	-10,798,257
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	392,281,047
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII) . . . . .	<b>4b</b>	6,159,615	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	6,159,615
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12) . . . . .		<b>5</b>	398,440,662

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	310,092,982
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII) . . . . .	<b>2d</b>	409,085	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	409,085
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	309,683,897
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII) . . . . .	<b>4b</b>	14,145,780	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	14,145,780
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18) . . . . .		<b>5</b>	323,829,677

**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	53,090,781
ESTIMATED 3RD-PARTY PAYOR SETTLEMENT	16,570,000
ACCRUED SALARIES & WAGES	16,482,889
DUE TO RELATED ORGANIZATIONS	10,500,000
OTHER LONG TERM LIABILITY	6,864,817
DEFERRED COMPENSATION	3,180,559
ADVANCES AND DEFERRED REVENUE	3,159,990
LEASES PAYABLE	1,335,450
ACCRUED PAYROLL TAXES	657,386
ACCRUED INTEREST	633,159

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

<b>1</b> <b>(a) Description of Liability</b>	<b>(b) Book Value</b>
PREMIUM ON LONG TERM DEBT	275,695
DEFERRED FINANCING COST	-399,397

## 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 -13,474,737 NET ASSETS RELEASED FROM RESTRICTIONS 2,676,480

# Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 4B	INVESTMENT INCOME 3,118,832 REALIZED GAINS ON SECURITIES AND ASSETS 51,352 TEMPORARILY RESTRICTED CONTRIBUTIONS 2,989,431

## Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 2D	LIABILITY CLAIMS REPORTED ON SEPARATE 990 409,085

## Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 4B	BAD DEBT REDUCTION OF REVENUE ON F/S 13,474,737 INVESTMENT EXPENSES 671,043

**SCHEDULE H (Form 990)**  
 Department of the Treasury  
 Internal Revenue Service  
**Name of the organization**  
 BLESSING HOSPITAL

**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](http://www.irs.gov/form990).**

**Employer identification number**  
 37-0661183

OMB No 1545-0047  
**2016**  
**Open to Public Inspection**

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<b>1a</b> Yes	
<b>b</b> If "Yes," was it a written policy?	<b>1b</b> Yes	
<b>2</b> 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		
<b>3</b> 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		
<b>a</b> 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 checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	<b>3a</b> Yes	
<b>b</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 _____ %	<b>3b</b> Yes	
<b>c</b> 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		
<b>4</b> 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"?	<b>4</b> Yes	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<b>5a</b> Yes	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<b>5b</b>	No
<b>c</b> 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?	<b>5c</b>	
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	<b>6a</b> Yes	
<b>b</b> If "Yes," did the organization make it available to the public?	<b>6b</b> Yes	

**7 Financial Assistance and Certain Other Community Benefits at Cost**

<b>Financial Assistance and Means-Tested Government Programs</b>	<b>(a) Number of activities or programs (optional)</b>	<b>(b) Persons served (optional)</b>	<b>(c) Total community benefit expense</b>	<b>(d) Direct offsetting revenue</b>	<b>(e) Net community benefit expense</b>	<b>(f) Percent of total expense</b>
<b>a</b> Financial Assistance at cost (from Worksheet 1)			6,088,558		6,088,558	1 960 %
<b>b</b> Medicaid (from Worksheet 3, column a)			56,457,827	51,342,209	5,115,618	1 650 %
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)						
<b>d Total</b> Financial Assistance and Means-Tested Government Programs			62,546,385	51,342,209	11,204,176	3 610 %
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			360,245	4,926	355,319	0 110 %
<b>f</b> Health professions education (from Worksheet 5)			6,929,765		6,929,765	2 230 %
<b>g</b> Subsidized health services (from Worksheet 6)			14,607,890	11,118,780	3,489,110	1 120 %
<b>h</b> Research (from Worksheet 7)						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)			440,913		440,913	0 140 %
<b>j Total.</b> Other Benefits			22,338,813	11,123,706	11,215,107	3 600 %
<b>k Total.</b> Add lines 7d and 7j			84,885,198	62,465,915	22,419,283	7 210 %

**Part III 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			34,891		34,891	0.010 %
8 Workforce development						
9 Other						
<b>10 Total</b>			34,891		34,891	0.010 %

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2		13,474,737
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3		629,270
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

**Section B. Medicare**

5 Enter total revenue received from Medicare (including DSH and IME).	5	109,115,580
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	106,242,787
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	2,872,793
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?	9a	Yes
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.	9b	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)

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



**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

A

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

		Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that		
<b>13</b>	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	Yes	
<b>a</b>	<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>b</b>	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b>	<input checked="" type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	Yes	
<b>15</b>	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)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</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		
<b>c</b>	<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		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Was widely publicized within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>WWW.BLESSINGHEALTH.ORG</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>WWW.BLESSINGHEALTH.ORG</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>WWW.BLESSINGHEALTH.ORG</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<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)		
<b>f</b>	<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)		
<b>g</b>	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
<b>j</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** (continued)

**Billing and Collections**

A

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

		Yes	No
<b>17</b>	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? . . . . .	Yes	
<b>18</b>	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 <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b>	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 <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		No
<b>20</b>	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) <b>a</b> <input type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs <b>b</b> <input type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process <b>c</b> <input type="checkbox"/> Processed incomplete and complete FAP applications <b>d</b> <input type="checkbox"/> Made presumptive eligibility determinations <b>e</b> <input type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b>	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 <b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <input type="checkbox"/> Other (describe in Section C)	Yes	
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**Part V Facility Information** *(continued)*

