

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493217001120

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2018

Open to Public Inspection

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

Do not enter social security numbers on this form as it may be made public

Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning 10-01-2018 , and ending 09-30-2019

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

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

Yes No

H(b) Are all subordinates included?

Yes No

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

H(c) Group exemption number ▶

I Tax-exempt status

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

J Website: ▶ WWW.BLESSINGHEALTH.ORG

K Form of organization

Corporation Trust Association Other ▶

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 COMMUNITIES

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

3 Number of voting members of the governing body (Part VI, line 1a)

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

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

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

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Prior Year

2,900,498

430,168,184

8,176,570

14,164,399

455,409,651

3,127,976

175,035,847

187,418,897

365,582,720

89,826,931

Beginning of Current Year

555,365,606

204,674,586

350,691,020

Current Year

3,125,899

433,094,244

9,854,387

16,403,888

462,478,418

3,753,713

187,622,615

181,424,254

372,800,582

89,677,836

638,426,630

255,691,048

382,735,582

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

MAUREEN A KAHN, PRESIDENT/CEO

Type or print name and title

2020-05-14

Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date 2020-07-30

Check if self-employed

PTIN P01294277

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

May the IRS discuss this return with the preparer shown above? (see instructions)

Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2018)

Part III Statement of Program Service AccomplishmentsCheck 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 COMMUNITIES

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 \$ 275,435,388	including grants of \$ 3,753,713)	(Revenue \$ 433,094,244)
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 ▶	275,435,388
-----------	---	-------------

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22 Yes	

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 292	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c Yes	

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	3,948			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O				3b	Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?				4a		No
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?				6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				6b		
7 Organizations that may receive deductible contributions under section 170(c).						
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?				7a		No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?				7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year				7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?						
				8		
9a Did the sponsoring organization make any taxable distributions under section 4966?				9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				9b		
10 Section 501(c)(7) organizations. Enter						
a Initiation fees and capital contributions included on Part VIII, line 12				10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				10b		
11 Section 501(c)(12) organizations. Enter						
a Gross income from members or shareholders				11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)				11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?						
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year				12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.						
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O				13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				13b		
c Enter the amount of reserves on hand				13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?				14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N				15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O				16		No

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b	Enter the number of voting members included in line 1a, above, who are independent		
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	
b	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		
a	The governing body?	Yes	
b	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.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	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	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	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?		
a	The organization's CEO, Executive Director, or top management official		No
b	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	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	Yes	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: IL

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ 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

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

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

□

● List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

● List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

● List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

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

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

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

[illegible]

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
1c Total from continuation sheets to Part VII, Section A										
1d Total (add lines 1b and 1c)								5,226,950	3,878,881	879,611

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 127

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
QUINCY ANESTHESIA ASSOCIATES PC BROADWAY AT 11TH QUINCY, IL 62301	ANESTHESIA SVCS	12,755,276
QUINCY MEDICAL GROUP 1025 MAINE STREET QUINCY, IL 62301	PHYSICIAN SVCS	4,593,381
HBD CONSTRUCTION INC 5517 MANCHESTER AVE ST LOUIS, MO 63110	CONSTRUCTION	3,273,780
CROSS COUNTRY STAFFING PO BOX 404674 ATLANTA, GA 30384	STAFFING SVCS	3,006,071
WEST CENTRAL PATHOLOGY SPECIALISTS 4000 CATAMARAN CT QUINCY, IL 62301	PATHOLOGY SVCS	2,928,257

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 64

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
<div>Contributions, Gifts, Grants and Other Similar Amounts</div> <div><div><div>1a</div>Federated campaigns . . .</div><div>1a</div></div> <div><div>b</div>Membership dues . . .</div> <div>1b</div>				

c

Fundraising events . . .

1c

d

Related organizations

1d

2,128,814

e

Government grants (contributions)

1e

f

All other contributions, gifts, grants,
and similar amounts not included
above

1f

997,085

g

Noncash contributions included
in lines 1a - 1f \$

12,896

h

Total. Add lines 1a-1f

3,125,899

<div>Other Revenue</div>	3	Investment income (including dividends, interest, and other similar amounts)		7,006,558			7,006,558	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6a	Gross rents	(i) Real	(ii) Personal				
			1,327,925					
		b	Less rental expenses					
		c	Rental income or (loss)	1,327,925				
	d	Net rental income or (loss)			1,327,925		110,070	1,217,855
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			91,751,472					
		b	Less cost or other basis and sales expenses	88,578,311	325,332			
		c	Gain or (loss)	3,173,161	-325,332			
	d	Net gain or (loss)			2,847,829			2,847,829
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a					
	b	Less direct expenses	b					
	c	Net income or (loss) from fundraising events						
	9a	Gross income from gaming activities See Part IV, line 19	a					
	b	Less direct expenses	b					
	c	Net income or (loss) from gaming activities						
	10a	Gross sales of inventory, less returns and allowances	a					
	b	Less cost of goods sold	b					
	c	Net income or (loss) from sales of inventory						
	Miscellaneous Revenue	Business Code						
11a	MANAGEMENT & ACCNTG FEES	900099	8,456,820				8,456,820	
b	SALE OF FOOD	541610	2,353,776				2,353,776	
c	CHILD CARE CENTER	722100	2,226,625				2,226,625	
d	All other revenue		2,038,742				2,038,742	
e	Total. Add lines 11a-11d		15,075,963					
12	Total revenue. See Instructions		462,478,418	427,867,612	110,070		31,374,837	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	2,123,610	2,123,610		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	1,630,103	1,630,103		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	6,313,386	4,974,994	1,338,392	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	136,200,925	107,327,314	28,873,611	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	4,973,264	3,918,968	1,054,296	
9 Other employee benefits.	31,198,873	24,584,938	6,613,935	
10 Payroll taxes.	8,936,167	7,041,764	1,894,403	
11 Fees for services (non-employees):				
a Management.	17,740,602		17,740,602	
b Legal.	229,967		229,967	
c Accounting.	142,742	5,900	136,842	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	651,353		651,353	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	27,406,414	21,852,854	5,553,560	
12 Advertising and promotion.	1,175,314	1,175,314		
13 Office expenses.	198,292	115,800	82,492	
14 Information technology.				
15 Royalties.				
16 Occupancy.	5,311,846	2,187,770	3,124,076	
17 Travel.	870,912	595,744	275,168	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	356,946	227,922	129,024	
20 Interest.	2,178,139	1,716,389	461,750	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	18,346,242	10,823,613	7,522,629	
23 Insurance.	2,576,590	2,019,789	556,801	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a SUPPLIES	58,631,120	56,450,036	2,181,084	
b BAD DEBTS	15,971,333	15,971,333		
c SOFTWARE	10,186,524	1,941,730	8,244,794	
d EQUIPMENT RENTAL & MAINT	7,451,889	4,872,467	2,579,422	
e All other expenses	11,998,029	3,877,036	8,120,993	
25 Total functional expenses. Add lines 1 through 24e.	372,800,582	275,435,388	97,365,194	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		92,359,667	1	59,892,193	
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		50,322,553	4	54,928,731	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		40,000	6	260,000	
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use		7,189,486	8	7,912,085	
	9	Prepaid expenses and deferred charges		6,857,027	9	6,403,543	
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	466,396,806			
	b	Less: accumulated depreciation	10b	215,212,852	219,735,077	10c	251,183,954
	11	Investments—publicly traded securities		101,055,985	11	114,586,997	
	12	Investments—other securities. See Part IV, line 11		61,183,271	12	128,325,271	
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		16,622,540	15	14,933,856	
16	Total assets. Add lines 1 through 15 (must equal line 34)		555,365,606	16	638,426,630		
Liabilities	17	Accounts payable and accrued expenses		35,551,186	17	26,453,280	
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities		74,580,000	20	115,480,000	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22		
	23	Secured mortgages and notes payable to unrelated third parties		6,868,134	23	6,107,602	
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		87,675,266	25	107,650,166	
	26	Total liabilities. Add lines 17 through 25		204,674,586	26	255,691,048	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets		346,105,383	27	377,818,601	
	28	Temporarily restricted net assets		2,812,364	28	3,143,708	
	29	Permanently restricted net assets		1,773,273	29	1,773,273	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			30		
	31	Paid-in or capital surplus, or land, building or equipment fund			31		
	32	Retained earnings, endowment, accumulated income, or other funds			32		
	33	Total net assets or fund balances		350,691,020	33	382,735,582	
34	Total liabilities and net assets/fund balances		555,365,606	34	638,426,630		

