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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2020

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 2020 calendar year, or tax year beginning 10-01-2020 , and ending 09-30-2021

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

D Employer identification number

37-0661183

E Telephone number

(217) 223-1200

F Name and address of principal officer:
MAUREEN A KAHN
1005 BROADWAY
QUINCY, IL 62301

G Gross receipts \$ 657,482,030

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

Activities & Governance

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) 3 12

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 9

5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 3,314

6 Total number of volunteers (estimate if necessary) 6 365

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 544,342

b Net unrelated business taxable income from Form 990-T, line 39 7b

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)

Prior Year

Current Year

11,809,993

14,713,350

457,312,584

525,570,887

9,765,630

13,451,783

16,565,786

21,735,410

495,453,993

575,471,430

Expenses

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

Prior Year

Current Year

3,819,829

4,049,764

194,160,574

219,724,769

201,471,621

244,724,218

399,452,024

468,498,751

96,001,969

106,972,679

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

Beginning of Current Year

End of Year

750,159,833

780,426,354

327,516,993

272,716,874

422,642,840

507,709,480

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
2022-07-22
Date
MAUREEN A KAHN PRESIDENT/CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date 2022-07-22

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 (2020)

Part III**Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

BLESSING HOSPITAL'S MISSION IS TO IMPROVE THE HEALTH OF OUR 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 \$ 343,273,443 including grants of \$ 4,049,764) (Revenue \$ 525,570,887) |
| | 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 ▶ | 343,273,443 |
|-----------|---|-------------|

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 | |

Part IV Checklist of Required Schedules (continued)

| | | Yes | No | |
|------------|---|------------|-----|----|
| 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 | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | Yes | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a | 24a | Yes | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | No |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | No |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | No |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | No |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | No |
| 26 | Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | Yes | |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV | 28a | | No |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | Yes | |
| c | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV | 28c | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | Yes | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | Yes | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | Yes | |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | Yes | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 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 | 193 |
| 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 |

Part V **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

Form **990** (2020)

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

| | | Yes | No |
|--|--------------|-----|----|
| 1a Enter the number of voting members of the governing body at the end of the tax year | 1a 12 | | |
| If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | |
| b Enter the number of voting members included in line 1a, above, who are independent | 1b 9 | | |
| 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | No |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | Yes | |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | No |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | No |
| 6 Did the organization have members or stockholders? | 6 | Yes | |
| 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | Yes | |
| b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | Yes | |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| a The governing body? | 8a | Yes | |
| b Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | No |

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

| | Yes | No |
|---|------------|-----|
| 10a Did the organization have local chapters, branches, or affiliates? | 10a | Yes |
| b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | Yes |
| 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes |
| b Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes |
| b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes |
| c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | Yes |
| 13 Did the organization have a written whistleblower policy? | 13 | Yes |
| 14 Did the organization have a written document retention and destruction policy? | 14 | Yes |
| 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| a The organization's CEO, Executive Director, or top management official | 15a | No |
| b Other officers or key employees of the organization | 15b | Yes |
| If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | |
| 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | Yes |
| b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | Yes |

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **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 ☐

a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

☐ 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 | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| 1b Sub-Total | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | 5,995,166 | 4,951,516 | 929,029 |

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 ▶ 194

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|--------------------------------|---------------------|
| SM WILSON & CO 2185 HAMPTON AVE ST LOUIS, MO 63139 | CONSTRUCTION | 25,689,824 |
| QUINCY ANESTHESIA ASSOCIATES PC PO BOX 7005 QUINCY, IL 62301 | ANESTHESIA SVCS | 10,856,811 |
| HBD CONSTRUCTION INC 5517 MANCHESTER AVE ST LOUIS, MO 63110 | CONSTRUCTION | 10,353,406 |
| SERVPRO OF QUINCY 2808 ELLINGTON RD QUINCY, IL 62301 | RESTORATION | 5,011,203 |
| QUINCY MEDICAL GROUP 1025 MAINE STREET QUINCY, IL 62301 | PHYSICIAN SVCS | 4,213,626 |

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 ▶ 61

| | | | | | |
|---|--|----------------------|--|---|--|
| Form 990 (2020) | | Page 9 | | | |
| Part VIII | | Statement of Revenue | | | |
| Check if Schedule O contains a response or note to any line in this Part VIII | | | | | |
| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns | 1a | | | |
| | b Membership dues | 1b | | | |
| | c Fundraising events | 1c | | | |
| | d Related organizations | 1d | 3,345,927 | | |
| | e Government grants (contributions) | 1e | 9,270,603 | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 2,096,820 | | |
| | g Noncash contributions included in lines 1a - 1f:\$ | 1g | 164,521 | | |
| | h Total. Add lines 1a-1f | | 14,713,350 | | |
| Program Service Revenue | 2a NET PATIENT SERVICE REVENUE | Business Code | | | |
| | | 621110 | 520,280,069 | 520,280,069 | |
| | b COLLEGE OF NURSING | 621110 | 4,733,718 | | 4,733,718 |
| | c PHYSICAL THERAPY | 621110 | 557,100 | 557,100 | |
| | d | | | | |
| | e | | | | |
| | f All other program service revenue. | | | | |
| g Total. Add lines 2a-2f. | | 525,570,887 | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 4,011,939 | | 4,011,939 |
| | 4 Income from investment of tax-exempt bond proceeds | | | | |
| | 5 Royalties | | | | |
| | 6a Gross rents | (i) Real | (ii) Personal | | |
| | | 6a | 3,241,491 | | |
| | b Less: rental expenses | 6b | | | |
| | c Rental income or (loss) | 6c | 3,241,491 | | |
| | d Net rental income or (loss) | | 3,241,491 | 134,130 | 3,107,361 |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | |
| | | 7a | 83,183,142 | 1,950,000 | |
| | b Less: cost or other basis and sales expenses | 7b | 73,525,704 | 2,167,594 | |
| | c Gain or (loss) | 7c | 9,657,438 | -217,594 | |
| | d Net gain or (loss) | | 9,439,844 | -217,594 | 9,657,438 |
| | 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 | 8a | | | |
| | b Less: direct expenses | 8b | | | |
| | c Net income or (loss) from fundraising events | | | | |
| | 9a Gross income from gaming activities. See Part IV, line 19 | 9a | | | |
| | b Less: direct expenses | 9b | | | |
| | c Net income or (loss) from gaming activities | | | | |
| | 10a Gross sales of inventory, less returns and allowances | 10a | 8,032,272 | | |
| b Less: cost of goods sold | 10b | 6,317,302 | | | |
| c Net income or (loss) from sales of inventory | | 1,714,970 | 410,212 | 1,304,758 | |
| Miscellaneous Revenue | Business Code | | | | |
| 11a MANAGEMENT & ACCNTG FEES | 900099 | 9,722,096 | | 9,722,096 | |
| b OTHER | 541610 | 2,518,053 | | 2,518,053 | |
| c SALE OF FOOD | 722100 | 2,261,377 | | 2,261,377 | |
| d All other revenue | | 2,277,423 | 52,684 | 2,224,739 | |
| e Total. Add lines 11a-11d | | 16,778,949 | | | |
| 12 Total revenue. See instructions | | 575,471,430 | 520,672,259 | 544,342 | 39,541,479 |

Form 990 (2020)