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

A

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

**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  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c  The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d  The hospital facility used a prospective Medicare or Medicaid method

**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

**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

	Yes	No
<b>23</b>		No
<b>24</b>		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)
<b>1</b> BLESSING AMBULATORY SURGERY CENTER 1118 HAMPSHIRE STREET QUINCY, IL 62301	AMBULATORY SURGICAL TREATMENT CENTER
<b>2</b> BLESSING HOME CARE BROADWAY AT 14TH STREET QUINCY, IL 62301	HOME HEALTH AGENCY IN ILLINOIS
<b>3</b> BLESSING HOME CARE - PALMYRA 6996 COUNTY ROAD 326 PALMYRA, MO 63461	HOME HEALTH AGENCY IN MISSOURI
<b>4</b> BLESSING HOSPICE & PALLIATIVE CARE 936 BROADWAY QUINCY, IL 62301	FULL HOSPICE PROGRAM IN ILLINOIS
<b>5</b> BLESSING HOSPICE - GREENE COUNTY 330 5TH STREET CARROLLTON, IL 62016	FULL HOSPICE PROGRAM IN ILLINOIS
<b>6</b> BLESSING HOSPICE - HANCOCK COUNTY 71 SOUTH ADAMS CARTHAGE, IL 62321	FULL HOSPICE PROGRAM IN ILLINOIS
<b>7</b> BLESSING HOSPICE - PIKE COUNTY 967 WEST WASHINGTON PITTSFIELD, IL 62363	FULL HOSPICE PROGRAM IN ILLINOIS
<b>8</b> DENMAN COUNTRY DRUGS 102 PRAIRIE MILLS ROAD GOLDEN, IL 62339	PHARMACY WITHIN RURAL HEALTH CLINIC
<b>9</b> EAST ADAMS COUNTY RURAL HEALTH CLIN 102 PRAIRIE MILLS ROAD GOLDEN, IL 62339	RURAL HEALTH CLINIC
<b>10</b> 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

**990 Schedule H, Supplemental Information**

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 OF 80%
PART I, LINE 7G - SUBSIDIZED HEALTH SERVICES EXPLANATION	BLESSING HOSPITAL DOES NOT INCLUDE AS SUBSIDIZED HEALTH SERVICES ANY COSTS ATTRIBUTABLE TO A PHYSICIAN CLINIC

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART I, LINE 7, COLUMN (F) - EXCLUSIONS FROM PERCENT OF TOTAL EXPENSE	BAD DEBT EXPENSE OF 13,474,737 IS SUBTRACTED FROM TOTAL EXPENSES OF 323,829,677 REPORTED ON LINE 25, COLUMN A OF FORM 990, PART IX, FOR A NET TOTAL EXPENSE OF 310,354,940
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

**990 Schedule H, Supplemental Information**

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
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

**990 Schedule H, Supplemental Information**

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

**990 Schedule H, Supplemental Information**

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 HOSPITALS 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
PART III, LINE 9B - COLLECTION PRACTICES EXPLANATION	COLLECTION PRACTICES ARE NOT PURSUED IF A COMPLETED FINANCIAL ASSISTANCE APPLICATION HAS BEEN RETURNED AND APPROVED

**990 Schedule H, Supplemental Information**

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
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