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	462,478,418
2	Total expenses (must equal Part IX, column (A), line 25)	2	372,800,582
3	Revenue less expenses Subtract line 2 from line 1	3	89,677,836
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	350,691,020
5	Net unrealized gains (losses) on investments	5	88,549
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-57,721,823
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	382,735,582

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
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	Yes	

Additional Data

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

Form 990 (2018)

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/WEALTHNESS PROGRAMS FOR FISCAL YEAR 2019, THE COST OF CHARITY CARE PROVIDED WAS 9,133,153 AND MEDICARE SHORTFALLS WERE 50,249,890 BLESSING HOSPITAL TREATED PATIENTS THROUGH THE FOLLOWING SERVICES DURING FISCAL YEAR 2019 39,570 EMERGENCY CENTER AND 30,458 URGENT CARE VISITS, 294,289 OUTPATIENT VISITS, 17,975 SURGICAL OPERATIONS, INCLUDING 135 OPEN HEART SURGERIES, 15,041 INPATIENT ADMISSIONS, AND 1,072 BABIES OUTPATIENT SERVICES INCLUDED 107,696 CARDIOPULMONARY/CARDIOLOGY PROCEDURES, 827,071 LABORATORY TESTS, 117,624 RADIOLOGY PROCEDURES, AND 130,415 PHYSICAL THERAPY/REHABILITATION VISITS BLESSING HOSPITAL PROVIDED ADDITIONAL BENEFITS OF 11,165,200 TO THE COMMUNITY DURING FISCAL YEAR 2019 AS FOLLOWS HEALTH PROFESSIONALS EDUCATION SIU RESIDENCY PROGRAM 4,427,526 BLESSING-RIEMAN COLLEGE OF NURSING 1,564,894 NURSING EDUCATIONAL PRECEPTORS 847,327 SCHOOL OF RADIOLOGIC TECHNOLOGY 315,216 SCHOOL OF MEDICAL LABORATORY TECHNICIANS 63,077 SUB TOTAL HEALTH PROFESSIONALS EDUCATION 7,218,040 COMMUNITY HEALTH IMPROVEMENT SERVICES PSYCHIATRIC SERVICES TO SIU CENTER FOR FAMILY MEDICINE - QUINCY, CHADDOCK, AND TRANSITIONS OF WESTERN ILLINOIS 314,037 ADAMS COUNTY HEALTH DEPARTMENT DENTAL PROGRAM 100,000 PATIENT TRANSPORTATION AND LODGING 199,909 CHARITY PHARMACY PRESCRIPTIONS 65,505 HEALTH SCREENINGS/TESTS 28,836 MEDICAL SUPPLIES/SERVICES FOR PATIENTS 34,527 SUPPORT GROUPS 34,641 EDUCATIONAL PROGRAMS 10,667 MEDICAL INTERPRETING SERVICES 7,159 SUB TOTAL COMMUNITY HEALTH IMPROVEMENT SERVICES 795,281 SIU CENTER FOR FAMILY MEDICINE - QUINCY, CHADDOCK, AND TRANSITIONS OF WESTERN ILLINOIS SUBSIDIZED HEALTH SERVICES CARE COORDINATION 2,116,279 HOME HEALTHCARE SERVICES 744,775 SUB TOTAL SUBSIDIZED HEALTH SERVICES 2,861,054 IN-KIND CONTRIBUTIONS/DONATIONS DONATIONS/SPONSORSHIPS 282,373 MEETING SPACE 8,452 SUB TOTAL IN-KIND CONTRIBUTIONS/DONATIONS 290,825 BLESSING HOSPITAL'S STRATEGIC OBJECTIVES FOR THE UPCOMING YEARS ARE AS FOLLOWS -BECOME AN INDEPENDENT REGIONAL DESTINATION HEALTH SYSTEM -ACHIEVE TOP DECILE PERFORMANCE -ACHIEVE TOP DECILE STAKEHOLDER ENGAGEMENT -IMPROVE PEOPLE SYSTEMS -EFFECTIVE RESOURCE ALLOCATION THROUGH EVIDENCE BASED FINANCIAL LEADERSHIP PRACTICES

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			
SAYEED ALI TRUSTEE	1 00	X						0	0	0
NANCY BLUHM TRUSTEE	1 00	X						0	0	0
DAVID BOSTER TRUSTEE	1 00	X						0	0	0
JULIE BRINK VICE-CHAIRPE	1 00	X		X				0	0	0
MICHAEL R HULSEN TRUSTEE	1 00	X						0	0	0
MAUREEN A KAHN PRESIDENT/CE	20 00 20 00	X		X				0	1,041,403	240,032
TIMOTHY D KOONTZ TRUSTEE	1 00	X						0	0	0
ABBY REICH MD TRUSTEE	0 00 40 00	X						0	176,909	30,799
ADAM REYBURN MD TRUSTEE	1 00	X						0	0	0
DENNIS GO MD TRUSTEE	1 00	X						15,900	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
HARSHA V POLAVARAPU MD CHIEF OF STA	0 00 40 00	X						0	515,918	31,269
THOMAS H MILLER MD TRUSTEE	1 00	X						0	0	0
CHRISTOPHER J NIEMANN TRUSTEE	1 00	X						0	0	0
PATRICK M GERVELER TREASURER	20 00 20 00			X				0	623,711	129,314
TIMOTHY A MOORE SECRETARY	20 00 20 00			X				0	364,161	31,269
MARY F BARTHEL CHIEF QUALIT	40 00				X			439,163	0	21,807
BETTY J KASPARIE VP PLANNING	20 00 20 00				X			0	313,223	28,200
ELLIOT H KUIDA COO	0 00 40 00				X			0	507,621	99,617
CHRISTOPHER R SOLARO MD CHIEF OF MED	40 00				X			731,659	0	35,369
ARDEN J REYNOLDS MD CHIEF OF SUR	40 00				X			260,585	0	12,959

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOELLEN L RANDALL VP HUMAN RES	20 00 20 00				X			0	335,935	28,576
TIMOTHY L TRANOR CNO	40 00				X			303,986	0	32,071
SETH C THIBODEAU DO PHYSICIAN	40 00					X		688,318	0	27,505
ANTONY S WOLLASTON MD PHYSICIAN	40 00					X		621,969	0	32,988
SCOTT M HOUGH MD PHYSICIAN	40 00					X		692,320	0	35,369
DAVID J ECKERSLEY MD PHYSICIAN	40 00					X		707,241	0	35,369
JOHN H ARNOLD MD PHYSICIAN	40 00					X		765,809	0	27,098

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization

BLESSING HOSPITAL

Employer identification number

37-0661183

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

The organization is not a private foundation because it is (For lines 1 through 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		
Total						

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

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2018

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)
(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage						
14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))					14
15	Public support percentage for 2017 Schedule A, Part II, line 14					15
16a	33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>					
b	33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>					
17a	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► <input type="checkbox"/>					
b	10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► <input type="checkbox"/>					
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>					

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

(Complete only if you checked the box on line 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV Supporting Organizations

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

Part IV

Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <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>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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 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>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
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>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
<div>1</div> <div><input type="checkbox"/></div> <div>Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.</div>			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<div><input type="checkbox"/></div> 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)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

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

Part VI

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

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
BLESSING HOSPITAL

Employer identification number
37-0661183

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, 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