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 | 2,442,053 | 2,442,053 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 1,607,711 | 1,607,711 | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 7,835,062 | 6,006,311 | 1,828,751 | |
| 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 | 160,937,861 | 123,373,988 | 37,563,873 | |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 3,417,909 | 2,620,148 | 797,761 | |
| 9 Other employee benefits | 36,732,396 | 28,158,832 | 8,573,564 | |
| 10 Payroll taxes | 10,801,541 | 8,280,396 | 2,521,145 | |
| 11 Fees for services (non-employees): | | | | |
| a Management | 20,198,912 | | 20,198,912 | |
| b Legal | 139,320 | | 139,320 | |
| c Accounting | 144,032 | 13,800 | 130,232 | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 811,609 | | 811,609 | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 32,924,594 | 24,900,802 | 8,023,792 | |
| 12 Advertising and promotion | 1,773,426 | 1,773,426 | | |
| 13 Office expenses | 271,751 | 175,664 | 96,087 | |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 5,912,351 | 2,474,021 | 3,438,330 | |
| 17 Travel | 576,405 | 428,303 | 148,102 | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 147,325 | 62,253 | 85,072 | |
| 20 Interest | 2,841,975 | 2,841,975 | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 23,631,702 | 14,510,854 | 9,120,848 | |
| 23 Insurance | 6,248,327 | 5,550,125 | 698,202 | |
| 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 | 78,398,695 | 75,493,390 | 2,905,305 | |
| b BAD DEBTS | 19,509,394 | 19,509,394 | | |
| c SOFTWARE | 13,460,727 | 2,000,688 | 11,460,039 | |
| d ILLINOIS PROVIDER TAX | 12,156,580 | 12,156,580 | | |
| e All other expenses | 25,577,093 | 8,892,729 | 16,684,364 | |
| 25 Total functional expenses. Add lines 1 through 24e | 468,498,751 | 343,273,443 | 125,225,308 | 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 | | 111,503,901 | 1 | 91,425,577 | |
| | 2 | Savings and temporary cash investments | | | 2 | | |
| | 3 | Pledges and grants receivable, net | | | 3 | | |
| | 4 | Accounts receivable, net | | 61,631,315 | 4 | 76,454,465 | |
| | 5 | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 48,583 | 5 | 26,500 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | | 6 | | |
| | 7 | Notes and loans receivable, net | | 10,082,853 | 7 | 10,798,667 | |
| | 8 | Inventories for sale or use | | 10,373,372 | 8 | 9,881,554 | |
| | 9 | Prepaid expenses and deferred charges | | 6,830,318 | 9 | 10,147,758 | |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a | 571,775,225 | | | |
| | b | Less: accumulated depreciation | 10b | 252,380,058 | 305,679,074 | 10c | 319,395,167 |
| | 11 | Investments—publicly traded securities | | 128,580,932 | 11 | 161,378,697 | |
| | 12 | Investments—other securities. See Part IV, line 11 | | 105,377,700 | 12 | 90,324,776 | |
| | 13 | Investments—program-related. See Part IV, line 11 | | | 13 | | |
| | 14 | Intangible assets | | | 14 | | |
| | 15 | Other assets. See Part IV, line 11 | | 10,051,785 | 15 | 10,593,193 | |
| 16 | Total assets. Add lines 1 through 15 (must equal line 33) | | 750,159,833 | 16 | 780,426,354 | | |
| Liabilities | 17 | Accounts payable and accrued expenses | | 23,957,316 | 17 | 22,469,033 | |
| | 18 | Grants payable | | | 18 | | |
| | 19 | Deferred revenue | | | 19 | | |
| | 20 | Tax-exempt bond liabilities | | 114,590,000 | 20 | 113,655,000 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | | 21 | | |
| | 22 | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | | 22 | | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 5,319,236 | 23 | 4,500,808 | |
| | 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 | | 183,650,441 | 25 | 132,092,033 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | 327,516,993 | 26 | 272,716,874 | |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | | | | |
| | 27 | Net assets without donor restrictions | | 417,781,724 | 27 | 500,909,158 | |
| | 28 | Net assets with donor restrictions | | 4,861,116 | 28 | 6,800,322 | |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | | | | |
| | 29 | Capital stock or trust principal, or current funds | | | 29 | | |
| | 30 | Paid-in or capital surplus, or land, building or equipment fund | | | 30 | | |
| | 31 | Retained earnings, endowment, accumulated income, or other funds | | | 31 | | |
| | 32 | Total net assets or fund balances | | 422,642,840 | 32 | 507,709,480 | |
| 33 | Total liabilities and net assets/fund balances | | 750,159,833 | 33 | 780,426,354 | | |

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 | 575,471,430 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 468,498,751 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 106,972,679 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 422,642,840 |
| 5 | Net unrealized gains (losses) on investments | 5 | 21,505,241 |
| 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 | -43,411,280 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 507,709,480 |

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 (2020)

Form 990, Part III, Line 4a:

SEE SCHEDULE O SINCE IT WAS FOUNDED IN 1875, BLESSING HOSPITAL HAS PROVIDED QUALITY HEALTH CARE SERVICES TO ALL PATIENTS REGARDLESS OF RACE, SEX, NATIONAL ORIGIN, AGE, OR ABILITY TO PAY. IN SERVING ALL MEMBERS OF ITS COMMUNITIES, BLESSING HOSPITAL CONTINUES THIS TRADITION BY PROVIDING FREE/SUBSIDIZED CARE, CARE TO PERSONS COVERED BY GOVERNMENTAL PROGRAMS AT LESS THAN FULL CHARGES, AND COMMUNITY HEALTH/EDUCATION/WELLNESS PROGRAMS. FOR FISCAL YEAR 2021, THE COST OF CHARITY CARE PROVIDED WAS 5,793,967 AND MEDICARE SHORTFALLS WERE 78,890,956. BLESSING HOSPITAL TREATED PATIENTS THROUGH THE FOLLOWING SERVICES DURING FISCAL YEAR 2021: 34,970 EMERGENCY CENTER VISITS; 279,803 OUTPATIENT VISITS; 17,775 SURGICAL OPERATIONS, INCLUDING 176 OPEN HEART SURGERIES, 14,514 INPATIENT ADMISSIONS, AND 1,022 BABIES. OUTPATIENT SERVICES INCLUDED 98,067 CARDIOPULMONARY/CARDIOLOGY PROCEDURES, 981,700 LABORATORY TESTS, 112,252 RADIOLOGY PROCEDURES, AND 135,947 PHYSICAL THERAPY/REHABILITATION VISITS. BLESSING HOSPITAL PROVIDED ADDITIONAL BENEFITS OF 12,076,313 TO THE COMMUNITY DURING FISCAL YEAR 2021 AS FOLLOWS: HEALTH PROFESSIONALS EDUCATION SIU RESIDENCY PROGRAM 4,458,536 BLESSING-RIEMAN COLLEGE OF NURSING 2,729,918 NURSING EDUCATIONAL PRECEPTORS 994,710 SCHOOL OF RADIOLOGIC TECHNOLOGY 281,269 SUB TOTAL HEALTH PROFESSIONALS EDUCATION 8,464,433 COMMUNITY HEALTH IMPROVEMENT SERVICES PSYCHIATRIC SERVICES TO SIU CENTER FOR FAMILY MEDICINE - QUINCY, CHADDOCK, AND TRANSITIONS OF WESTERN ILLINOIS 222,943 ADAMS COUNTY HEALTH DEPARTMENT DENTAL PROGRAM 100,000 PATIENT TRANSPORTATION AND LODGING 279,441 CHARITY PHARMACY PRESCRIPTIONS 44,422 HEALTH SCREENINGS/TESTS 63,243 MEDICAL SUPPLIES/SERVICES FOR PATIENTS 52,462 MENTAL HEALTH EDUCATIONAL PROGRAMS 7,476 MEDICAL INTERPRETING SERVICES 24,124 SUB TOTAL COMMUNITY HEALTH IMPROVEMENT SERVICES 794,111 SIU CENTER FOR FAMILY MEDICINE - QUINCY, CHADDOCK, AND TRANSITIONS OF WESTERN ILLINOIS SUBSIDIZED HEALTH SERVICES CARE COORDINATION 2,458,719 HORIZONS SOCIAL SERVICES OF ADAMS COUNTY 2,804 SUB TOTAL SUBSIDIZED HEALTH SERVICES 2,461,523 IN-KIND CONTRIBUTIONS/DONATIONS DONATIONS/SPONSORSHIPS 356,246 SUB TOTAL IN-KIND CONTRIBUTIONS/DONATIONS 356,246 BLESSING HOSPITAL'S STRATEGIC OBJECTIVES FOR THE UPCOMING YEARS ARE AS FOLLOWS: -BE THE PLACE WHERE PEOPLE CHOOSE TO WORK -LIVE OUT OUR CHARITABLE PURPOSE -BUILD LOYAL RELATIONSHIPS -BE FINANCIALLY SECURE AND INDEPENDENT -SERVE MORE CONSUMERS AS A CONNECTED HEALTH SYSTEM -ACHIEVE TOP DECILE PERFORMANCE

| 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 | | | |
| MAUREEN A KAHN PRESIDENT/CE | 20.00 20.00 | X | | X | | | | 0 | 1,278,999 | 244,078 |
| JOHN H ARNOLD MD PHYSICIAN | 40.00 | | | | | X | | 1,169,814 | 0 | 32,255 |
| SETH C THIBODEAU DO PHYSICIAN | 40.00 | | | | | X | | 783,353 | 0 | 39,587 |
| CHRISTOPHER R SOLARO MD CHIEF OF MED | 40.00 | | | | X | | | 777,478 | 0 | 40,753 |
| PATRICK M GERVELER TREASURER | 0.00 40.00 | | | X | | | | 0 | 689,023 | 128,814 |
| ROBERT C JOHNSON MD PHYSICIAN | 40.00 | | | | | X | | 760,486 | 0 | 31,197 |
| SCOTT M HOUGH MD PHYSICIAN | 40.00 | | | | | X | | 725,521 | 0 | 39,587 |
| HARSHA V POLAVARAPU MD TRUSTEE | 0.00 40.00 | X | | | | | | 0 | 693,384 | 40,752 |
| MOHAMMED I MEMON MD PHYSICIAN | 40.00 | | | | | X | | 662,890 | 0 | 40,752 |
| MARY F BARTHEL MD CHIEF QUALIT | 40.00 | | | | X | | | 546,260 | 0 | 28,998 |

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 | | | |
| IRSHAD SIDDIQUI MD EVP, CHIEF I | 0.00 40.00 | | | | X | | | 0 | 535,259 | 39,587 |
| TIMOTHY A MOORE SECRETARY | 0.00 40.00 | | | X | | | | 0 | 409,201 | 35,684 |
| ELLIOT H KUIDA FORMER COO | 0.00 | | | | | | X | 0 | 410,072 | 17,257 |
| JOELLEN L RANDALL VP HUMAN RES | 0.00 40.00 | | | | X | | | 0 | 374,735 | 33,473 |
| LEA ANN EICKELSCHULTE CTO | 0.00 40.00 | | | | X | | | 0 | 368,302 | 34,235 |
| TIMOTHY L TRANOR CNO | 40.00 | | | | X | | | 333,682 | 0 | 37,683 |
| BRENDA K BESHEARS PRESIDENT NU | 40.00 | | | | X | | | 231,182 | 0 | 28,080 |
| ABBY REICH MD TRUSTEE | 0.00 40.00 | X | | | | | | 0 | 192,541 | 36,257 |
| DENNIS E GO MD TRUSTEE | 1.00 | X | | | | | | 4,500 | 0 | 0 |
| SAYEED ALI BOARD VICE-C | 1.00 | X | | X | | | | 0 | 0 | 0 |

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| NANCY BLUHM TRUSTEE | 1.00 | X | | | | | | 0 | 0 | 0 |
| DAVID BOSTER TRUSTEE | 1.00 | X | | | | | | 0 | 0 | 0 |
| JULIE BRINK BOARD CHAIR | 1.00 | X | | | | | | 0 | 0 | 0 |
| TIMOTHY D KOONTZ TRUSTEE | 1.00 | X | | | | | | 0 | 0 | 0 |
| AUSTIN HAKE MD CHIEF OF STA | 1.00 | X | | | | | | 0 | 0 | 0 |
| THOMAS H MILLER MD TRUSTEE | 1.00 | X | | | | | | 0 | 0 | 0 |
| CHRISTOPHER J NIEMANN TRUSTEE | 1.00 | X | | | | | | 0 | 0 | 0 |

SCHEDULE A
(Form 990 or 990-EZ)

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 instructions and the latest information.