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
<p>PART VI, LINE 4 - COMMUNITY INFORMATION</p>	<p>FOR 142 YEARS, BLESSING HOSPITAL HAS SERVED THE HEALTH CARE NEEDS OF THE PEOPLE OF WEST CENTRAL ILLINOIS, NORTHEAST MISSOURI AND SOUTHEAST IOWA APPROXIMATELY 245,000 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 MANUFACTURING, COMMERCIAL/RETAIL BUSINESS, AND RESTAURANTS 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 59,196 THE MEDIAN HOUSEHOLD INCOME IN THE FOUR ILLINOIS COUNTIES IN BLESSINGS PRIMARY MARKET AREA IS BELOW THE ILLINOIS AVERAGE, RANGING FROM 6,700 TO 19,000 LOWER THE MISSOURI MEDIAN HOUSEHOLD INCOME IS 49,593 IN THE TWO MISSOURI COUNTIES IN BLESSINGS PRIMARY MARKET AREA THE MEDIAN HOUSEHOLD INCOME IS BELOW THE STATE AVERAGE BETWEEN 3,900 AND 5,800 THE PERCENTAGE OF RESIDENTS OVER THE AGE OF 65 IN ILLINOIS IS 13 9 PERCENT THE ILLINOIS COUNTIES IN BLESSINGS PRIMARY MARKET AREA EXCEED THAT RATE BETWEEN 4 7 AND 8 7 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 8 TO 2 5 PERCENT THE ILLINOIS POVERTY RATE IS 14 0 PERCENT FOR THE FOUR COUNTIES IN BLESSINGS PRIMARY MARKET IN ILLINOIS, THE AVERAGE POVERTY RATE IS 12 6 PERCENT, WHICH IS 1 4 PERCENT BELOW THE STATE AVERAGE THE MISSOURI POVERTY RATE IS 15 3 PERCENT FOR THE TWO MISSOURI COUNTIES IN BLESSINGS PRIMARY MARKET, THE POVERTY RATE AVERAGES 15 6 PERCENT, WHICH IS SLIGHTLY ABOVE THE STATE AVERAGE THE OBESITY RATE AVERAGE ACROSS THE FOUR ILLINOIS COUNTIES IN BLESSINGS PRIMARY MARKET IS 31 PERCENT, SLIGHTLY BELOW THE STATE AVERAGE OF 31 6 PERCENT IN MISSOURI, THE OBESITY RATE AVERAGE IS 33 5 PERCENT IN THE TWO COUNTIES IN BLESSINGS PRIMARY MARKET, SLIGHTLY ABOVE THE STATE AVERAGE OF 30 4 PERCENT</p>
<p>PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH</p>	<p>BLESSING HOSPITAL OFFERS A WIDE RANGE OF SPECIALTY SERVICES IMPORTANT TO PROMOTING THE HEALTH AND WELL-BEING OF ADAMS COUNTY AND THE SURROUNDING AREA INCLUDED IN THESE ARE THE CANCER CENTER, THE HEART AND VASCULAR CENTER, THE BREAST CENTER, PSYCHIATRIC SERVICES, AND HOSPICE AND HOME CARE PROGRAMS SURPLUS FUNDS GENERATED FROM 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 IS AFFILIATED WITH 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 2,391 EMPLOYEES OF SIGNIFICANT IMPORTANCE ARE THE VOLUNTEERS WHO SERVE THE HOSPITAL IN FISCAL YEAR 2017, BLESSING HOSPITAL HAD 703 ACTIVE VOLUNTEERS WHO SERVED FOR A TOTAL OF 61,232 HOURS IN ADDITION TO THE VOLUNTEERS ACTIVELY WORKING IN THE HOSPITAL, BLESSING'S BOARD OF TRUSTEES IS COMPRISED OF VOLUNTEERS THAT INCLUDE BUSINESS LEADERS, PHYSICIANS, AND OTHER COMMUNITY LEADERS</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART VI, LINE 6 - AFFILIATED HEALTH CARE SYSTEM	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 ORGANIZATION - BLESSING WALK-IN CLINIC, LLC DBA BLESSING CONVENIENT CARE OPERATES HEALTH CLINICS IN RETAIL FACILITIES
PART VI, LINE 7 - STATE FILING OF COMMUNITY BENEFIT REPORT	ILLINOIS

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
ADDITIONAL INFORMATION	BLESSING HOSPITAL'S COMMUNITY BENEFIT REPORT IS PRESENTED TO THE COMMUNITY AS AN ADVERTISEMENT IN THE HERALD-WHIG, QUINCY, ILLINOIS' LOCAL NEWSPAPER, ONCE A YEAR IN THIS AD, INFORMATION IS PROVIDED TO DIRECT PEOPLE TO THE HOSPITAL'S WEBSITE FOR A COMPREHENSIVE INVESTMENT REPORT

**Additional Data****Software ID:****Software Version:****EIN:** 37-0661183**Name:** BLESSING HOSPITAL**Form 990 Schedule H, Part V Section A. Hospital Facilities**

<b>Section A. Hospital Facilities</b>		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
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>1</b>											
Name, address, primary website address, and state license number											
1	BLESSING HOSPITAL AT 11TH ST BROADWAY AT 11TH ST QUINCY, IL 62301	X	X		X		X	X			A

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

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

Form and Line Reference	Explanation
GROUP A, FACILITY 1, BLESSING HOSPITAL AT 11TH ST - PART V, LINE 3J	ADAMS COUNTY ADOPTED THE MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS (MAPP) PROCESS DEVELOPED BY THE NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS (NACCHO) TO GUIDE COMMUNITY BUILDING EFFORTS THIS STRATEGIC PLANNING TOOL USES THE COMMUNITY'S STRENGTHS, NEEDS AND DESIRES TO IDENTIFY PRIORITY HEALTH ISSUES AND THE RESOURCES TO ADDRESS THEM THE MAPP MODEL CONSISTS OF THE FOLLOWING COMPONENTS ORGANIZE FOR SUCCESS IDENTIFY STRATEGIC ISSUES PARTNERSHIP DEVELOPMENT CONDUCT MAPP ASSESSMENTS FORMULATE GOALS AND STRATEGIES ACTION INCLUDING PLANNING, IMPLEMENTATION AND EVALUATION THE ADAMS COUNTY HEALTH DEPARTMENT, BLESSING HEALTH SYSTEM, UNIVERSITY OF ILLINOIS EXTENSION AND UNITED WAY OF ADAMS COUNTY CONTINUE TO PROVIDE STRONG LEADERSHIP IN THE MAPP PROCESS HOWEVER, LONG-TERM SUCCESS AND VALUE COMES FROM COMMUNITY PARTICIPATION WITH OTHER PARTNERS ACROSS ADAMS COUNTY