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" 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
1a Beginning of year balance	1,928,985	1,793,981	1,837,667	1,838,747	1,818,441
b Contributions		76,000			
c Net investment earnings, gains, and losses	-69,278	59,004	-43,686	-1,080	20,306
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1,859,737	1,928,985	1,793,981	1,837,667	1,838,747

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 ▶ 95 350 %

c Temporarily restricted endowment ▶ 4 650 %

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

(i) unrelated organizations

(ii) related organizations

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

	Yes	No
3a(i)		No
3a(ii)	Yes	
3b	Yes	

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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
1a Land		14,717,941		14,717,941
b Buildings		223,723,187	92,661,310	131,061,877
c Leasehold improvements		8,120,096	5,079,663	3,040,433
d Equipment				
e Other		219,835,582	117,471,879	102,363,703
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				251,183,954

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	2,939,251	F
(2) Closely-held equity interests		
(3) Other _____ (A) CERTIFICATES OF DEPOSITS	42,574,177	F
(B) OTHER INVESTMENT ASSETS	40,639,018	F
(C) MUTUAL FUNDS	33,957,882	F
(D) CORP MORTGAGE/ASSET BACKED SE	8,214,943	F
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	128,325,271	

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)		
Total. (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)	
Total. (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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
See Additional Data Table	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	107,650,166

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.

1	Total revenue, gains, and other support per audited financial statements	1	435,945,894
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	-13,552,238
e	Add lines 2a through 2d	2e	-13,552,238
3	Subtract line 2e from line 1	3	449,498,132
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	12,980,286
c	Add lines 4a and 4b	4c	12,980,286
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	462,478,418

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

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

1	Total expenses and losses per audited financial statements	1	356,178,572
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	676
e	Add lines 2a through 2d	2e	676
3	Subtract line 2e from line 1	3	356,177,896
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	16,622,686
c	Add lines 4a and 4b	4c	16,622,686
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	372,800,582

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

<div>1</div> <div>(a) Description of Liability</div>	(b) Book Value
ACCRUED PENSION COSTS	53,611,685
ACCRUED SALARIES & WAGES	20,671,993
ESTIMATED 3RD-PARTY PAYOR SETTLEMENT	16,625,709
OTHER LONG TERM LIABILITY	7,986,796
DEFERRED COMPENSATION	3,593,171
ADVANCES AND DEFERRED REVENUE	2,348,267
DUE TO RELATED ORGANIZATIONS	1,080,300
LEASES PAYABLE	853,430
ACCRUED INTEREST	830,078
ACCRUED PAYROLL TAXES	626,861

Form 990, Schedule D, Part X, - Other Liabilities	
1 (a) Description of Liability	(b) Book Value
DEFERRED FINANCING COST	-578,124

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 -15,971,333 NET ASSETS RELEASED FROM RESTRICTIONS 2,419,095

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 4B	INVESTMENT INCOME 11,371,900 REALIZED GAINS ON SECURITIES AND ASSETS -2,169,618 TEMPORARILY RESTRICTED CONTRIBUTIONS 3,125,899 TEMPORARILY RESTRICTED INCOME 752 INVESTMENT MANAGEMENT FEES 651,353

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 2D	LIABILITY CLAIMS REPORTED ON SEPARATE 990 676

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 4B	BAD DEBT REDUCTION OF REVENUE ON F/S 15,971,333 INVESTMENT EXPENSES 651,353

efile GRAPHIC print - DO NOT PROCESSAs Filed Data -DLN: 93493217001120

SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

BLESSING HOSPITAL

Employer identification number

37-0661183

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.

► Attach to Form 990.

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Part I

Financial Assistance and Certain Other Community Benefits at Cost

1a

Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a

1a

Yes

1b

If "Yes," was it a written policy?

1b

Yes

2

If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year

☒ Applied uniformly to all hospital facilities

☐ Applied uniformly to most hospital facilities

☐ Generally tailored to individual hospital facilities

3

Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year

a

Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care

3a

Yes

☐ 100% ☐ 150% ☒ 200% ☐ Other %

b

Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care

3b

Yes

☐ 200% ☒ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other %

c

If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care

4

Yes

5a

Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?

5a

Yes

b

If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?

5b

Yes

c

If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?

5c

No

6a

Did the organization prepare a community benefit report during the tax year?

6a

Yes

b

If "Yes," did the organization make it available to the public?

6b

Yes

Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			9,133,153		9,133,153	2 560 %
b Medicaid (from Worksheet 3, column a)			69,329,289	69,329,289		
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			78,462,442	69,329,289	9,133,153	2 560 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			795,281		795,281	0 220 %
f Health professions education (from Worksheet 5)			7,218,040		7,218,040	2 020 %
g Subsidized health services (from Worksheet 6)			9,946,719	7,085,665	2,861,054	0 800 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			290,825		290,825	0 080 %
j Total. Other Benefits			18,250,865	7,085,665	11,165,200	3 120 %
k Total. Add lines 7d and 7j			96,713,307	76,414,954	20,298,353	5 680 %

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

Cat No 50192T

Schedule H (Form 990) 2018

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy			58,145		58,145	0.020 %
8 Workforce development						
9 Other						
10 Total			58,145		58,145	0.020 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	15,971,333	
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	745,861	
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	117,865,378
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	119,326,958
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-1,461,580
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)

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

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group A

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3 Yes	
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA <u>20 18</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5 Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	No
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b Yes	
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7 Yes	
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW.BLESSINGHEALTH.ORG</u>		
b <input checked="" type="checkbox"/> Other website (list url) <u>WWW.UNITEDWAYADAMSCO.ORG</u>		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8 Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 19</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10 Yes	
a If "Yes" (list url) <u>WWW.BLESSINGHEALTH.ORG</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	No
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

A

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>250 000000000000</u> %			
b <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input checked="" type="checkbox"/> Asset level			
d <input checked="" type="checkbox"/> Medical indigency			
e <input checked="" type="checkbox"/> Insurance status			
f <input checked="" type="checkbox"/> Underinsurance discount			
g <input checked="" type="checkbox"/> Residency			
h <input type="checkbox"/> Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	14	Yes	
15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes	
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input type="checkbox"/> Other (describe in Section C)			
16 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)	16	Yes	
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>WWW.BLESSINGHEALTH.ORG</u>			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>WWW.BLESSINGHEALTH.ORG</u>			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>WWW.BLESSINGHEALTH.ORG</u>			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g <input checked="" type="checkbox"/> 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			
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input 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			
j <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
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17 Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> 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 d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> 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 d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
a <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21 Yes	
If "No," indicate why		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)		

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
22		
23		No
24		No

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.

[illegible]

Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? **8**

Name and address	Type of Facility (describe)
1 BLESSING AMBULATORY SURGERY CENTER 1118 HAMPSHIRE STREET QUINCY, IL 62301	AMBULATORY SURGICAL TREATMENT CENTER
2 BLESSING HOME CARE BROADWAY AT 14TH STREET QUINCY, IL 62301	HOME HEALTH AGENCY IN ILLINOIS
3 BLESSING HOME CARE - PALMYRA 6996 COUNTY ROAD 326 PALMYRA, MO 63461	HOME HEALTH AGENCY IN MISSOURI
4 BLESSING HOSPICE & PALLIATIVE CARE 936 BROADWAY QUINCY, IL 62301	FULL HOSPICE PROGRAM IN ILLINOIS
5 BLESSING HOSPICE - HANCOCK COUNTY 71 SOUTH ADAMS CARTHAGE, IL 62321	FULL HOSPICE PROGRAM IN ILLINOIS
6 BLESSING HOSPICE - PIKE COUNTY 967 WEST WASHINGTON PITTSFIELD, IL 62363	FULL HOSPICE PROGRAM IN ILLINOIS
7 DENMAN COUNTRY DRUGS 102 PRAIRIE MILLS ROAD GOLDEN, IL 62339	PHARMACY WITHIN RURAL HEALTH CLINIC
8 EAST ADAMS COUNTY RURAL HEALTH CLINIC 102 PRAIRIE MILLS ROAD GOLDEN, IL 62339	RURAL HEALTH CLINIC
9	
10	