OMB No. 1545-0047

2020

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 | | | | | | |

Part II

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

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

| Section A. Public Support | | | | | | |
|---|----------|----------|----------|----------|-----------|-----------|
| Calendar year (or fiscal year beginning in) ▶ | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (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) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (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 5 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 2020 (line 6, column (f) divided by line 11, column (f)) | | | | | 14 | |
| 15 Public support percentage for 2019 Schedule A, Part II, line 14 | | | | | 15 | |
| 16a 33 1/3% support test—2020. 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—2019. 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—2020. 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—2019. 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) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (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) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (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 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ► <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|--|
| 15 Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 Public support percentage from 2019 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|--|
| 17 Investment income percentage for 2020 (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 Investment income percentage from 2019 Schedule A, Part III, line 17 | 18 | |

19a 33 1/3% support tests—2020. 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—2019. 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 box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 lines 11b and 11c below, the governing body of a supported organization? | | |
| b A family member of a person described in 11a above? | | |
| c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI . | | |

Section B. Type I Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | | |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization. | | |

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)? 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). | | |

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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | | |
| 3 By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. | | |

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 lines 2a and 2b below. | | |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | | |
| b Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | | |
| 3 Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No" provide details in Part VI . | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | | |

| | | | |
|--|--|----------------|--------------------------------|
| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations | | | |
| 1 <input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (<i>explain in Part VI</i>). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. | | | |
| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3 | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | 1 | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>): | | |
| 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 0.015 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 0.035 | 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 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) | | |

Part V

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

| Section D - Distributions | | Current Year |
|---------------------------|---|--------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 | Amounts paid to acquire exempt-use assets | 4 |
| 5 | Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) | 5 |
| 6 | Other distributions (describe in Part VI). See instructions | 6 |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions | 8 |
| 9 | Distributable amount for 2020 from Section C, line 6 | 9 |
| 10 | Line 8 amount divided by Line 9 amount | 10 |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2020 | (iii) Distributable Amount for 2020 |
|--|---|--|---|
| 1 | Distributable amount for 2020 from Section C, line 6 | | |
| 2 | Underdistributions, if any, for years prior to 2020 (reasonable cause required-- explain in Part VI). See instructions. | | |
| 3 | Excess distributions carryover, if any, to 2020: | | |
| a | From 2015. | | |
| b | From 2016. | | |
| c | From 2017. | | |
| d | From 2018. | | |
| e | From 2019. | | |
| f | Total of lines 3a through e | | |
| g | Applied to underdistributions of prior years | | |
| h | Applied to 2020 distributable amount | | |
| i | Carryover from 2015 not applied (see instructions) | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | |
| 4 | Distributions for 2020 from Section D, line 7: \$ | | |
| a | Applied to underdistributions of prior years | | |
| b | Applied to 2020 distributable amount | | |
| c | Remainder. Subtract lines 4a and 4b from line 4. | | |
| 5 | Remaining underdistributions for years prior to 2020, 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 2020. 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 2021. Add lines 3j and 4c. | | |
| 8 | Breakdown of line 7: | | |
| a | Excess from 2016. | | |
| b | Excess from 2017. | | |
| c | Excess from 2018. | | |
| d | Excess from 2019. | | |
| e | Excess from 2020. | | |

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 |
|------------------------------|
| |

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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 instructions and the latest information.

OMB No. 1545-0047

2020

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 FASB 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 FASB 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

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

Cat. No. 52283D Schedule D (Form 990) 2020

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

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

a☐ Public exhibition

b☐ Scholarly research

c☐ Preservation for future generations

d☐ Loan or exchange programs

e☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table:

| | Amount |
|----|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

2a

Did the organization include an amount on Form 990, Part X, line 21, 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 | 1,826,971 | 1,859,737 | 1,928,985 | 1,793,981 |
| b | Contributions | | | 76,000 | |
| c | Net investment earnings, gains, and losses | 32,688 | -32,766 | -69,278 | 59,004 |
| d | Grants or scholarships | | | | -43,686 |
| e | Other expenditures for facilities and programs | | | | |
| f | Administrative expenses | | | | |
| g | End of year balance | 1,859,659 | 1,826,971 | 1,859,737 | 1,928,985 |

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

Term 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 | 16,256,694 | | 16,256,694 |
| b | Buildings | 313,444,025 | 106,800,874 | 206,643,151 |
| c | Leasehold improvements | 10,950,050 | 5,930,657 | 5,019,393 |
| d | Equipment | | | |
| e | Other | 231,124,456 | 139,648,527 | 91,475,929 |
| Total. | Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | 319,395,167 |

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) Closely-held equity interests | | |
| (3) Other _____ | | |
| (A) MUTUAL FUNDS | 46,041,837 | F |
| (B) CERTIFICATES OF DEPOSITS | 26,598,726 | F |
| (C) CORP. MORTGAGE/ASSET BACKED SE | 6,678,601 | F |
| (D) OTHER INVESTMENT ASSETS | 6,186,453 | F |
| (E) PREFERRED FIXED RATE SECURITIES | 2,962,265 | F |
| (F) MUNICIPAL BONDS | 1,591,572 | F |
| (G) FOREIGN BONDS | 265,322 | F |
| (H) | | |
| (I) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | 90,324,776 | |

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) | | |
| (10) | | |
| 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) | |
| (10) | |
| 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.

| (a) Description of liability | (b) Book value |
|---|----------------|
| 1. (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.) ▶ | 132,092,033 |

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 | 581,924,680 |
| 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 | 41,412,398 |
| e | Add lines 2a through 2d | 2e | 41,412,398 |
| 3 | Subtract line 2e from line 1 | 3 | 540,512,282 |
| 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 | 34,959,148 |
| c | Add lines 4a and 4b | 4c | 34,959,148 |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | 575,471,430 |

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 | 454,602,943 |
| 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 | 6,317,302 |
| e | Add lines 2a through 2d | 2e | 6,317,302 |
| 3 | Subtract line 2e from line 1 | 3 | 448,285,641 |
| 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 | 20,213,110 |
| c | Add lines 4a and 4b | 4c | 20,213,110 |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | 468,498,751 |

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

| Return Reference | Explanation |
|---------------------------|-------------|
| See Additional Data Table | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Part XIII Supplemental Information *(continued)*

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

Additional Data

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

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

| 1. (a) Description of Liability | (b) Book Value |
|--------------------------------------|----------------|
| ADVANCES AND DEFERRED REVENUE | 44,690,676 |
| ACCRUED SALARIES & WAGES | 24,987,171 |
| ESTIMATED 3RD-PARTY PAYOR SETTLEMENT | 24,183,000 |
| ACCRUED PENSION COSTS | 14,365,441 |
| OTHER LONG TERM LIABILITY | 13,408,211 |
| DEFERRED COMPENSATION | 4,934,061 |
| LEASES PAYABLE | 2,346,805 |
| DUE TO RELATED ORGANIZATIONS | 1,844,501 |
| ACCRUED INTEREST | 1,080,084 |
| ACCRUED PAYROLL TAXES | 779,382 |

| Form 990, Schedule D, Part X, - Other Liabilities | |
|---|----------------|
| 1. (a) Description of Liability | (b) Book Value |
| DEFERRED FINANCING COST | -527,299 |

| 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 | NET ASSETS RELEASED FROM RESTRICTIONS 12,635,392 UNREALIZED GAINS 22,459,704 COGS NOT NET AGAINST SALES ON F/S 6,317,302 |

| Supplemental Information | |
|---|---|
| Return Reference | Explanation |
| SCHEDULE D, PAGE 4, PART XI, LINE 4B | TEMPORARILY RESTRICTED CONTRIBUTIONS 14,713,350 TEMPORARILY RESTRICTED INCOME 32,688 INVE STMENT MANAGEMENT FEES 811,609 BAD DEBT REDUCTION OF REVENUE ON F/S 19,401,501 |

| Supplemental Information | |
|--|--|
| Return Reference | Explanation |
| SCHEDULE D, PAGE 4, PART XII, LINE 2D | COGS INCLUDED IN EXPENSES ON F/S 6,317,302 |

| Supplemental Information | |
|--|---|
| Return Reference | Explanation |
| SCHEDULE D, PAGE 4, PART XII, LINE 4B | INVESTMENT EXPENSES 811,609 BAD DEBT REDUCTION OF REVENUE ON F/S 19,401,501 |