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

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

Form and Line Reference	Explanation
GROUP A, FACILITY 1, BLESSING HOSPITAL AT 11TH ST - PART V, LINE 5	A COMMUNITY THEMES & STRENGTHS SURVEY WAS CONDUCTED BETWEEN JUNE 2014 AND APRIL 2015 THAT COLLECTED FEEDBACK FROM THE GENERAL POPULATION OF ADAMS COUNTY, ILLINOIS THE SURVEY PROVIDES A DEEPER UNDERSTANDING OF THE ISSUES THAT COUNTY RESIDENTS FEEL ARE IMPORTANT IT IDENTIFIES ISSUES THAT INTEREST THE COMMUNITY, PERCEPTIONS OF QUALITY OF LIFE AND SUMMARIZES COMMUNITY ASSETS IN ADDITION, THE COMMUNITY BUILDING STRUCTURE FACILITATED BY THE UNITED WAY OF ADAMS COUNTY INCLUDES TEAMS OF INDIVIDUALS WITH REPRESENTATION FROM BLESSING HEALTH SYSTEM, THE ADAMS COUNTY HEALTH DEPARTMENT, MENTAL HEALTH PROFESSIONALS, SOCIAL WORKERS, AND OTHER HEALTHCARE PROFESSIONALS IN TOTAL, APPROXIMATELY 125 VOLUNTEERS PARTICIPATE IN ALL ASPECTS OF COMMUNITY BUILDING, ENGAGING IN MEANINGFUL AND RICH DISCUSSIONS TO LEARN ABOUT COMMUNITY ISSUES AND PROMISING PRACTICES THEY HAVE A LEAD ROLE IN THE FORMATION, IMPLEMENTATION, AND UPDATING OF LONG RANGE VISIONS TO MEET THE MOST CRITICAL NEEDS IN OUR COMMUNITY, IN STUDYING TRENDS THAT AFFECT OUR COMMUNITY, AND RECOMMENDING WAYS IN WHICH WE CAN MAKE AN IMPACT ON THESE TRENDS THROUGH THE MOBILIZATION OF FINANCIAL, VOLUNTEER AND COMMUNITY RESOURCES

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

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

Form and Line Reference	Explanation
GROUP A, FACILITY 1, BLESSING HOSPITAL AT 11TH ST - PART V, LINE 6B	THE CHNA WAS CONDUCTED IN PARTNERSHIP WITH UNITED WAY OF ADAMS COUNTY, ADAMS COUNTY HEALTH DEPARTMENT, AND THE UNIVERSITY OF ILLINOIS EXTENSION

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

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

Form and Line Reference	Explanation
GROUP A, FACILITY 1, BLESSING HOSPITAL AT 11TH ST - PART V, LINE 7D	SINCE THE RELEASE OF THE CHNA IN SEPTEMBER 2015, REPRESENTATIVES FROM UNITED WAY OF ADAMS COUNTY HAVE PRESENTED THE KEY FINDINGS OF THE REPORT TO COMMUNITY GROUPS IN ADAMS COUNTY. COMMUNITY MEMBERS WHO HAVE HEARD THE PRESENTATION HAVE THE OPPORTUNITY TO ASK QUESTIONS AND PROVIDE FEEDBACK. THIS FEEDBACK IS IMPORTANT TO PROVIDE FURTHER DIRECTION FOR THE COMMUNITY BUILDING GROUPS. THE PRESENTATIONS PROVIDE AN OPPORTUNITY TO CREATE BROAD COMMUNITY AWARENESS ON THE ISSUES AND OPPORTUNITIES ADDRESSED IN THE CHNA.