Part VI Supplemental Information

Provide the following information

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

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 85%
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 15,971,333 IS SUBTRACTED FROM TOTAL EXPENSES OF 372,800,582 REPORTED ON LINE 25, COLUMN A OF FORM 990, PART IX, FOR A NET TOTAL EXPENSE OF 356,829,249
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 2018
PART VI, LINE 3 - PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE	BLESSING HOSPITAL FINANCIAL ACCOUNT SPECIALISTS (FAS) ATTEMPT TO CONTACT SELF-PAY INPATIENTS WITHIN 24 HOURS OF ADMISSION IF THIS ATTEMPT TO MEET WITH THE PATIENT IS UNSUCCESSFUL, FURTHER ATTEMPTS ARE MADE LATER DURING THEIR STAY OR 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 CONTACT UNINSURED PATIENTS PRIOR TO THEIR SERVICE AND PROVIDE ESTIMATES OF CHARGES AND EDUCATION ON AVAILABLE PROGRAMS IF THE FAS ARE NOT AVAILABLE TO MEET WITH THE PATIENT PRIOR TO SERVICE, CONTACT INFORMATION IS GIVEN TO THE PATIENT IF ASSISTANCE IS NEEDED

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4 - COMMUNITY INFORMATION	<p>FOR 146 YEARS, BLESSING HOSPITAL HAS SERVED THE HEALTH CARE NEEDS OF THE PEOPLE OF WEST CENTRAL ILLINOIS, NORTHEAST MISSOURI AND SOUTHEAST IOWA APPROXIMATELY 238,000 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 63,575 THE MEDIAN HOUSEHOLD INCOME IN THE FOUR ILLINOIS COUNTIES IN BLESSINGS PRIMARY MARKET AREA IS BELOW THE ILLINOIS AVERAGE, RANGING FROM 4,800 TO 20,900 LOWER THE MISSOURI MEDIAN HOUSEHOLD INCOME IS 53,560 IN THE TWO MISSOURI COUNTIES IN BLESSINGS PRIMARY MARKET AREA THE MEDIAN HOUSEHOLD INCOME IS BELOW THE STATE AVERAGE BETWEEN 5,800 AND 6,800 THE PERCENTAGE OF RESIDENTS OVER THE AGE OF 65 IN ILLINOIS IS 15 6 PERCENT THE ILLINOIS COUNTIES IN BLESSINGS PRIMARY MARKET AREA, WITH THE EXCEPTION OF BROWN COUNTY, EXCEED THAT RATE BY AN AVERAGE OF 5 9 PERCENTAGE POINTS THE PERCENTAGE OF RESIDENTS OVER THE AGE OF 65 IN MISSOURI IS 16 9 PERCENT THE MISSOURI COUNTIES IN BLESSINGS PRIMARY MARKET AREA EXCEED THE STATE AVERAGE BY APPROXIMATELY 1 4 PERCENTAGE POINTS THE ILLINOIS POVERTY RATE IS 12 1 PERCENT FOR THE FOUR COUNTIES IN BLESSINGS PRIMARY MARKET IN ILLINOIS, THE AVERAGE POVERTY RATE IS 13 0 PERCENT, WHICH IS 0 9 PERCENTAGE POINTS ABOVE THE STATE AVERAGE THE MISSOURI POVERTY RATE IS 13 2 PERCENT FOR THE TWO MISSOURI COUNTIES IN BLESSINGS PRIMARY MARKET, THE POVERTY RATE AVERAGES 14 5 PERCENT, WHICH IS 1 3 PERCENTAGE POINTS ABOVE THE STATE AVERAGE THE OBESITY RATE AVERAGE ACROSS THE FOUR ILLINOIS COUNTIES IN BLESSINGS PRIMARY MARKET IS 30 3 PERCENT, SLIGHTLY ABOVE THE STATE AVERAGE OF 30 0 PERCENT IN MISSOURI, THE OBESITY RATE AVERAGE IS 34 5 PERCENT IN THE TWO COUNTIES IN BLESSINGS PRIMARY MARKET, 2 5 PERCENTAGE POINTS ABOVE THE STATE AVERAGE OF 32 0 PERCENT</p>
PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH	<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 3,948 EMPLOYEES OF SIGNIFICANT IMPORTANCE ARE THE VOLUNTEERS WHO SERVE THE HOSPITAL IN FISCAL YEAR 2019, BLESSING HOSPITAL HAD 696 ACTIVE VOLUNTEERS WHO SERVED FOR A TOTAL OF 78,282 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	<p>BLESSING CORPORATE SERVICES, INC IS THE PARENT ORGANIZATION OF A GROUP OF RELATED ORGANIZATIONS AND PROVIDES OVERALL DIRECTION TO ALL ENTITIES WITHIN THE STRUCTURE DURING THE YEAR ENDED SEPTEMBER 30, 2005, BLESSING CORPORATE SERVICES, INC BEGAN OPERATING A DIVISION COMPRISED OF PRACTICING PHYSICIANS THE GROUP IS RELATED THROUGH BOARD CONTROL THE FOLLOWING IS A BRIEF DESCRIPTION OF EACH MEMBER OF THE GROUP</p> <p>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 ORGANIZATION - CROSSRIVER QUALITY HEALTH PARTNERS IS A CLINICALLY INTEGRATED NETWORK FOCUSED ON IMPROVING QUALITY AND EFFICIENCY OF PATIENT CARE ACROSS ILLINOIS, MISSOURI, AND IOWA IT IS A WHOLLY OWNED SUBSIDIARY OF BLESSING CORPORATE SERVICES, INC ORGANIZATION - BLESSING ASSURANCE COMPANY IS A WHOLLY OWNED FOREIGN SUBSIDIARY OF BLESSING CORPORATE SERVICES, INC AND IS A PROVIDER OF SELF-INSURANCE TO THE AFFILIATED GROUP ORGANIZATION - THE HANNIBAL CLINIC, INC (A TAXABLE CORPORATION) PROVIDES A GROUP OF HEALTH CARE PROVIDERS SERVING NORTHEAST MISSOURI AND WEST CENTRAL ILLINOIS IT IS A WHOLLY OWNED SUBSIDIARY OF BLESSING CORPORATE SERVICES, INC</p>
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

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		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
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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
GROUP A, FACILITY 1, BLESSING HOSPITAL AT 11TH ST - PART V, LINE 3E	THE CHNA PROCESS HAS IDENTIFIED THE FOLLOWING COMMUNITY HEALTH NEEDS AS A PRIORITY ADVANCING EDUCATION, SUPPORTING FINANCIAL STABILITY, AND PROMOTING GOOD HEALTH

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

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

Form and Line Reference	Explanation
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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A, FACILITY 1, BLESSING HOSPITAL AT 11TH ST - PART V, LINE 5	A COMMUNITY SURVEY WAS CONDUCTED BETWEEN MARCH AND JUNE 2018 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 A TOTAL OF 603 SURVEYS WERE COMPLETED (A SAMPLE SIZE OF 595 WAS NEEDED) IN ADDITION, THE COMMUNITY BUILDING STRUCTURE FACILITATED BY THE UNITED WAY OF ADAMS COUNTY INCLUDES TEAMS OF INDIVIDUALS WITH REPRESENTATION FROM BLESSING HEALTH SYSTEM, THE ADAMS COUNTY HEALTH DEPARTMENT, MENTAL HEALTH PROFESSIONALS, SOCIAL WORKERS, AND OTHER HEALTHCARE PROFESSIONALS IN TOTAL, APPROXIMATELY 125 VOLUNTEERS PARTICIPATE IN ALL ASPECTS OF COMMUNITY BUILDING, ENGAGING IN MEANINGFUL AND RICH DISCUSSIONS TO LEARN ABOUT COMMUNITY ISSUES AND PROMISING PRACTICES THEY HAVE A LEAD ROLE IN THE FORMATION, IMPLEMENTATION, AND UPDATING OF LONG RANGE VISIONS TO MEET THE MOST CRITICAL NEEDS IN OUR COMMUNITY, IN STUDYING TRENDS THAT AFFECT OUR COMMUNITY, AND RECOMMENDING WAYS IN WHICH WE CAN MAKE AN IMPACT ON THESE TRENDS THROUGH THE MOBILIZATION OF FINANCIAL, VOLUNTEER AND COMMUNITY RESOURCES