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

| 1. (a) Description of Liability | (b) Book Value |
|--------------------------------------|----------------|
| ADVANCES AND DEFERRED REVENUE | 44,690,676 |
| ACCRUED SALARIES & WAGES | 24,987,171 |
| ESTIMATED 3RD-PARTY PAYOR SETTLEMENT | 24,183,000 |
| ACCRUED PENSION COSTS | 14,365,441 |
| OTHER LONG TERM LIABILITY | 13,408,211 |
| DEFERRED COMPENSATION | 4,934,061 |
| LEASES PAYABLE | 2,346,805 |
| DUE TO RELATED ORGANIZATIONS | 1,844,501 |
| ACCRUED INTEREST | 1,080,084 |
| ACCRUED PAYROLL TAXES | 779,382 |
| DEFERRED FINANCING COST | -527,299 |

SCHEDULE H
(Form 990)

Department of the Treasury

Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
► Attach to Form 990.
► Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
BLESSING HOSPITAL

Employer identification number
37-0661183

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

| Financial Assistance and Means-Tested Government Programs | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
|--|---|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| a Financial Assistance at cost (from Worksheet 1) | | | 5,793,967 | | 5,793,967 | 1.240 % |
| b Medicaid (from Worksheet 3, column a) | | | 73,229,707 | 73,229,707 | | |
| c Costs of other means-tested government programs (from Worksheet 3, column b) | | | | | | |
| d Total Financial Assistance and Means-Tested Government Programs | | | 79,023,674 | 73,229,707 | 5,793,967 | 1.240 % |
| Other Benefits | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4). | | | 794,111 | | 794,111 | 0.170 % |
| f Health professions education (from Worksheet 5) | | | 8,464,433 | | 8,464,433 | 1.810 % |
| g Subsidized health services (from Worksheet 6) | | | 2,828,695 | 367,172 | 2,461,523 | 0.530 % |
| h Research (from Worksheet 7) | | | | | | |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) | | | 356,246 | | 356,246 | 0.080 % |
| j Total. Other Benefits | | | 12,443,485 | 367,172 | 12,076,313 | 2.580 % |
| k Total. Add lines 7d and 7j | | | 91,467,159 | 73,596,879 | 17,870,280 | 3.810 % |

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 | | | 63,936 | | 63,936 | 0.010 % |
| 8 Workforce development | | | | | | |
| 9 Other | | | | | | |
| 10 Total | | | 63,936 | | 63,936 | 0.010 % |

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

| | | Yes | No |
|--|----------|------------|----|
| 1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? | 1 | Yes | |
| 2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. | 2 | 19,509,394 | |
| 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 | 911,089 | |
| 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 | 128,956,809 | |
| 6 Enter Medicare allowable costs of care relating to payments on line 5 | 6 | 136,289,782 | |
| 7 Subtract line 6 from line 5. This is the surplus (or shortfall) | 7 | -7,332,973 | |
| 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

| (a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions) | (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 | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

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 checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> Other (describe in Section C) | | |
| 4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>21</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: 20 <u>22</u> | | |
| 10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>WWW.BLESSINGHEALTH.ORG</u> | 10 | Yes |
| a | | |
| 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? \$ <u></u> | | |

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 200.000000000000% and FPG family income limit for eligibility for discounted care of 250.000000000000% | | | |
| 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): WWW.BLESSINGHEALTH.ORG | | | |
| b | <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): WWW.BLESSINGHEALTH.ORG | | | |
| c | <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): WWW.BLESSINGHEALTH.ORG | | | |
| 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 (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) 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, 20a, 20b, 20c, 20d, 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? 9