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

Form and Line Reference	Explanation
GROUP A, FACILITY 1, BLESSING HOSPITAL AT 11TH ST - PART V, LINE 11	<p>THE ADAMS COUNTY COMMUNITY BUILDING COUNCIL (CBC) GUIDES THE DEVELOPMENT OF PROGRAMS, PART NERSHIPS, AND COLLABORATIONS WORKING TO ADDRESS THE NEEDS IDENTIFIED IN THE 2015 CHNA CBC MEMBERS ARE COMMUNITY LEADERS REPRESENTING LOCAL BUSINESSES, FOUNDATIONS, HUMAN SERVICE P ROVIDERS, EDUCATION, HEALTHCARE AND GOVERNMENT REPORTING TO THE CBC ARE THREE DELEGATIONS (LD) EACH FOCUSING ON ONE OF THE THREE BUILDING BLOCKS OF A GOOD LIFE EDUCATION, INCOME, AND HEALTH SERVING ON THE DELEGATIONS ARE PROGRAM SUPERVISORS/STAFF WORKING ON THE FRONT LINES IN EACH OF THESE SECTORS NEEDS RELATED TO EDUCATION AND INCOME GAPS IDENTIFIED IN T HE 2015 CHNA ARE NOT BEING DIRECTLY ADDRESSED BY BLESSING HEALTH SYSTEM BECAUSE THEY ARE B EING ADDRESSED BY OTHER COMMUNITY PARTNERS THE BLESSING HEALTH SYSTEM DOES HOWEVER PLAY A SIGNIFICANT ROLE IN THE WORK OF THE HEALTH DELEGATION, WHICH ALSO ADVISES SEVEN COMMUNITY SOLUTION TEAMS (CST) THE CSTS REPORT BACK TO THE HEALTH DELEGATION AND FOCUS ON THE FOLL OWING AREAS ACCESS TO MEDICAL &amp; ORAL HEALTH, NUTRITION, WEIGHT, &amp; PHYSICAL ACTIVITY, HEAR T DISEASE &amp; STROKE, MATERNAL, INFANT, &amp; CHILD HEALTH, MENTAL HEALTH, ENVIRONMENTAL HEALTH, AND SUBSTANCE ABUSE THESE TEAMS ARE CHARGED WITH ESTABLISHING GOALS AND WORK PLANS TO CR EATE POSITIVE IMPACT ON THE GAPS IDENTIFIED IN THE CHNA THESE PLANS ARE COMPILED AND REPO RTED IN THE ADAMS COUNTY IPLAN (ILLINOIS PROJECT FOR LOCAL ASSESSMENT OF NEEDS), WHICH WAS RELEASED IN 2016 AND COVERS THE 4-YEAR PERIOD THROUGH THE YEAR 2020 THE INVESTMENT OF RE SOURCES BY THE BLESSING HEALTH SYSTEM TO COUNTY-WIDE COMMUNITY EFFORTS IS VITAL TO ACHIEVE THE GOALS OUTLINED IN THE IPLAN BELOW ARE SEVERAL SPECIFIC ACCOMPLISHMENTS OF COMMUNITY BUILDING/COMMUNITY IMPACT EFFORTS DURING FY2016 FOR WHICH THE BLESSING HEALTH SYSTEM CONTR IBUTED IN-KIND SUPPORT OR DIRECT FINANCIAL RESOURCES BLESSING STAFF LED OR WERE ACTIVE ME MBERS OF THE FOLLOWING GROUPS HEALTH LEADERSHIP DELEGATION, ACCESS TO MEDICAL &amp; ORAL HEAL TH, HEART DISEASE AND STROKE, MENTAL HEALTH, SUBSTANCE ABUSE, NUTRITION &amp; PHYSICAL ACTIVIT Y AND MATERNAL/CHILD HEALTH TEAMS THROUGH THE READY SET GROW ADAMS COUNTY LETS TALK INITI ATIVE, BLESSING PROVIDED RESOURCES NEEDED TO EDUCATE NEW PARENTS ON THE IMPACT AND IMPORTA NCE OF EVERYDAY LANGUAGE FOR THE BRAIN DEVELOPMENT OF INFANTS ASSISTED IN THE DEVELOPMENT AND DISTRIBUTION OF EDUCATIONAL MATERIALS PROMOTING THE IMPORTANCE OF A PRIMARY MEDICAL H OME AND WHERE SUCH SERVICES ARE LOCATED ESTABLISHED THE FRAMEWORK FOR FAMILY PLAY NIGHTS AND MENTAL HEALTH FIRST AID PROGRAMS THAT WERE LAUNCHED IN FY2017 THE COMMUNITY BUILDING COUNCIL (CBC) GUIDES THE DEVELOPMENT OF PROGRAMS, PARTNERSHIPS, AND COLLABORATIONS WORKING TO MAKE ADAMS COUNTY A REGION WHERE STUDENTS ARE PREPARED TO SUCCEED IN SCHOOL, YOUTH ARE ON TRACK FOR SUCCESS IN COLLEGE OR CAREER AFTER HIGH SCHOOL, CHILDREN AND ADULTS ARE HEAL THY, AND FAMILIES/INDIVIDUALS CAN MANAGE BASIC NEEDS AND SAVE FOR THE FUTURE CBC MEMBERS ARE COMMUNITY LEADERS REPRESEN</p>

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

Form and Line Reference	Explanation
<p>GROUP A, FACILITY 1, BLESSING HOSPITAL AT 11TH ST - PART V, LINE 11</p>	<p>TING LOCAL BUSINESSES, FOUNDATIONS, HUMAN SERVICE PROVIDERS, EDUCATION, HEALTHCARE AND GOV ERNMENT REPORTING TO THE CBC ARE THREE LEADERSHIP DELEGATIONS (LD) EACH FOCUSING ON ONE O F THE THREE BUILDING BLOCKS OF A GOOD LIFE EDUCATION, INCOME AND HEALTH SERVING ON THE DE LEGATIONS ARE PROGRAM SUPERVISORS/STAFF WORKING ON THE FRONT LINES IN EACH OF THESE SECTOR S THESE EXPERTS ENCOURAGE NETWORKING, COLLABORATION, AND PARTNERSHIPS ACROSS THE SECTOR THE FOCUS AND STRUCTURE OF THE DELEGATIONS HAVE EVOLVED BASED ON UNIQUE NEEDS OF THE SECTO R EACH GROUP OVERSEES THE WORK OF AN IMPACT AREA INITIATIVE DEVELOPED AS A RESULT OF PROG RAM GAPS IDENTIFIED BY THE DELEGATION THE HEALTH DELEGATION ALSO ADVISES A NUMBER OF COMM UNITY SOLUTION TEAMS (CST) WORKING ON SPECIFIC COMMUNITY ISSUES PINPOINTED IN CHNA THE CO MMUNITY SOLUTION TEAMS COVER THE FOLLOWING TOPICS ACCESS TO MEDICAL &amp; ORAL HEALTH, NUTRIT ION, WEIGHT &amp; PHYSICAL ACTIVITY, HEART DISEASE &amp; STROKE, MATERNAL, INFANT &amp; CHILD HEALTH, MENTAL HEALTH, ENVIRONMENTAL HEALTH, AND SUBSTANCE ABUSE THESE TEAMS ARE CHARGED WITH CRE ATING GOALS AND A WORK PLAN TO CREATE POSITIVE IMPACT IN THE GAPS IDENTIFIED IN THE CHNA BLESSING HEALTH SYSTEM STAFF HAS A STRONG PRESENCE ON EACH OF THE TEAMS ADDRESSING TOPICS OF HEALTH THE HEALTH LEADERSHIP DELEGATION, ACCESS TO MEDICAL &amp; ORAL HEALTH, HEART DISEAS E AND STROKE, AND MENTAL HEALTH TEAMS ARE ALL CURRENTLY LED OR CO-LED BY BLESSING HEALTH S YSTEM STAFF THE MAJORITY OF THE OTHER TEAMS HAVE REPRESENTATION FROM STAFF OF BLESSING HE ALTH SYSTEM THIS ALIGNMENT OF BLESSING HOSPITAL WITH THE COMMUNITY BUILDING STRUCTURE IS KEY TO CONTINUING THE EFFORTS OF IDENTIFYING SPECIFIC OBJECTIVES TOWARD WHICH OUR COMMUNIT Y WILL WORK IN THE COMING YEARS</p>