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A, FACILITY 1, BLESSING HOSPITAL AT 11TH ST - PART V, LINE 7D	SINCE THE RELEASE OF THE CHNA IN SEPTEMBER 2018, 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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A, FACILITY 1, BLESSING HOSPITAL AT 11TH ST - PART V, LINE 11	<p>IN 2001, UNITED WAY OF ADAMS COUNTY, UNIVERSITY OF ILLINOIS EXTENSION AND ADAMS COUNTY HEALTH DEPARTMENT JOINED FORCES TO CONDUCT A COMMUNITY NEEDS ASSESSMENT AND ONGOING COMMUNITY PLANNING PROCESS TO ADDRESS COMMUNITY HEALTH NEEDS. THE BLESSING HEALTH SYSTEM JOINED THE COLLABORATION TAKING AN ACTIVE ROLE IN COMMUNITY BUILDING EFFORTS IN 2008. 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 PROCESS. THIS STRATEGIC PLANNING TOOL USES THE COMMUNITY'S STRENGTHS, NEEDS AND DESIRES TO IDENTIFY PRIORITY HEALTH ISSUES AND COLLABORATIVE PROGRAMMING IN THE PRIMARY MARKET OF ADAMS COUNTY TO ADDRESS THE IDENTIFIED ISSUES. THE ADAMS COUNTY COMMUNITY BUILDING COUNCIL (CBC) GUIDES THE COMMUNITY NEEDS ASSESSMENT AND PLANNING PROCESS THROUGH THE DEVELOPMENT OF PROGRAMS, PARTNERSHIPS, AND COLLABORATIONS WORKING TO ADDRESS THE NEEDS IDENTIFIED IN THE 2018 CHNA. CBC MEMBERS ARE COMMUNITY LEADERS REPRESENTING WORKFORCE/ BUSINESSES, FOUNDATIONS, HUMAN SERVICE PROVIDERS, FAITH, LAW ENFORCEMENT, MEDIA, EDUCATION, PUBLIC HEALTH, HEALTHCARE- INCLUDING BLESSING HOSPITAL (WHICH IS THE ONLY LOCAL HOSPITAL) AND OUTPATIENT PROVIDERS, COMMUNITY MEMBERS, AND GOVERNMENT. THE CBC IS CO-CHAIRLED BY STAFF OF BLESSING HOSPITAL AND THE ADAMS COUNTY HEALTH DEPARTMENT. REPORTING TO THE CBC ARE SIX COMMUNITY SOLUTIONS TEAMS (CST) FOCUSING COMPRISED OF COMMUNITY EXPERTS IN THE AREAS OF THE STRATEGIC PRIORITIES. THE COMMUNITY SOLUTIONS ARE CHARGED WITH ESTABLISHING GOALS AND WORK PLANS TO CREATE POSITIVE IMPACT ON THE GAPS IDENTIFIED IN THE CHNA. BLESSING HOSPITAL STAFF ARE ACTIVE IN EITHER LEADERSHIP OR MEMBERSHIP OF THE CST TEAMS THAT ALIGN WITH BLESSING HOSPITAL'S IDENTIFIED FOCUS AREAS. THREE TOP HEALTH PRIORITIES WERE IDENTIFIED IN ORDER TO PROVIDE A COLLECTIVE FOCUS FOR VARIOUS ENTITIES TO SUPPORT EFFORTS RESULTING IN POSITIVE, LASTING CHANGE FOR ADAMS COUNTY. 1 HEALTH -ACCESS TO HEALTHCARE -MENTAL HEALTH -SUBSTANCE ABUSE -NUTRITION AND WEIGHT STATUS (WELLNESS AND PREVENTION) 2 EDUCATION -GRADE LEVEL READING 3 FINANCIAL STABILITY. BLESSING HOSPITAL IDENTIFIED THE FOLLOWING FOCUS AREAS UNDER THE HEALTH PRIORITY AS THEY MOST CLOSELY ALIGN WITH THE ORGANIZATIONAL GOALS: ACCESS TO HEALTHCARE, MENTAL HEALTH, AND NUTRITION AND WEIGHT STATUS (WELLNESS AND PREVENTION). THESE PRIORITY AREAS AND STRATEGIES WERE DETERMINED TAKING INTO ACCOUNT THE PROGRAMMING, RESOURCES AND PRIORITIES OF THE HOSPITAL. BLESSING HOSPITAL MENTAL HEALTH STRATEGY: THE OVERALL GOAL OF BLESSING HOSPITAL'S BEHAVIORAL HEALTH STRATEGY IS TO INCREASE ACCESS TO BEHAVIORAL HEALTH PROVIDERS BY 10%, INCREASE VISITS TO BEHAVIORAL HEALTH SERVICES BY 15%, INCREASE VISITS TO THE RURAL HEALTH CLINICS BY 10%, TO REDUCE THE UTILIZATION OF EMERGENCY ROOM VISITS BY 5%, AND TO INCREASE TELEHEALTH VISITS FOR OUTPATIENT BEHAVIORAL HEALTH BY 20%. TACTICS UTILIZED TO ACHIEVE THIS GOAL:</p>