| Name and address | Type of Facility (describe) |
|--|--------------------------------------|
| 1 BLESSING AMBULATORY SURGERY CENTER 1118 HAMPSHIRE STREET QUINCY, IL 62301 | AMBULATORY SURGICAL TREATMENT CENTER |
| 2 BLESSING HOME CARE 5011 OAK 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 5011 OAK STREET QUINCY, IL 62301 | FULL HOSPICE PROGRAM IN ILLINOIS |
| 5 BLESSING HOSPICE - PIKE COUNTY 967 WEST WASHINGTON PITTSFIELD, IL 62363 | FULL HOSPICE PROGRAM IN ILLINOIS |
| 6 DENMAN COUNTRY DRUGS 102 PRAIRIE MILLS ROAD GOLDEN, IL 62339 | PHARMACY |
| 7 EAST ADAMS COUNTY RURAL HEALTH CLIN 102 PRAIRIE MILLS ROAD GOLDEN, IL 62339 | RURAL HEALTH CLINIC |
| 8 ILLINI HEALTH SERVICES LLC PO BOX 40 QUINCY, IL 62306 | PHARMACY |
| 9 THE BROWN DRUG CO 1121 MAINE STREET QUINCY, IL 62301 | PHARMACY |
| 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 |
|-----------------------------|---|
| SCHEDULE H, PART I, LINE 3C | 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%. |
| SCHEDULE H, PART I, LINE 7G | 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 |
|--|--|
| SCHEDULE H, PART I, LINE 7, COLUMN (F) | BAD DEBT EXPENSE OF 19,509,394 IS SUBTRACTED FROM TOTAL EXPENSES OF 468,498,751 REPORTED ON LINE 25, COLUMN A OF FORM 990, PART IX, FOR A NET TOTAL EXPENSE OF 448,989,357. |
| SCHEDULE H, PART I, LINE 7 | 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 |
|------------------------------|--|
| SCHEDULE H, PART II | 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. |
| SCHEDULE H, PART III, LINE 2 | 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 |
|------------------------------|---|
| SCHEDULE H, PART III, LINE 3 | 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. |
| SCHEDULE H, PART III, LINE 4 | SEE NOTE (2) ON PAGES 13-16 OF THE HOSPITAL'S ATTACHED FINANCIAL STATEMENTS. |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-------------------------------|---|
| SCHEDULE H, PART III, LINE 8 | 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. |
| SCHEDULE H, PART III, LINE 9B | 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 |
|-----------------------------|---|
| SCHEDULE H, PART VI, LINE 2 | 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 2021. |
| SCHEDULE H, PART VI, LINE 3 | 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 |
|-----------------------------|--|
| SCHEDULE H, PART VI, LINE 4 | <p>FOR 148 YEARS, BLESSING HOSPITAL HAS SERVED THE HEALTH CARE NEEDS OF THE PEOPLE OF WEST CENTRAL ILLINOIS, NORTHEAST MISSOURI AND SOUTHEAST IOWA. APPROXIMATELY 240,000 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 68,428. THE MEDIAN HOUSEHOLD INCOME IN THE FOUR ILLINOIS COUNTIES IN BLESSINGS PRIMARY MARKET AREA IS BELOW THE ILLINOIS AVERAGE, RANGING FROM 7,700 TO 21,800 LOWER. THE MISSOURI MEDIAN HOUSEHOLD INCOME IS 57,290. IN THE TWO MISSOURI COUNTIES IN BLESSINGS PRIMARY MARKET AREA THE MEDIAN HOUSEHOLD INCOME IS BELOW THE STATE AVERAGE BETWEEN 3,000 AND 12,100. THE PERCENTAGE OF RESIDENTS OVER THE AGE OF 65 IN ILLINOIS IS 16.1 PERCENT. THE ILLINOIS COUNTIES IN BLESSINGS PRIMARY MARKET AREA, WITH THE EXCEPTION OF BROWN COUNTY, EXCEED THAT RATE BY AN AVERAGE OF 5.7 PERCENTAGE POINTS. THE PERCENTAGE OF RESIDENTS OVER THE AGE OF 65 IN MISSOURI IS 17.3 PERCENT. THE MISSOURI COUNTIES IN BLESSINGS PRIMARY MARKET AREA EXCEED THE STATE AVERAGE BY APPROXIMATELY 1.3 PERCENTAGE POINTS. THE ILLINOIS POVERTY RATE IS 11.0 PERCENT. FOR THE FOUR COUNTIES IN BLESSINGS PRIMARY MARKET IN ILLINOIS, THE AVERAGE POVERTY RATE IS 13.0 PERCENT, WHICH IS 2.0 PERCENTAGE POINTS ABOVE THE STATE AVERAGE. THE MISSOURI POVERTY RATE IS 12.1 PERCENT. FOR THE TWO MISSOURI COUNTIES IN BLESSINGS PRIMARY MARKET, THE POVERTY RATE AVERAGES 14.3 PERCENT, WHICH IS 2.2 PERCENTAGE POINTS ABOVE THE STATE AVERAGE. THE OBESITY RATE AVERAGE ACROSS THE FOUR ILLINOIS COUNTIES IN BLESSINGS PRIMARY MARKET IS 36.3 PERCENT, 3.9 PERCENT ABOVE THE STATE AVERAGE OF 32.4 PERCENT. IN MISSOURI, THE OBESITY RATE AVERAGE IS 37.5 PERCENT IN THE TWO COUNTIES IN BLESSINGS PRIMARY MARKET, 3.5 PERCENT ABOVE THE STATE AVERAGE OF 34.0 PERCENT.</p> |
| SCHEDULE H, PART VI, LINE 5 | <p>BLESSING HOSPITAL OFFERS A WIDE RANGE OF SPECIALTY SERVICES IMPORTANT TO PROMOTING THE HEALTH AND WELL-BEING OF ADAMS COUNTY AND THE SURROUNDING AREA. INCLUDED IN THESE ARE THE CANCER CENTER, THE HEART AND VASCULAR CENTER, THE BREAST CENTER, PSYCHIATRIC SERVICES, AND HOSPICE AND HOME CARE PROGRAMS. SURPLUS FUNDS GENERATED FROM HOSPITAL OPERATIONS ARE USED TO FUND CAPITAL EXPENDITURES AND THE EXPANSION OF HEALTH CARE SERVICE LINES TO THE COMMUNITY WE SERVE. BLESSING HOSPITAL OPERATES AN EMERGENCY ROOM AVAILABLE TO ALL REGARDLESS OF THE ABILITY TO PAY. THE FINANCIAL ASSISTANCE POLICY OF BLESSING HOSPITAL ENABLES PATIENTS TO HAVE ACCESS TO AREA RESOURCES TO ASSIST THEM WITH PAYMENT OF MEDICAL EXPENSES. BLESSING HOSPITAL IS AFFILIATED WITH THE BLESSING-RIEMAN COLLEGE OF NURSING, WHICH OFFERS A BACHELOR OF SCIENCE IN NURSING DEGREE AND A MASTER OF SCIENCE IN NURSING DEGREE, ALONG WITH OTHER PROGRAMS. THE COLLEGE HAS OVER A 100 YEAR HISTORY IN THE COMMUNITY AND IS CURRENTLY ACCREDITED BY THE HIGHER LEARNING COMMISSION. BLESSING HOSPITAL IS THE LARGEST EMPLOYER IN THE AREA WITH 2,562 EMPLOYEES. OF SIGNIFICANT IMPORTANCE ARE THE VOLUNTEERS WHO SERVE THE HOSPITAL. IN FISCAL YEAR 2021, BLESSING HOSPITAL HAD 365 ACTIVE VOLUNTEERS WHO SERVED FOR A TOTAL OF 29,134 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 |
|------------------------------------|--|
| <p>SCHEDULE H, PART VI, LINE 6</p> | <p>BLESSING CORPORATE SERVICES, INC. IS THE PARENT ORGANIZATION OF A GROUP OF RELATED ORGANIZATIONS AND PROVIDES OVERALL DIRECTION TO ALL ENTITIES WITHIN THE STRUCTURE. DURING THE YEAR ENDED SEPTEMBER 30, 2005, BLESSING CORPORATE SERVICES, INC. BEGAN OPERATING A DIVISION COMPRISED OF PRACTICING PHYSICIANS. THE GROUP IS RELATED THROUGH BOARD CONTROL. THE FOLLOWING IS A BRIEF DESCRIPTION OF EACH MEMBER OF THE GROUP. ORGANIZATION - BLESSING HOSPITAL (HOSPITAL), LOCATED IN QUINCY, ILLINOIS, IS A NOT-FOR-PROFIT ACUTE CARE HOSPITAL. THE HOSPITAL PROVIDES INPATIENT, OUTPATIENT AND EMERGENCY CARE SERVICES FOR RESIDENTS OF WESTERN ILLINOIS, NORTHEASTERN MISSOURI, AND SOUTHEASTERN IOWA. THE HOSPITAL WAS INCORPORATED IN ILLINOIS IN 1875. ORGANIZATION - THE BLESSING FOUNDATION, INC. SERVES BLESSING CORPORATE SERVICES AND ITS AFFILIATED ENTITIES BY PROVIDING FINANCIAL SUPPORT FOR SERVICES AND PROGRAMS PROMOTING THE IMPROVEMENT AND AVAILABILITY OF HEALTHCARE SERVICES WITHIN THE GENERAL COMMUNITY. ORGANIZATION - DENMAN SERVICES, INC. (A TAXABLE CORPORATION) ENGAGES PRIMARILY IN THE BUSINESS OF SELLING AND RENTING MEDICAL EQUIPMENT AND OPERATING A COMMERCIAL LAUNDRY. DENMAN SERVICES, INC. IS A WHOLLY OWNED SUBSIDIARY OF BLESSING CORPORATE SERVICES, INC. ORGANIZATION - BLESSINGCARE CORPORATION DBA ILLINI COMMUNITY HOSPITAL AND SUBSIDIARY, LOCATED IN PITTSFIELD, ILLINOIS, IS A NOT-FOR-PROFIT ACUTE CARE HOSPITAL. THE HOSPITAL PROVIDES INPATIENT, OUTPATIENT AND EMERGENCY CARE SERVICES FOR RESIDENTS OF WESTERN ILLINOIS. THE HOSPITAL WAS INCORPORATED ON JANUARY 20, 2000. ORGANIZATION - ILLINI HEALTH SERVICES, LLC CONDUCTS A PHARMACY BUSINESS IN PITTSFIELD, ILLINOIS. THE PHARMACY IS OWNED NINETY-FIVE PERCENT (95%) BY DENMAN SERVICES, INC. AND FIVE PERCENT (5%) BY BLESSINGCARE CORPORATION DBA ILLINI COMMUNITY HOSPITAL. ORGANIZATION - CHS HOLDING COMPANY (A TAXABLE CORPORATION) PROVIDES HEALTH INSURANCE PRODUCTS AND SERVICES. 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. ORGANIZATION - THE BROWN DRUG COMPANY (A TAXABLE CORPORATION) OPERATES A RETAIL PHARMACY. ORGANIZATION - KEOKUK HEALTH SYSTEMS, INC. - A PARENT COMPANY TO FOUR ENTITIES: KEOKUK AREA HOSPITAL DBA BLESSING HEALTH KEOKUK, KEOKUK AREA MEDICAL EQUIPMENT AND SUPPLY INC., KEOKUK AREA HOSPITAL FOUNDATION, AND TRI-STATE MEDICAL GROUP INC. ORGANIZATION - RIVERCROSS INC. - A LABORATORY THAT SERVICES BLESSING HEALTH SYSTEM AND OTHER AREA MEDICAL SERVICE PROVIDERS.</p> |
| <p>SCHEDULE H, PART VI, LINE 7</p> | <p>ILLINOIS</p> |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-------------------------|--|
| SCHEDULE H, PART VI | 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 | COMMUNITY PRIORITIES WERE IDENTIFIED BY THE COMMUNITY BUILDING COUNCIL (CBC) MEMBERS UTILIZING THE DATA OBTAINED THROUGH THE NEEDS ASSESSMENT PROCESS. 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. AS STATED BELOW, THE COUNCIL UTILIZES THE MAPP PROCESS WHICH INCLUDES A PROCESS FOR COMMUNITY PRIORITY IDENTIFICATION. COMMUNITY HEALTH PRIORITY AREAS IDENTIFIED INCLUDE: HEALTH-SPECIFICALLY ACCESS TO HEALTHCARE, MENTAL HEALTH, SUBSTANCE ABUSE, NUTRITION AND WEIGHT STATUS (WELLNESS AND PREVENTION); EDUCATION- GRADE LEVEL READING; AND FINANCIAL STABILITY. |