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

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

Form and Line Reference	Explanation
GROUP A, FACILITY 1, BLESSING HOSPITAL AT 11TH ST - PART V, LINE 13B	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 FAMILY'S TOTAL INCOME, FAMILY SIZE, AND ASSETS PATIENTS EXPERIENCING CATASTROPHIC MEDIAL INDIGENCE ARE ELIGIBLE FOR A DISCOUNT OF 80%

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

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

Form and Line Reference	Explanation
GROUP A, FACILITY 1, BLESSING HOSPITAL AT 11TH ST - PART V, LINE 16J	<p>THE UNITED WAY SHARES BLESSING HOSPITALS FINANCIAL ASSISTANCE POLICY TO THOSE IN NEED OF MEDICAL CARE OR FACING MEDICAL DEBT THROUGH THEIR HELPLINE AND THEIR UNMET NEEDS GROUP THE HELPLINE IS A FREE INFORMATION AND REFERRAL SERVICE THAT ASSISTS RESIDENTS IN FINDING THE HELP THEY NEED WHETHER THOSE CALLING NEED A PHONE NUMBER OR INFORMATION ABOUT AVAILABILITY OF A SERVICE OR THEY NEED ASSISTANCE IN FINDING HEALTHCARE, HOUSING, FOOD, UTILITY AND RENT ASSISTANCE, SENIOR SERVICES, SUBSTANCE ABUSE PROGRAMS, OR LEGAL SERVICES, THE UNITED WAY HELPLINE OFFERS THAT HELP THE UNITED WAY ALSO SHARES THE INFORMATION THROUGH THE QUINCY AREA PARTNERSHIP FOR UNMET NEEDS THIS GROUP IS A NETWORK OF SOCIAL SERVICE AGENCIES AND FAITH-BASED ORGANIZATIONS MEMBER AGENCIES PRESENT CASES FOR CONSIDERATION AT UNMET NEEDS MEETINGS CLIENTS IN NEED OF ASSISTANCE CONTACT A MEMBER AGENCY WITH THEIR SPECIFIC NEED AS THE CASES ARE DISCUSSED, ENTITY REPRESENTATIVES TALK ABOUT PROGRAMS THEY HAVE THAT COULD ASSIST THE PATIENT BLESSING IS REPRESENTED AT THESE MEETINGS THE UNITED WAY ALSO HAS AN INTERAGENCY COUNCIL THAT MEETS MONTHLY SEVERAL AGENCIES FROM THROUGHOUT THE COMMUNITY ATTEND THIS MEETING THEY HAVE A PRESENTER AT MOST MEETINGS BLESSING HAS PRESENTED IN THE PAST, FOCUSING ON CARE COORDINATION AND TOUCHING ON THE FINANCIAL ASSISTANCE PROGRAM BLESSING HOSPITAL HAS ALSO ESTABLISHED A CARE COORDINATION DEPARTMENT THAT WORKS WITH PATIENTS IN THE AMBULATORY SETTING TO ASSIST THEM IN MEETING THEIR HEALTHCARE NEEDS ONE OF THE TARGETED AREAS OF THE CARE COORDINATION PROGRAM IS TO HELP PATIENTS ESTABLISH A PRIMARY CARE HOME THIS CAN INCLUDE PROVIDING EDUCATION TO PATIENTS ABOUT SERVICES AVAILABLE IN THE COMMUNITY AND IF APPLICABLE HOW TO ACCESS THE FINANCIAL ASSISTANCE PROGRAMS WITHIN THOSE AGENCIES</p>

Schedule I (Form 990)

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

OMB No 1545-0047

2016

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...
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 7 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, (g) Description of non-cash assistance, (h) Purpose of grant or assistance

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	180	1,071,005		BOOK	
(2) BLESSING HEALTH PATIENTS	684	114,900		BOOK	
(3) EMPLOYEE ASSISTANCE	27	39,616		BOOK	
(3)					
(4)					
(5)					
(6)					
(7)					

**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
SCHEDULE I, PAGE 1, PART I, LINE 2	<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 PART III, LINE 1 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 PART III, LINE 2 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 PART III, LINE 3 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.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SIU SCHOOL OF MEDICINE PO BOX 19607 327 W CALHOUN SPRINGFIELD, IL 62794	37-6005961	501C3	1,716,664		BOOK		MED ED & RESEARCH
UNITED WAY OF ADAMS COUNTY 936 BROADWAY SUITE F QUINCY, IL 62301	37-0673476	501C3	59,974		BOOK		GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN RED CROSS-WESTERN IL CHAP 3000 NORTH 23RD STREET QUINCY, IL 62301	53-0196605	501C3	6,000		BOOK		GENERAL SUPPORT
HISTORIC QUINCY BUSINESS DISTRICT 128 NORTH 5TH STREET QUINCY, IL 62301	37-1049939	501C3	9,000		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](http://www.irs.gov/form990).**