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

Form and Line Reference	Explanation
GROUP A, FACILITY 1, BLESSING HOSPITAL AT 11TH ST - PART V, LINE 11	<p>INCLUDE -RECRUITMENT - ADD ADDITIONAL THERAPISTS, PSYCHOLOGISTS, PMHNP, AND PSYCHIATRIST S -MARKETING/ SOCIAL MEDIA TACTICS TO CONTINUE EFFORTS OF PROMOTING BEHAVIORAL HEALTH SERV ICES -EXPLORE ALTERNATIVE BEHAVIORAL HEALTH SERVICES VS ER UTILIZATION -IMPLEMENT WALK- I N/OPEN ACCESS FOR THERAPY AND PSYCHIATRY (PMHNP) -INCREASE TELEHEALTH USAGE FOR BEHAVIORAL HEALTH SERVICES INCLUDING THE RURAL CLINICS -INTEGRATE MENTAL HEALTH SERVICES INTO ALL PR IMARY CARE SETTINGS BLESSING HOSPITAL ACCESS TO SERVICES STRATEGY THE OVERALL GOAL TO ADD RESS ACCESS TO CARE IS TO IMPROVE ACCESS TO PRIMARY AND SPECIALTY CARE SERVICES FOR COMMUN ITY MEMBERS BY IMPROVING AVAILABILITY AND ACCESSIBILITY OF THE HEALTHCARE SERVICES TACTIC S UTILIZED TO ACHIEVE THIS GOAL INCLUDE -COMPLETE 40% OF CRITICAL RECRUITMENT PLAN FOR PH YSICIANS TO INCLUDE BOTH PRIMARY CARE AND SPECIALISTS -TARGET 250 TELEMEDICINE VISITS PER MONTH -CONTINUE TO PROVIDE CARE COORDINATION SERVICES TO 2,000 PATIENTS ANNUALLY TO ENHANC E THE ABILITY OF COMMUNITY MEMBERS TO EFFICIENTLY AND EFFECTIVELY ACCESS HEALTHCARE SERVIC ES BLESSING HOSPITAL HAS A CARE COORDINATION DEPARTMENT THAT PROVIDES SERVICES TO PATIENT S IN THE OUTPATIENT SETTING CARE COORDINATION INCLUDES HELPING INDIVIDUALS MAKE APPOINTME NTS WITH THEIR HEALTH CARE PROVIDER, ASSISTING WITH TRANSPORTATION TO APPOINTMENTS, TALKIN G TO CLIENTS AFTER APPOINTMENTS TO HELP THEM FOLLOW THEIR PROVIDER'S PLAN OF TREATMENT, PR OVIDING APPOINTMENT REMINDERS, PROVIDING DISEASE EDUCATION, SERVING AS AN ADVOCATE FOR THE CLIENT WHEN NEEDED, AND MAKING SURE THEY ARE CONNECTED TO ALL APPROPRIATE HEALTH AND SUPP ORT PROGRAMS -DEVELOPMENT AND ENHANCEMENT OF FIVE IDENTIFIED SERVICE LINES TO OFFER COMPR EHENSIVE AND COORDINATED ACCESS TO SPECIALTY SERVICES BLESSING HOSPITAL WELLNESS AND PREVE NTION STRATEGY BLESSING HOSPITAL HAS A GOAL OF HELPING PATIENTS TO PROMOTE HEALTH AND RED UCE CHRONIC DISEASE RISK THROUGH THE CONSUMPTION OF HEALTHFUL DIETS AND ACHIEVEMENT AND MA INTENANCE OF HEALTHY BODY WEIGHTS AS AN IMPORTANT COMPONENT OF A POPULATION HEALTH STRATEG Y -DEVELOPMENT OF COMMUNITY GARDEN -EXPANSION OF BARIATRIC SURGERY OPTIONS FOR COMMUNITY RESIDENTS -COMMUNITY EDUCATION AND SCREENINGS BLESSING HEALTH SYSTEMS AND ITS AFFILIATED ORGANIZATIONS HAVE LONG BEEN DEDICATED TO COMMUNITY OUTREACH PROGRAMS, INVESTING MILLIONS OF DOLLARS IN RECENT YEARS TO THESE EFFORTS THERE ARE AVAILABLE SPEAKERS, EDUCATIONAL OPP ORTUNITIES, AND SUPPORT GROUPS MOST UTILIZED ARE THE NUMEROUS FREE OR LOW COST SCREENINGS , SOME OF WHICH ARE PROVIDED MORE THAN ONCE A YEAR AND CAN BE PROVIDED ONSITE FOR COMPANIE S OR LOCAL CLUBS THE SCREENINGS INCLUDE BLOOD PRESSURE, CANCER (COLORECTAL, ORAL, PROSTA TE, AND SKIN), CARDIAC RISK ASSESSMENT, CAROTID, CHOLESTEROL, DEPRESSION, GLUCOSE, KIDNEY, PERIPHERAL VASCULAR DISEASE, AND MAMMOGRAMS FRIENDS OF THE TRAILS COMMUNITY BASED INITIA TIVE BLESSING HOSPITAL HAS SUPPORTED THIS PROJECT THROUGH PERSONNEL RESOURCES FOR PLANNIN G AND BY PROVIDING FINANCIAL S</p>

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

Form and Line Reference	Explanation
GROUP A, FACILITY 1, BLESSING HOSPITAL AT 11TH ST - PART V, LINE 11	UPPORT FRIENDS OF THE TRAILS' MISSION IS TO COLLABORATE, PROMOTE, AND EDUCATE THE COMMUNI TY ON THE MULTI-USE TRAIL SYSTEM AND GREENWAYS WHILE PROVIDING ORGANIZATIONAL AND FUNDRAIS ING CAPACITIES TO SUPPLEMENT AND LESSEN THE BURDEN OF THE CITY OF QUINCY, QUINCY PARK DIST RICT, AND ADAMS COUNTY THE GOAL IS TO COMPLETE THE QUINCY GREENWAYS AND TRAILS PLAN AND A SSIST IN THE DEVELOPMENT OF THE ADAMS COUNTY TRAILS PLAN IN AN ATTEMPT TO MEET THE FOLLOWI NG OBJECTIVES PROVIDE FREE, HEALTH-RELATED RECREATIONAL OPPORTUNITIES FOR WHICH FAMILIES CAN PARTICIPATE TOGETHER, ALLOW SAFER ACCESS TO OUR EXISTING PARKS, PROVIDE LINKAGE THROU HOUT THE COMMUNITY FOR ALL SOCIOECONOMIC POPULATIONS, INCREASE EDUCATIONAL OPPORTUNITIES F OR CHILDREN AND ADULTS TO LEARN BIKE SAFETY, INCREASE EDUCATIONAL OPPORTUNITIES FOR MOTORI STS THROUGH PUBLIC AWARENESS AND MEDIA COVERAGE, AND ENHANCE THE ECONOMIC BENEFITS FOR THE COMMUNITY THE REMAINING PRIORITY AREAS OF ARE NOT BEING DIRECTLY ADDRESSED BY BLESSING H OSPITAL ALTHOUGH WE CONTINUE TO SUPPORT THE INITIATIVES AND HAVE REPRESENTATION ON MOST AL L OF THE COMMUNITY SOLUTION TEAMS THE REASON THAT BLESSING HOSPITAL IS NOT WORKING ON THE SE DIRECTLY IS THAT THEY DON'T FIT WITHIN THE STRATEGIC PRIORITIES OF THE HEALTH SYSTEM AN D THERE ARE OTHER ENTITIES WITHIN THE COMMUNITY BETTER EQUIPPED TO ADDRESS THESE IMPORTANT COMMUNITY PRIORITIES -SUBSTANCE ABUSE- THIS INITIATIVE IS LED BY THE ADAMS COUNTY HEALTH DEPARTMENT AND FOCUSES ON SOCIAL NORMS OF UNDERAGE DRINKING -EDUCATION (GRADE LEVEL READ ING) - THIS INITIATIVE IS LED BY REPRESENTATIVES FROM THE REGIONAL OFFICE OF EDUCATION AND THE QUINCY PUBLIC LIBRARY AND HAS PLACED ITS FOCUS ON EARLY LEARNING IN THE FIRST FIVE YE ARS OF LIFE- CRITICAL STATE FOR BRAIN DEVELOPMENT THAT IMPACTS FUTURE SUCCESS IN SCHOOL AN D INTO ADULthood -FINANCIAL STABILITY- THIS INITIATIVE IS LED BY THE GREAT RIVER ECONOMIC DEVELOPMENT FOUNDATION AND THE WORK FORCE INVESTMENT BOARD OF ILLINOIS AND FOCUSES ITS' E FFORTS ON INCREASING WORK READINESS AND FINANCIAL LITERACY SKILLS OF YOUTH AND ADULTS

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
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 MEDICAL INDIGENCE ARE ELIGIBLE FOR A DISCOUNT OF 85%

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

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

Form and Line Reference	Explanation
GROUP A, FACILITY 1, BLESSING HOSPITAL AT 11TH ST - PART V, LINE 16j	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

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Department of the
Treasury
Internal Revenue Service

Name of the organization
BLESSING HOSPITAL

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public
Inspection

Employer identification number
37-0661183

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to 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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 10

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) BLESSING-RIEMAN STUDENTS	235	1,355,498		BOOK	
(2) BLESSING HEALTH PATIENTS	833	237,708		BOOK	
(3) EMPLOYEE ASSISTANCE	21	36,897		BOOK	
(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	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