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 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 | <p>ADAMS COUNTY HAS BEEN CONDUCTING A COMMUNITY ASSESSMENT FOR 20 YEARS. IN 2021-2022, THE UNITED WAY OF ADAMS COUNTY, BLESSING HEALTH SYSTEM, ADAMS COUNTY HEALTH DEPARTMENT, AND THEIR PARTNERS OPTED TO DIG DEEPER TO PAINT A MORE ROBUST PICTURE OF ADAMS COUNTY, AND PROVIDE A FOUNDATION FOR PROBLEM IDENTIFICATION AND SOLVING ON BEHALF OF THE COMMUNITY. THE SURVEY INSTRUMENT WAS OVERHAULED AND AN EFFORT WAS LAUNCHED TO GET A MORE DIVERSE REPRESENTATION OF THE COMMUNITY. WE WERE ABLE TO SECURE FEEDBACK FROM 861 RESPONDENTS VIA TWO SURVEY INSTRUMENTS. RESPONDENTS FROM THE SURVEYS WERE 93 PERCENT WHITE OR CAUCASIAN, 55 PERCENT FEMALE, AND THE RATIO OF QUINCY TO RURAL ADAMS COUNTY RESIDENTS WAS AROUND 80/20. THESE DEMOGRAPHICS GENERALLY MATCH THE DEMOGRAPHICS OF THE ADAMS COUNTY REGION. IN ADDITION TO THE SURVEY, THE FOLLOWING DATA WAS INCLUDED IN THE CHNA: 0 535 2-QUESTION COMMUNITY THEMES SURVEY RESPONSES 0 36 KEY INFORMANT INTERVIEWS 0 290 KEY INFORMANT SURVEY RESPONSES 0 64% RESPONSE RATE TO KEY INFORMANT SURVEY AND INTERVIEWS 0 KEY INFORMANTS WERE IDENTIFIED WITH THE HELP OF THE COMMUNITY BUILDING COUNCIL AND INCLUDE REPRESENTATIVES FROM COMMUNITY SECTORS SUCH AS GOVERNMENT, SOCIAL SERVICE, CHURCHES/FAITH, HEALTHCARE, BUSINESS, EDUCATION, AND NONPROFIT ORGANIZATIONS. FOLLOWING THE ASSESSMENT, A GROUP OF 40 COMMUNITY LEADERS AND FRONTLINE WORKERS IN THE AREAS OF EDUCATION, SOCIAL SERVICES, AND HEALTH (INCLUDING 4 LEADERS FROM BLESSING) CONVENED FOR AN ALL-DAY PLANNING SESSION. THE PURPOSE OF THE SESSION WAS TO DEVELOP FOCUS AREAS, SHARED GOALS, AND COMMUNITY-WIDE INITIATIVES THAT SUPPORT THE HEALTH AND WELL-BEING OF ALL ADAMS COUNTY RESIDENTS. IN ADDITION, FIVE FOCUS GROUPS AND NINE ONE-ON-ONE INTERVIEWS WERE CONDUCTED WITH 43 PARTICIPANTS. A STRUCTURED GUIDE WAS USED TO GATHER PARTICIPANT EXPERIENCES WITH AND PERSPECTIVES ON THE IDENTIFIED COMMUNITY PRIORITY AREAS. THE COMMUNITY BUILDING STRUCTURE, FACILITATED BY THE UNITED WAY OF ADAMS COUNTY IS ANOTHER SOURCE OF COMMUNITY FEEDBACK AND INPUT FOR THE CHNA. THE STRUCTURE INCLUDES TEAMS OF INDIVIDUALS WITH REPRESENTATION FROM BLESSING HEALTH SYSTEM, THE ADAMS COUNTY HEALTH DEPARTMENT, MENTAL HEALTH PROFESSIONALS, SOCIAL WORKERS, AND MANY OTHER COMMUNITY PROFESSIONALS. IN TOTAL, APPROXIMATELY 125 VOLUNTEERS PARTICIPATE IN ALL ASPECTS OF COMMUNITY BUILDING, ENGAGING IN MEANINGFUL AND RISK DISCUSSIONS TO LEARN ABOUT COMMUNITY ISSUES AND PROMISING PRACTICES. THEY HAVE A LEAD ROLE IN THE FORMATION, IMPLEMENTATION, AND UPDATING OF LONG-RANGE VISIONS AND GOALS TO MEET THE MOST CRITICAL NEEDS IN OUR COMMUNITY THROUGH 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.</p> |

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| 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 BLESSING HEALTH SYSTEM. |

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, REPRESENTATIVES FROM THE UNITED WAY OF ADAMS COUNTY AND THE CONSULTANT WHO ASSISTED IN THE CREATION OF THE REPORT, HAVE PRESENTED THE KEY FINDINGS OF THE REPORT TO NUMEROUS COMMUNITY GROUPS IN ADAMS COUNTY. IN ADDITION TO THE PRESENTATIONS, THREE ONLINE MEETINGS WERE HELD IN WHICH A VARIETY OF COMMUNITY LEADERS AND INTERESTED STAKEHOLDERS WERE INVITED TO ATTEND A PRESENTATION ON THE CHNA. TIME WAS ALLOCATED FOR PARTICIPANTS TO ASK QUESTIONS AND TO PROVIDE FEEDBACK. ALSO, A GROUP OF 40 COMMUNITY LEADERS AND FRONTLINE WORKERS CONVENED IN AN ALL-DAY PLANNING SESSION TO DISCUSS THE CHNA AND IDENTIFY COMMUNITY PRIORITIES. THE PRESENTATIONS PROVIDED AN OPPORTUNITY TO CREATE BROAD COMMUNITY AWARENESS OF THE ISSUES AND OPPORTUNITIES ADDRESSED IN THE CHNA. THE CHNA IS SHARED WITH THE COMMUNITY BUILDING COUNCIL MEMBERS AS WELL AS THE COMMUNITY SOLUTIONS TEAM MEMBERS TO GUIDE THEIR STRATEGIC PLANNING AROUND THE IDENTIFIED COMMUNITY PRIORITIES. THE UNITED WAY MEMBER ORGANIZATIONS ALSO RECEIVE A COPY OF THE CHNA AND ARE REQUIRED TO DISCUSS HOW THEIR PROGRAMMING MEETS THE NEEDS IDENTIFIED IN THE CHNA DURING THE ANNUAL FUNDING PROCESS. |

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 2021, BLESSING CONTINUED ITS STRONG PARTNERSHIP WITH THE UNITED WAY OF ADAMS COUNTY AND THE ADAMS COUNTY HEALTH DEPARTMENT IN FUNDING AND CONDUCTING THE CHNA. 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 2021 CHNA. CBC MEMBERS ARE COMMUNITY LEADERS REPRESENTING WORK FORCE/ 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) 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 CSTS 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.HOUSING INSTABILITY/HOMELESSNESS 2.POVERTY/FINANCIAL INSTABILITY 3.BEHAVIORAL HEALTH BLESSING HOSPITAL IDENTIFIED BEHAVIORAL HEALTH AS ITS HEALTH PRIORITY AS IT MOST CLOSELY ALIGNS WITH THE ORGANIZATION'S GOALS. THIS PRIORITY AREA AND STRATEGIES WERE DETERMINED BY TAKING INTO ACCOUNT THE PROGRAMMING, RESOURCES, AND PRIORITIES OF THE HOSPITAL. BLESSING HOSPITAL'S MENTAL HEALTH STRATEGY INCLUDES:</p> <p>-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% -REDUCE THE UTILIZATION OF EMERGENCY ROOM VISITS BY 5% -INCREASE TELEHEALTH VISITS FOR OUTPATIENT BEHAVIORAL HEALTH BY 20%. TACTICS UTILIZED TO ACHIEVE THIS GOAL INCLUDE: -RECRUITMENT - ADD ADDITIONAL THERAPISTS, PSYCHOLOGISTS, PMHNP, AND PSYCHIATRISTS -MARKETING/ SOCIAL MEDIA TACTICS TO CONTINUE EFFORTS OF PROMOTING BEHAVIORAL HEALTH SERVICES -EXPLORE ALTERNATIVE BEHAVIORAL HEALTH SERVICES SERVICES UTILIZATION -IMPLEMENT WALK-IN/OPEN ACCESS FOR THERAPY AND PSYCHIATRY (PMHNP) -INCREASE TELEHEALTH USAGE FOR BEHAVIORAL HEALTH SERVICES INCLUDING THE RURAL CLINICS -INTEGRATE MENTAL HEALTH SERVICES INTO ALL PRIMARY CARE SETTINGS THE REMAINING PRIORITY AREAS ARE NOT BEING DIRECTLY ADDRESSED BY BLESSING HOSPITAL ALTHOUGH WE CONTINUE TO SUPPORT THE INITIATIVES AND HAVE REPRESENTATION ON MOST ALL OF THE COMMUNITY SOLUTION TEAMS. THE REASON THAT BLESSING HOSPITAL IS NOT WORKING ON THESE DIRECTLY IS THAT THEY DON'T FIT WITHIN THE STRATEGIC PRIORITIES OF THE HEALTH SYSTEM AND THERE ARE OTHER ENTITIES WITHIN THE COMMUNITY BETTER EQUIPPED TO ADDRESS THESE</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 | E IMPORTANT COMMUNITY PRIORITIES. |

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|--|---|
| 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)

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

2020

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service
Name of the organization
BLESSING HOSPITAL

Employer identification number
37-0661183

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ 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 15
- 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 | 305 | 1,367,410 | | BOOK | |
| (2) BLESSING HEALTH PATIENTS | 551 | 186,326 | | BOOK | |
| (3) EMPLOYEE ASSISTANCE | 35 | 53,975 | | BOOK | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

| Return Reference | Explanation |
|------------------------------------|--|
| SCHEDULE I, PAGE 1, PART I, LINE 2 | 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 THE 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 SOCIAL WORKERS AND CARE MANAGERS WITHIN THE BLESSING HEALTH SYSTEM SEND REQUESTS FOR ASSISTANCE TO 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 WHO MEET A REQUIRED LENGTH OF SERVICE AND ARE IN GOOD EMPLOYMENT STANDING. THE FUND IS ADMINISTERED BY THE BLESSING FOUNDATION. EMPLOYEES MAKE REQUESTS FOR ASSISTANCE DIRECTLY TO THE OUTPATIENT CARE COORDINATION DEPARTMENT. THE SOCIAL WORKER OR CARE MANAGER DISCUSSES THE NEEDS WITH THE EMPLOYEE AND AVAILABLE COMMUNITY RESOURCES ARE UTILIZED. IF FURTHER ASSISTANCE IS NEEDED, A GRANT FORM IS SENT TO THE BLESSING FOUNDATION REQUESTING USE OF THE EMPLOYEE CRISIS FUND. 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 | 2,007,648 | | 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 | 98,112 | | BOOK | | GENERAL SUPPORT |
| QUINCY UNIVERSITY 1800 COLLEGE AVENUE QUINCY, IL 62301 | 37-0661231 | 501C3 | 7,650 | | 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 |
| HORIZONS SOCIAL SERVICES OF ADAMSCO 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 | 11,700 | | 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 | 18,000 | | 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 |
| CATHOLIC CHARITIES DIOCESES OF SPRI 620 MAINE ST QUINCY, IL 62301 | 37-1053827 | 501C3 | 23,000 | | BOOK | | GENERAL SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| QUINCY PARK DISTRICT FOUNDATION 1231 BONASINGA DR QUINCY, IL 62301 | 36-4139745 | 501C3 | 80,000 | | BOOK | | GENERAL SUPPORT |
| TRANSITIONS OF WESTERN IL 4409 MAINE ST QUINCY, IL 62305 | 37-0971282 | 501C3 | 23,940 | | 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 |
| WEST CENTRAL CHILD CARE CONNECTION 510 MAINE ST STE 610 QUINCY, IL 62301 | 37-1302503 | 501C3 | 5,003 | | BOOK | | DIAPER BANK |
| WESTERN ILLINOIS UNIVERSITY FOUND 1 UNIVERSITY CIRCLE NO 303 MACOMB, IL 614551390 | 37-6046814 | 501C3 | 13,500 | | 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 |
| YMCA OF HANNIBAL 1 YMCA DRIVE HANNIBAL, MO 63401 | 43-0653323 | 501C3 | 12,500 | | BOOK | | GENERAL SUPPORT |

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2020

Open to Public Inspection

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization
BLESSING HOSPITAL

Employer identification number
37-0661183

Part I

Questions Regarding Compensation

1a

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

☒ First-class or charter travel

☐ Travel for companions

☐ Tax idemnification and gross-up payments

☐ Discretionary spending account

☐ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☐ Health or social club dues or initiation fees

☐ Personal services (e.g., maid, chauffeur, chef)

b

If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2

Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?