Name of the organization BLESSING HOSPITAL	Employer identification number 37-0661183
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**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> 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. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</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.	<b>1b</b>	
<b>2</b> 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?	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> 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:		
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	No
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	No
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4c</b>	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> 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:		
<b>a</b> The organization?	<b>5a</b>	No
<b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	<b>5b</b>	No
<b>6</b> 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:		
<b>a</b> The organization?	<b>6a</b>	No
<b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	<b>6b</b>	No
<b>7</b> 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.	<b>7</b>	No
<b>8</b> 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.	<b>8</b>	No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	

**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
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Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2016

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization BLESSING HOSPITAL

Employer identification number

37-0661183

Part I Bond Issues

Table with 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 columns: 1-13 (Amount of bonds retired, Amount of bonds legally defeased, Total proceeds of issue, etc.), 14-17 (Were the bonds issued as part of a current refunding issue?, etc.).

Part III Private Business Use

Table with columns: 1-2 (Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?, Are there any lease arrangements that may result in 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
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		X		X		X		
<b>b</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?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X		X		X		
<b>d</b> 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?								
<b>4</b> 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 %							
<b>5</b> 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 . . . . . ▶	2 900 %							
<b>6</b> Total of lines 4 and 5 . . . . .	2 900 %							
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .	X		X		X			
<b>8a</b> 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>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2? . . . . .								
<b>9</b> 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
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		X		X		X		
<b>2</b> If "No" to line 1, did the following apply? . . . . .								
<b>a</b> Rebate not due yet? . . . . .		X		X		X		
<b>b</b> Exception to rebate? . . . . .	X		X			X		
<b>c</b> No rebate due? . . . . .		X		X	X			
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .		X	X		X			
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of hedge . . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								

**Part IV Arbitrage** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X		X		X		
<b>7</b> 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

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

**Transactions with Interested Persons**

OMB No 1545-0047

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**2016**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
BLESSING HOSPITAL

Employer identification number  
37-0661183

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

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

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

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

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

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

**Part IV Business Transactions Involving Interested Persons.**

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

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

**Part V Supplemental Information**

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

Return Reference	Explanation
SCHEDULE L, PART V	PART IV, LINE 1 BOARD TRUSTEE, MICHAEL KLINGNER, IS PRESIDENT OF THE ENTITY WITH WHICH BUSINESS TRANSACTIONS WERE CONDUCTED

## 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
KLINGNER AND ASSOCIATES	SEE PART V	119,520	ENGINEERING SERVICES		No
MISSA J GERVELER	FAMILY MEMBER	38,685	EMPLOYMENT		No

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

<b>(a)</b> Name of interested person	<b>(b)</b> Relationship between interested person and the organization	<b>(c)</b> Amount of transaction	<b>(d)</b> Description of transaction	<b>(e)</b> Sharing of organization's revenues?	
				<b>Yes</b>	<b>No</b>
JASON H HETZLER	FAMILY MEMBER	100,204	EMPLOYMENT		No
ELLEN J TRAMAN	FAMILY MEMBER	40,404	EMPLOYMENT		No

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

<b>(a)</b> Name of interested person	<b>(b)</b> Relationship between interested person and the organization	<b>(c)</b> Amount of transaction	<b>(d)</b> Description of transaction	<b>(e)</b> Sharing of organization's revenues?	
				<b>Yes</b>	<b>No</b>
ROBERT G TRAMAN	FAMILY MEMBER	41,995	EMPLOYMENT		No

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No 1545-0047  
**2016**  
**Open to Public Inspection**

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
▶ **Attach to Form 990.**  
▶ **Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
BLESSING HOSPITAL

Employer identification number  
37-0661183

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	2	25,178	FMV
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .	X	1	5,000	FMV
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( _____ )				
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

	Yes	No
30a		No
31		No
32a		No

**Part II Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
SCHEDULE M, PAGE 2, PART II	PART I LINE 20 DRUGS AND MEDICAL SUPPLIES POWER WHEELCHAIR

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

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

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](http://www.irs.gov/form990).