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SIU SCHOOL OF MEDICINE PO BOX 19607 327 W CALHOUN SPRINGFIELD, IL 62794	37-6005961	501C3	1,840,942		BOOK		MED ED & RESEARCH
ADAMS COUNTY HEALTH DEPARTMENT 330 VERMONT ST QUINCY, IL 62301	37-6000379	GOV	100,000		BOOK		DENTAL PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF ADAMS COUNTY 936 BROADWAY SUITE F QUINCY, IL 62301	37-0673476	501C3	66,122		BOOK		GENERAL SUPPORT
QUINCY UNIVERSITY 1800 COLLEGE AVENUE QUINCY, IL 62301	37-0661231	501C3	37,150	7,414	BOOK	CABLING INSTALL	GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HORIZONS SOCIAL SERICES OF ADAMS CO 224 SOUTH 8TH ST QUINCY, IL 62301	26-3734445	501C3	25,000		BOOK		GENERAL SUPPORT
HISTORIC QUINCY BUSINESS DISTRICT 128 NORTH 5TH STREET QUINCY, IL 62301	37-1049939	501C3	10,500		BOOK		GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
QUINCY PUBLIC SCHOOLS FOUNDATION 1444 MAINE STREET QUINCY, IL 62301	37-1251029	501C3	10,000		BOOK		GENERAL SUPPORT
CULVER-STOCKTON COLLEGE ONE COLLEGE HILL CANTON, MO 63435	43-0610813	501C3	10,000		BOOK		GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS-WESTERN IL CHAP 3000 NORTH 23RD STREET QUINCY, IL 62301	53-0196605	501C3	6,000		BOOK		GENERAL SUPPORT
JACKSON LINCOLN SWIMMING COMPLEX PO BOX 176 QUINCY, IL 62306	36-4168494	501C3	5,000	5,482	BOOK	GIVE AWAY ITEMS	GENERAL SUPPORT

Schedule J (Form 990)	<div>Compensation Information</div> <div>For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</div> <div>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990.</div> <div>▶ Go to www.irs.gov/Form990 for instructions and the latest information.</div>	OMB No 1545-0047
		2018
		Open to Public Inspection

Department of the Treasury Internal Revenue Service	Name of the organization BLESSING HOSPITAL	Employer identification number 37-0661183
--	---	--

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.		1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?		2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract		
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?		4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	Yes
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?		5a	No
b Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?		6a	No
b Any related organization?		6b	No
If "Yes," on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

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.

See Additional Data Table**Schedule J (Form 990) 2018**

Part III **Supplemental Information**

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

Return Reference	Explanation
SCHEDULE J, PAGE 1, PART I, LINE 3	COMPENSATION OF ORGANIZATION'S CEO - CEO MAUREEN KAHN IS AN EMPLOYEE OF BLESSING CORPORATE SERVICES, INC , THE PARENT COMPANY OF BLESSING HOSPITAL. COMPARABILITY DATA PROVIDED BY A THIRD PARTY IS USED TO ESTABLISH A MARKET RANGE OF COMPENSATION. THIS INFORMATION IS SUBMITTED TO THE BLESSING CORPORATE SERVICES BOARD OF TRUSTEE'S COMPENSATION COMMITTEE FOR APPROVAL. COMPENSATION OF ORGANIZATION'S BOARD MEMBERS - MAUREEN KAHN, ABBY REICH, HARSHA POLAVARAPU, PATRICK GERVELER, AND TIMOTHY MOORE ARE EMPLOYEES OF BLESSING CORPORATE SERVICES, INC , THE PARENT COMPANY OF BLESSING HOSPITAL. COMPARABILITY DATA PROVIDED BY A THIRD PARTY IS USED TO ESTABLISH A MARKET RANGE OF COMPENSATION. THIS INFORMATION IS SUBMITTED TO THE BLESSING CORPORATE SERVICES BOARD OF TRUSTEE'S COMPENSATION COMMITTEE FOR APPROVAL.

Return Reference	Explanation
SCHEDULE J, PAGE 1, PART I, LINE 4	MAUREEN A KAHN 0 195,750 0 PATRICK M GERVELER 0 84,750 0 ELLIOT H KUIDA 0 69,000 0



Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K
(Form 990)

Supplemental Information on Tax-Exempt Bonds

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
BLESSING HOSPITAL

Employer identification number
37-0661183

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A ILLINOIS FINANCE AUTHORITY	86-1091967		11-15-2017	15,955,000	SEE PART VI		X		X		X
B ILLINOIS FINANCE AUTHORITY REVENUE REFUNDING BONDS SERIES 2019	86-1091967		06-27-2019	28,977,500	SEE PART VI		X		X		X
C ILLINOIS FINANCE AUTHORITY REVENUE REFUNDING BONDS SERIES 2019	86-1091967		06-27-2019	28,977,500	SEE PART VI		X		X		X
D ILLINOIS FINANCE AUTHORITY REVENUE BONDS SERIES 2019C	86-1091967		06-27-2019	45,230,000	SEE PART VI		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	3,660,000							
2	Amount of bonds legally defeased								
3	Total proceeds of issue	15,955,000		28,977,500		28,977,500		45,230,000	
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	147,588		147,500		147,500		230,000	
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds	4,000,000							
10	Capital expenditures from proceeds							45,000,000	
11	Other spent proceeds			28,830,000		28,830,000			
12	Other unspent proceeds								
13	Year of substantial completion	2017		2019		2019			
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X	X		X			X
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

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

Part III Private Business Use (Continued)		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	2 900 %							
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5	2 900 %							
7	Does the bond issue meet the private security or payment test? . . .		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

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

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

Part V Procedures To Undertake Corrective Action								
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?	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
	X		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	ILLINOIS FINANCE AUTHORITY A - TO REIMBURSE CERTAIN COSTS OF A CAPITAL EXPENDITURE PROJECT, CURRENTLY REFUND A PORTION OF THE CITY OF QUINCY, ADAMS COUNTY, ILLINOIS REVENUE REFUNDING BONDS, SERIES 2007 (BLESSING HOSPITAL), PAY A PORTION OF THE INTEREST ON THE SERIES 2017 BONDS AND PAY CERTAIN EXPENSES RELATED TO THE ISSUANCE OF THE SERIES 2017 BONDS ILLINOIS FINANCE AUTHORITY B - SERIES 2019A - USED TO (I) LEGALLY DEFEASE THE OUTSTANDING VARIABLE RATE REVENUE REFUNDING BONDS, SERIES 2012A (BLESSING HOSPITAL)(THE "SERIES 2012A BONDS"), (II) LEGALLY DEFEASE A PORTION OF THE OUTSTANDING VARIABLE RATE REVENUE BONDS, SERIES 2012B (BLESSING HOSPITAL) (THE "SERIES 2012B BONDS"), AND (III) PAY CERTAIN EXPENSES RELATED TO THE ISSUANCE OF THE SERIES 2019A BONDS ILLINOIS FINANCE AUTHORITY C - SERICES 2019B - USED TO (I) LEGALLY DEFEASE A PORTION OF THE SERIES 2012B BONDS, AND (II) PAY EXPENSES RELATED TO THE ISSUANCE OF THE SERIES 2019B BONDS ILLINOIS FINANCE AUTHORITY D - SERIES 2019C - USED FOR (I) 35M - THE CONSTRUCTION AND EQUIPPING OF AN EXPANSION OF THE MOORMAN PAVILION, (II) 10M - THE CONSTRUCTION AND EQUIPPING OF AN EXPANSION TO THE AMBULATORY SURGERY CENTER, AND (III) 230K TO PAY EXPENSES RELATED TO THE ISSUANCE OF THE SERIES 2019C BONDS

Schedule L

(Form 990 or 990-EZ)

Transactions with Interested Persons

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

► Attach to Form 990 or Form 990-EZ.

►Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

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
(1) JOHN H ARNOLD MD	EMPLOYEE	EDUCATIONAL DEBT		X	120,000	120,000		No	Yes		Yes	
(2) SETH C THIBODEAU DO	EMPLOYEE	EDUCATIONAL DEBT		X	150,000	90,000		No	Yes		Yes	
(3) SETH C THIBODEAU DO	EMPLOYEE	SIGN BONUS		X	50,000	30,000		No	Yes		Yes	
(4) DAVID J ECKERSLEY	EMPLOYEE	EDUCATIONAL DEBT		X	100,000	20,000		No	Yes		Yes	
Total					► \$	260,000						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) MISSA J GERVELER	FAMILY MEMBER	34,147	EMPLOYMENT		No
(2) ELLEN J TRAMAN	FAMILY MEMBER	40,508	EMPLOYMENT		No
(3) ROBERT G TRAMAN	FAMILY MEMBER	27,680	EMPLOYMENT		No
(4) ANN M REICH	FAMILY MEMBER	44,198	EMPLOYMENT		No
(5) SURYA V POLAVARAPU	FAMILY MEMBER	40,990	EMPLOYMENT		No

Part V Supplemental Information

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

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization
BLESSING HOSPITAL

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

37-0661183

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, 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 2019, THE COST OF CHARITY CARE PROVIDED WAS 9,133,153 AND MEDICARE SHORTFALLS WERE 50,249,890. BLESSING HOSPITAL TREATED PATIENTS THROUGH THE FOLLOWING SERVICES DURING FISCAL YEAR 2019: 39,570 EMERGENCY CENTER AND 30,458 URGENT CARE VISITS, 294,289 OUTPATIENT VISITS, 17,975 SURGICAL OPERATIONS, INCLUDING 135 OPEN HEART SURGERIES, 15,041 INPATIENT ADMISSIONS, AND 1,072 BABIES. OUTPATIENT SERVICES INCLUDED 107,696 CARDIOPULMONARY/CARDIOLOGY PROCEDURES, 827,071 LABORATORY TESTS, 117,624 RADIOLOGY PROCEDURES, AND 130,415 PHYSICAL THERAPY/REHABILITATION VISITS. BLESSING HOSPITAL PROVIDED ADDITIONAL BENEFITS OF 11,165,200 TO THE COMMUNITY DURING FISCAL YEAR 2019 AS FOLLOWS: HEALTH PROFESSIONALS EDUCATION: SIU RESIDENCY PROGRAM 4,427,526; BLESSING-RIEMAN COLLEGE OF NURSING 1,564,894; NURSING EDUCATIONAL PRECEPTORS 847,327; SCHOOL OF RADIOLOGIC TECHNOLOGY 315,216; SCHOOL OF MEDICAL LABORATORY TECHNICIANS 63,077. SUB-TOTAL HEALTH PROFESSIONALS EDUCATION 7,218,040. COMMUNITY HEALTH IMPROVEMENT SERVICES: PSYCHIATRIC SERVICES TO SIU CENTER FOR FAMILY MEDICINE - QUINCY, CHADDOCK, AND TRANSITIONS OF WESTERN ILLINOIS 314,037; ADAMS COUNTY HEALTH DEPARTMENT DENTAL PROGRAM 100,000; PATIENT TRANSPORTATION AND LODGING 199,909; CHARITY PHARMACY PRESCRIPTIONS 65,505; HEALTH SCREENINGS/TESTS 28,836; MEDICAL SUPPLIES/SERVICES FOR PATIENTS 34,527; SUPPORT GROUPS 34,641; EDUCATIONAL PROGRAMS 10,667; MEDICAL INTERPRETING SERVICES 7,159. SUB-TOTAL COMMUNITY HEALTH IMPROVEMENT SERVICES 795,281. SIU CENTER FOR FAMILY MEDICINE - QUINCY, CHADDOCK, AND TRANSITIONS OF WESTERN ILLINOIS SUBSIDIZED HEALTH SERVICES CARE COORDINATION 2,116,279; HOME HEALTHCARE SERVICES 744,775. SUB-TOTAL SUBSIDIZED HEALTH SERVICES 2,861,054. IN-KIND CONTRIBUTIONS/DONATIONS/DONATIONS/SPONSORSHIPS 282,373; MEETING SPACE 8,452. SUB-TOTAL IN-KIND CONTRIBUTIONS/DONATIONS 290,825. BLESSING HOSPITAL'S STRATEGIC OBJECTIVES FOR THE UPCOMING YEARS ARE AS FOLLOWS: -BECOME AN INDEPENDENT DESTINATION HEALTH SYSTEM -ACHIEVE TOP DECILE PERFORMANCE -ACHIEVE TOP DECILE STAKEHOLDER ENGAGEMENT -IMPROVE PEOPLE SYSTEMS -EFFECTIVE RESOURCE ALLOCATION THROUGH EVIDENCE BASED FINANCIAL LEADERSHIP PRACTICES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 3	1) BLESSING CORPORATE SERVICES PROVIDES GENERAL MANAGEMENT SERVICES 2) QUINCY MEDICAL GROUP PROVIDES MANAGEMENT OF THE SURGERY CENTER OF QUINCY 3) ARAMARK PROVIDES MANAGEMENT OF FOOD SERVICES AND ENVIRONMENTAL SERVICES 4) BRIDGE HOME CARE PARTNERS PROVIDES MANAGEMENT OF BLESSING'S HOME CARE SERVICES

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 7A	BLESSING CORPORATE SERVICES, INC , THE SOLE VOTING MEMBER OF BLESSING HOSPITAL, SHALL POSS ESS THE RIGHTS AND RESPONSIBILITIES TO APPOINT AND/OR REMOVE ALL THE TRUSTEES OF THE CORPO RATION AND APPOINT THE CORPORATION'S PRESIDENT

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	A COPY OF THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED ANNUALLY TO OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES TO BE READ, SIGNED, AND RETURNED TO THE ORGANIZATION THE SIGNED POLICIES ARE RETAINED IN THE CORPORATE ADMINISTRATIVE FILES IN ADDITION, EACH OFFICER, DIRECTOR, OR TRUSTEE IS REQUIRED TO DECLARE NO CONFLICT OF INTEREST IN REGARDS TO AGENDA ITEMS BEING PRESENTED AT THE START OF EACH MONTHLY BOARD MEETING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	NO COMPENSATION IS RECEIVED FOR SERVING AS AN OFFICER OF BLESSING HOSPITAL ON A BIENNIAL BASIS, COMPARABLE COMPENSATION DATA THROUGH A THIRD PARTY (SULLIVAN-COTTER) IS USED TO ESTABLISH MARKET RANGE INFORMATION IS SUBMITTED TO THE BLESSING CORPORATE SERVICES COMPENSATION COMMITTEE FOR REVIEW AND TO BLESSING HOSPITAL BOARD OF TRUSTEES FOR APPROVAL

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	TRANSFERS TO AFFILIATES -29,895,558 DECREASE IN MINIMUM PENSION LIABILITY -27,826,265 TOTAL -57,721,823

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
BLESSING HOSPITAL

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

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	
(1) ILLINI HEALTH SERVICES LLC PO BOX 40 QUINCY, IL 623060040 47-0901851	PHARMACY	IL	DENMAN DENMAN					No			No	
(2) CURRENT HEALTH NETWORK LLC 1005 BROADWAY QUINCY, IL 62301 81-1681509	PRVDR NTWK	IL	CHS HLDGS					No			No	
(3) NORTHEAST MISSOURI AMBULATORY SURGE 98 MEDICAL DRIVE HANNIBAL, MO 634010511 43-1857277	MED SVCS	MO	HANNIBAL					No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) DENMAN SERVICES INC BROADWAY AT 11TH PO BOX 40 QUINCY, IL 62306 37-1132117	MED EQUIP	IL	BCS INC BCS INC	C CORP					No
(2) CHS HOLDING COMPANY 1005 BROADWAY QUINCY, IL 62301 32-0481381	GRP HLTH	IL	BCS INC BCS INC	C CORP					No
(3) HANNIBAL CLINIC INC 100 MEDICAL DRIVE HANNIBAL, MO 63401 43-1033473	MED SVCS	MO	BCS INC	C CORP					No
(4) BLESSING ASSURANCE COMPANY PO BOX 1159 GRAND CAYMAN, CAYMAN ISLANDS KY1-1102 CJ 98-1454767	SELF-INSUR	CJ	BCS INC BCS INC	C CORP					No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)DENMAN SERVICES INC	A	110,070	FMV
(2)DENMAN SERVICES INC	Q	1,654,993	FMV
(3)DENMAN SERVICES INC	M	2,946,403	FMV

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

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