3

Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

☐ Compensation committee

☐ Independent compensation consultant

☐ Form 990 of other organizations

☐ Written employment contract

☐ Compensation survey or study

☐ 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?

b

Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c

Participate in, or receive payment from, an equity-based compensation arrangement?

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

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5

For persons listed 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?

b

Any related organization?

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?

b

Any related organization?

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.

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.

9

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes

No

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

Cat. No. 50053T

Schedule J (Form 990) 2020

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.

[illegible]

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. |
| SCHEDULE J, PAGE 1, PART I, LINE 4 | MAUREEN A. KAHN 0 195,597 0 PATRICK M. GERVELER 0 89,227 0 ELLIOT H. KUIDA 410,072 0 0 |

Additional Data

Software ID:

Software Version:

EIN: 37-0661183

Name: BLESSING HOSPITAL

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1MAUREEN A KAHN PRESIDENT/CEO | (i) | ----- | ----- | ----- | ----- | ----- | ----- | ----- |
| | (ii) | 781,661 | 328,180 | 169,158 | 209,847 | 34,231 | 1,523,077 | 129,116 |
| 1JOHN H ARNOLD MD PHYSICIAN | (i) | 1,077,343 | 20,000 | 72,471 | 11,821 | 30,598 | 1,202,069 | ----- |
| | (ii) | ----- | ----- | ----- | ----- | ----- | ----- | ----- |
| 2SETH C THIBODEAU DO PHYSICIAN | (i) | 390,745 | 337,595 | 55,013 | 14,250 | 29,955 | 822,940 | ----- |
| | (ii) | ----- | ----- | ----- | ----- | ----- | ----- | ----- |
| 3CHRISTOPHER R SOLARO MD CHIEF OF MEDICINE | (i) | 587,726 | 152,975 | 36,777 | 14,250 | 30,867 | 818,231 | ----- |
| | (ii) | ----- | ----- | ----- | ----- | ----- | ----- | ----- |
| 4PATRICK M GERVELER TREASURER | (i) | ----- | ----- | ----- | ----- | ----- | ----- | ----- |
| | (ii) | 486,581 | 176,291 | 26,151 | 103,477 | 33,928 | 817,837 | ----- |
| 5ROBERT C JOHNSON MD PHYSICIAN | (i) | 669,303 | 86,765 | 4,418 | 11,368 | 26,709 | 791,683 | ----- |
| | (ii) | ----- | ----- | ----- | ----- | ----- | ----- | ----- |
| 6SCOTT M HOUGH MD PHYSICIAN | (i) | 431,519 | 269,060 | 24,942 | 14,250 | 27,777 | 765,108 | ----- |
| | (ii) | ----- | ----- | ----- | ----- | ----- | ----- | ----- |
| 7HARSHA V POLAVARAPU MD TRUSTEE | (i) | ----- | ----- | ----- | ----- | ----- | ----- | ----- |
| | (ii) | 511,751 | 155,817 | 25,816 | 14,250 | 30,959 | 734,136 | ----- |
| 8MOHAMMED I MEMON MD PHYSICIAN | (i) | 638,037 | ----- | 24,853 | 14,250 | 33,113 | 703,642 | ----- |
| | (ii) | ----- | ----- | ----- | ----- | ----- | ----- | ----- |
| 9MARY F BARTHEL MD CHIEF QUALITY/SAFETY | (i) | 429,564 | 84,728 | 31,968 | 9,012 | 24,378 | 575,258 | ----- |
| | (ii) | ----- | ----- | ----- | ----- | ----- | ----- | ----- |
| 10IRSHAD SIDDIQUI MD EVP, CHIEF IT | (i) | ----- | ----- | ----- | ----- | ----- | ----- | ----- |
| | (ii) | 373,148 | 129,173 | 32,938 | 14,250 | 31,704 | 574,846 | ----- |
| 11TIMOTHY A MOORE SECRETARY | (i) | ----- | ----- | ----- | ----- | ----- | ----- | ----- |
| | (ii) | 286,991 | 91,832 | 30,378 | 14,250 | 27,317 | 444,885 | ----- |
| 12ELLIOT H KUIDA FORMER COO | (i) | ----- | ----- | ----- | ----- | ----- | ----- | ----- |
| | (ii) | ----- | ----- | 410,072 | ----- | 17,257 | 427,329 | ----- |
| 13JOELLEN L RANDALL VP HUMAN RESOURCES | (i) | ----- | ----- | ----- | ----- | ----- | ----- | ----- |
| | (ii) | 286,983 | 83,959 | 3,793 | 12,039 | 26,575 | 408,208 | ----- |
| 14LEA ANN EICKELSCHULTE CTO | (i) | ----- | ----- | ----- | ----- | ----- | ----- | ----- |
| | (ii) | 261,328 | 80,884 | 26,090 | 14,250 | 25,073 | 402,537 | ----- |
| 15TIMOTHY L TRANOR CNO | (i) | 236,820 | 72,433 | 24,429 | 12,346 | 30,171 | 371,365 | ----- |
| | (ii) | ----- | ----- | ----- | ----- | ----- | ----- | ----- |
| 16BRENDA K BESHEARS PRESIDENT NURSING | (i) | 170,581 | 50,762 | 9,839 | 7,142 | 23,842 | 259,262 | ----- |
| | (ii) | ----- | ----- | ----- | ----- | ----- | ----- | ----- |
| 17ABBY REICH MD TRUSTEE | (i) | ----- | ----- | ----- | ----- | ----- | ----- | ----- |
| | (ii) | 190,863 | ----- | 1,678 | 9,755 | 28,755 | 228,798 | ----- |

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

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
BLESSING HOSPITAL

Supplemental Information on Tax-Exempt Bonds

► 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 instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

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 A - TO REIMBURSE CERTAIN COSTS OF A CAPITAL EXPENDITURE PROJECT, CURRENTLY REFUND A PORT | | X | | X | | X |
| B ILLINOIS FINANCE AUTHORITY REVENUE REFUNDING BONDS SERIES 2019 | 86-1091967 | | 06-27-2019 | 28,977,500 | SEE PART VI B - SERIES 2019A - USED TO (I) LEGALLY DEFEASE THE OUTSTANDING VARIABLE RATE REVENUE REF | | X | | X | | X |
| C ILLINOIS FINANCE AUTHORITY REVENUE REFUNDING BONDS SERIES 2019 | 86-1091967 | | 06-27-2019 | 28,977,500 | SEE PART VI C - SERIES 2019B - USED TO (I) LEGALLY DEFEASE A PORTION OF THE SERIES 2012B BONDS, AND | | X | | X | | X |
| D ILLINOIS FINANCE AUTHORITY REVENUE BONDS SERIES 2019C | 86-1091967 | | 06-27-2019 | 45,230,000 | SEE PART VI D - SERIES 2019C - USED FOR (I) 35M - THE CONSTRUCTION AND EQUIPPING OF AN EXPANSION OF | | X | | X | | X |

| Part II | | Proceeds | | | | | | | |
|---------|--|------------|----|------------|----|------------|----|------------|----|
| | | A | | B | | C | | D | |
| 1 | Amount of bonds retired | 5,485,000 | | | | | | | |
| 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 | 2,412 | | | | | | | |
| 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 | | | | | | | | |
| 10 | Capital expenditures from proceeds | 4,000,000 | | | | | | 45,000,000 | |
| 11 | Other spent proceeds | 11,805,000 | | 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 of tax-exempt bonds (or, if issued prior to 2019, a current refunding issue)? | | X | X | | X | | | X |
| 15 | Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2019, 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

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

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

| Return Reference | Explanation |
|------------------------------|--|
| PURPOSE OF ISSUE DESCRIPTION | ILLINOIS FINANCE AUTHORITY SEE PART VI 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. |

| Return Reference | Explanation |
|---------------------------------|--|
| PURPOSE OF ISSUE DESCRIPTION | ILLINOIS FINANCE AUTHORITY SEE PART VI 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. |

| Return Reference | Explanation |
|---------------------------------|---|
| PURPOSE OF ISSUE DESCRIPTION | ILLINOIS FINANCE AUTHORITY SEE PART VI C - SERIES 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. |

| Return Reference | Explanation |
|---------------------------------|--|
| PURPOSE OF ISSUE DESCRIPTION | ILLINOIS FINANCE AUTHORITY SEE PART VI 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)