**2016**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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 2017, THE COST OF CHARITY CARE PROVIDED WAS 6,088,558 MEDICARE AND MEDICAID SHORTFALLS WERE 41,381,057 AND 5,115,618, RESPECTIVELY BLESSING HOSPITAL TREATED PATIENTS THROUGH THE FOLLOWING SERVICES DURING FISCAL YEAR 2017 43,151 EMERGENCY CENTER AND 27,280 URGENT CARE VISITS, 352,839 OUTPATIENT VISITS, 17,913 SURGICAL OPERATIONS, INCLUDING 150 OPEN HEART SURGERIES, 15,596 INPATIENT ADMISSIONS, AND 1,108 BABIES OUTPATIENT SERVICES INCLUDED 172,148 CARDIOPULMONARY/CARDIOLOGY PROCEDURES, 773,994 LABORATORY TESTS, 119,709 RADIOLOGY PROCEDURES, AND 124,368 PHYSICAL THERAPY/REHABILITATION VISITS BLESSING HOSPITAL PROVIDED ADDITIONAL BENEFITS OF 11,220,033 TO THE COMMUNITY DURING FISCAL YEAR 2017 AS FOLLOWS HEALTH PROFESSIONALS EDUCATION SIU RESIDENCY PROGRAM 4,119,937 BLESSING-RIEMAN COLLEGE OF NURSING 1,500,992 NURSING EDUCATIONAL PRECEPTORS 955,961 SCHOOL OF RADIOLOGIC TECHNOLOGY 293,311 SCHOOL OF MEDICAL LABORATORY TECHNICIANS 59,564 SUB TOTAL HEALTH PROFESSIONALS EDUCATION 6,929,765 COMMUNITY HEALTH IMPROVEMENT SERVICES SIU PATIENT CENTERED MEDICAL HOME 115,401 ADAMS COUNTY HEALTH DEPARTMENT DENTAL PROGRAM 85,000 CHARITY PHARMACY PRESCRIPTIONS 46,661 PATIENT TRANSPORTATION 38,301 MEDICAL SUPPLIES/SERVICES FOR PATIENTS 29,221 SUPPORT GROUPS 23,358 HEALTH SCREENINGS/TESTS 9,017 EDUCATIONAL PROGRAMS 6,809 MEDICAL INTERPRETING SERVICES 6,477 SUB TOTAL COMMUNITY HEALTH IMPROVEMENT SERVICES 360,245 SUBSIDIZED HEALTH SERVICES HOME HEALTHCARE SERVICES 1,597,236 CARE COORDINATION 1,572,392 BLESSING FAST CARE 309,808 HOSPICE 9,674 SUB TOTAL SUBSIDIZED HEALTH SERVICES 3,489,110 IN-KIND CONTRIBUTIONS/DONATIONS DONATIONS/SPONSORSHIPS 284,629 ADAMS COUNTY AMBULANCE SERVICE 139,931 MEETING SPACE 16,353 SUB TOTAL IN-KIND CONTRIBUTIONS/DONATIONS 440,913 BLESSING HOSPITAL'S STRATEGIC OBJECTIVES FOR THE UPCOMING YEARS ARE AS FOLLOWS -LEVERAGING INNOVATIONS, CONTINUE TO TRANSITION TO A NEW BUSINESS MODEL IN RESPONSE TO HEALTH CARE REFORM, WITH FOCUS ON AFFILIATION/PARTNERSHIPS -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**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
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 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**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
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	ANESTHESIA EXPENSE 10,859,838 0 0 PHYSICIAN FEES 8,037,334 0 0 CONSULTING FEES 3,066,894 9 ,450,949 0 OUTSIDE MEDICAL SERVICES 2,292,785 0 0 TRAUMA EXPENSE 1,329,733 0 0 BIO MED FEE S 1,082,169 0 0 INSTRUCTIONAL & SPEAKER FEES 163,915 0 0 OTHER FEES 111,729 131,517 0 HOME HEALTH AIDES 72,904 0 0 LICENSURE FEES 4,486 0 0 TOTAL 27,021,787 9,582,466 0

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9	INCREASE IN MINIMUM PENSION LIABILITY 3,365,925 TRANSFERS TO AFFILIATES -41,653,314 TRANSFERS TO SITF -350,000 TOTAL -38,637,389

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2016**

**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](http://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.

See Additional Data Table

(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

**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	
<b>(1)</b> ILLINI HEALTH SERVICES LLC PO BOX 40 QUINCY, IL 623060040 47-0901851	PHARMACY	IL	DENMAN DENMAN					No			No	
<b>(2)</b> 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
<b>(1)</b> DENMAN SERVICES INC BROADWAY AT 14TH STREET QUINCY, IL 62306 37-1132117	MED EQUIP	IL	N/A						No
<b>(2)</b> CHS HOLDING COMPANY 1005 BROADWAY QUINCY, IL 62301 32-0481381	GRP HLTH	IL	N/A						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

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b> Yes	
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b> Yes	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b> Yes	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	No
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	No
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	No
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	No
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b> Yes	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b> Yes	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b> Yes	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b> Yes	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b> Yes	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b> Yes	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b> Yes	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b> Yes	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b> Yes	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)DENMAN SERVICES INC	A	121,938	FMV
(2)DENMAN SERVICES INC	Q	1,171,634	FMV
(3)DENMAN SERVICES INC	M	2,410,615	FMV



**Part VII** **Supplemental Information**

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

# 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
(1)  BROADWAY AT 11TH PO BOX 7005 QUINCY, IL 623057005 37-1128706	MGMT SVCS	IL	501C3	10	N/A		No
(1)  BROADWAY AT 11TH POBOX 7005 QUINCY, IL 623057005 37-1128705	FUNDRAISE	IL	501C3	12B	BCS INC BCS INC		No
(2)  640 WEST WASHINGTON PITTSFIELD, IL 62363 37-1396010	HOSPITAL	IL	501C3	3	BCS INC BCS INC		No
(3)  BROADWAY AT 11TH PO BOX 7005 QUINCY, IL 623057005 37-1045366	MED CLAIMS	IL	501C3	12A	BCS INC BCS INC		No
(4)  1005 BROADWAY QUINCY, IL 62301 43-1371818	INACTIVE	MO	501C3	3	BCS INC BCS INC		No
(5)  BROADWAY AT 11TH PO BOX 7005 QUINCY, IL 623057005 23-7160187	HSP SUPPRT	IL	501C3	12B	N/A		No
(6)  BROADWAY AT 11TH PO BOX 7005 QUINCY, IL 623057005 37-1128708	INACTIVE	IL	501C3	10	BCS INC		No
(7)  1005 BROADWAY QUINCY, IL 62301 81-4181593	MED SVCS	IL	501C3	3	BCS INC BCS INC		No