Department of the Treasury

Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

| | |
|---|--|
| 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 section 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 the 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) MARY F BARTHEL | EMPLOYEE | EDUCATIONAL DEBT | | X | 79,500 | 26,500 | | No | Yes | | Yes | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Total | | | | | | 26,500 | | | | | | |

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 | 59,113 | EMPLOYMENT | | No |
| (2) ELLEN J TRAMAN | FAMILY MEMBER | 50,397 | EMPLOYMENT | | No |
| (3) ROBERT G TRAMAN | FAMILY MEMBER | 62,109 | EMPLOYMENT | | No |
| (4) ANN M REICH | FAMILY MEMBER | 37,875 | EMPLOYMENT | | No |
| (5) SURYA V POLAVARAPU | FAMILY MEMBER | 58,960 | EMPLOYMENT | | No |
| | | | | | |

Part V Supplemental Information

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

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

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions
▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
BLESSING HOSPITAL

Employer identification number
37-0661183

Part I

Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|-------------------------------|--|---|--|
| 1 Art—Works of art | | | | |
| 2 Art—Historical treasures | | | | |
| 3 Art—Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | X | | 59,416 | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities—Publicly traded | | | | |
| 10 Securities—Closely held stock | | | | |
| 11 Securities—Partnership, LLC, or trust interests | | | | |
| 12 Securities—Miscellaneous | | | | |
| 13 Qualified conservation contribution—Historic structures | | | | |
| 14 Qualified conservation contribution—Other | | | | |
| 15 Real estate—Residential | | | | |
| 16 Real estate—Commercial | | | | |
| 17 Real estate—Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ (PSAS) | X | 1 | 105,105 | |
| 26 Other ▶ () | | | | |
| 27 Other ▶ () | | | | |
| 28 Other ▶ () | | | | |

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

29

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

30a

Yes

No

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

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

31

Yes

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

32a

No

b If "Yes," describe in Part II.

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

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

Cat. No. 51227J

Schedule M (Form 990) (2020)

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

| Return Reference | Explanation |
|-----------------------------|---|
| SCHEDULE M, PAGE 2, PART II | PART I LINE 5 CLOTHING AND HOUSEHOLD GOODS PEDIATRIC SIZE HEADBANDS AND WIGS, HATS, SCARVES, TURBANS, BRAS, AND MASTECTOMY PRODUCTS FOR CANCER PATIENTS PART I LINE 25 OTHER PUBLIC SERVICE ANNOUNCEMENTS ON LOCAL CHANNELS |

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

2020

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 2021, THE COST OF CHARITY CARE PROVIDED WAS 5,793,967 AND MEDICARE SHORTFALLS WERE 78,890,956. BLESSING HOSPITAL TREATED PATIENTS THROUGH THE FOLLOWING SERVICES DURING FISCAL YEAR 2021: 34,970 EMERGENCY CENTER VISITS; 279,803 OUTPATIENT VISITS; 17,775 SURGICAL OPERATIONS, INCLUDING 176 OPEN HEART SURGERIES, 14,514 INPATIENT ADMISSIONS, AND 1,022 BABIES. OUTPATIENT SERVICES INCLUDED 98,067 CARDIOPULMONARY/CARDIOLOGY PROCEDURES, 981,700 LABORATORY TESTS, 112,252 RADIOLOGY PROCEDURES, AND 135,947 PHYSICAL THERAPY/REHABILITATION VISITS. BLESSING HOSPITAL PROVIDED ADDITIONAL BENEFITS OF 12,076,313 TO THE COMMUNITY DURING FISCAL YEAR 2021 AS FOLLOWS: HEALTH PROFESSIONALS EDUCATION SIU RESIDENCY PROGRAM 4,458,536 BLESSING-RIEMAN COLLEGE OF NURSING 2,729,918 NURSING EDUCATIONAL PRECEPTORS 994,710 SCHOOL OF RADIOLOGIC TECHNOLOGY 281,269 SUB TOTAL HEALTH PROFESSIONALS EDUCATION 8,464,433 COMMUNITY HEALTH IMPROVEMENT SERVICES PSYCHIATRIC SERVICES TO SIU CENTER FOR FAMILY MEDICINE - QUINCY, CHADDOCK, AND TRANSITIONS OF WESTERN ILLINOIS 222,943 ADAMS COUNTY HEALTH DEPARTMENT DENTAL PROGRAM 100,000 PATIENT TRANSPORTATION AND LODGING 279,441 CHARITY PHARMACY PRESCRIPTIONS 44,422 HEALTH SCREENINGS/TESTS 63,243 MEDICAL SUPPLIES/SERVICES FOR PATIENTS 52,462 MENTAL HEALTH EDUCATIONAL PROGRAMS 7,476 MEDICAL INTERPRETING SERVICES 24,124 SUB TOTAL COMMUNITY HEALTH IMPROVEMENT SERVICES 794,111 SIU CENTER FOR FAMILY MEDICINE - QUINCY, CHADDOCK, AND TRANSITIONS OF WESTERN ILLINOIS SUBSIDIZED HEALTH SERVICES CARE COORDINATION 2,458,719 HORIZONS SOCIAL SERVICES OF ADAMS COUNTY 2,804 SUB TOTAL SUBSIDIZED HEALTH SERVICES 2,461,523 IN-KIND CONTRIBUTIONS/DONATIONS DONATIONS/SPONSORSHIPS 356,246 SUB TOTAL IN-KIND CONTRIBUTIONS/DONATIONS 356,246 BLESSING HOSPITAL'S STRATEGIC OBJECTIVES FOR THE UPCOMING YEARS ARE AS FOLLOWS: -BE THE PLACE WHERE PEOPLE CHOOSE TO WORK -LIVE OUT OUR CHARITABLE PURPOSE -BUILD LOYAL RELATIONSHIPS -BE FINANCIALLY SECURE AND INDEPENDENT -SERVE MORE COMMUNITIES AS A CONNECTED HEALTH SYSTEM -ACHIEVE TOP DECILE PERFORMANCE |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|----------------------|---|
| FORM 990, PART VI | BLESSING HOSPITAL CONTRACTS WITH BLESSING CORPORATE SERVICES TO EXECUTE THE DUTIES NORMALLY PERFORMED BY MANAGEMENT. THE MANAGEMENT COMPANY CARRIES OUT THE GOVERNING DECISIONS OF THE BOARD OF DIRECTORS, SIMILAR TO THE ROLE AND FUNCTIONS OF AN EMPLOYEE-OFFICER. BLESSING CORPORATE SERVICES PAID COMPENSATION TO VARIOUS EMPLOYEES COLLECTIVELY ACTING AS MANAGEMENT. THE COMPENSATION PAID TO THOSE EMPLOYEES WHO SERVE ON BLESSING HOSPITAL'S BOARD OF DIRECTORS IS DISCLOSED ON PART VII. |

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) ARAMARK PROVIDES MANAGEMENT OF FOOD SERVICES AND ENVIRONMENTAL SERVICES. 3) 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 | <p>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.</p> |

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 | DECREASE IN MINIMUM PENSION LIABILITY 24,793,360 TRANSFERS TO AFFILIATES -67,721,572 INCREASE IN MINIMUM PENSION LIABILITY 0 EQUITY ADJUSTMENT FROM ACQUISITION -483,068 TOTAL -43,411,280 |

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As Filed Data -

DLN: 93493215013262

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

2020

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 |
| (5) BROWN DRUG COMPANY 1121 MAINE ST QUINCY, IL 62301 37-0193505 | PHARMACY | IL | BCS INC | S CORP | | | | | No |
| (6) KEOKUK AREA MEDICAL EQUIP & SUPPLY 420 NORTH 17TH STREET KEOKUK, IA 52632 42-1237312 | MED EQUIP. | IA | KHS INC | C CORP | | | | | No |
| | | | | | | | | | |

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a Yes

1b Yes

1c Yes

1d Yes

1e

1f

1g

1h

1i

1j Yes

1k Yes

1l Yes

1m Yes

1n Yes

1o Yes

1p Yes

1q Yes

1r Yes

1s

No

No

No

No

No

No

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 | 134,130 | FMV |
| (2)DENMAN SERVICES INC | Q | 2,711,588 | FMV |
| (3)DENMAN SERVICES INC | M | 3,378,439 | FMV |
| | | | |
| | | | |
| | | | |

Schedule R (Form 990) 2020

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 |
| 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 |
| 1600 MORGAN STREET KEOKUK, IA 52632 42-0710268 | HOSPITAL | IA | 501C3 | 3 | KHS INC | | No |
| 1600 MORGAN STREET KEOKUK, IA 52632 42-1202608 | FUNDRAISIN | IA | 501C3 | 12B | KHS INC | | No |
| 1600 MORGAN STREET KEOKUK, IA 52632 41-1435525 | HOSPITAL | IA | 501C3 | 3 | KHS INC | | No |
| 1600 MORGAN STREET KEOKUK, IA 52632 42-1237361 | MGMT SVCS | IA | 501C3 | 12B | BCS INC | | No |