See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization: JOHNSON COUNTY HEALTHCARE CENTER FOUNDATION, INC

Employer identification number: 83-0290151

PART VI, 6:

THE MEMBERS OF THE FOUNDATION ARE VOTED ON BY THE BOARD OF TRUSTEES OF JOHNSON COUNTY HOSPITAL DISTRICT

PART VI, 7a:

THE MEMBERSHIP OF THE FOUNDATION ELECTS A BOARD OF DIRECTORS. THE BOARD OF DIRECTORS ELECT OFFICERS.

PART VI, 19

GOVERNING DOCUMENTS, ~~CONFLICT OF INTEREST POLICY~~ & FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST

PART VI, 1a.

THERE ARE NO DIFFERENCES IN VOTING RIGHTS

PART VI, 15a & 15b:

THERE ARE NO EMPLOYEES OF THE FOUNDATION.

PART VII: THERE ARE NO REQUIRED FOR PART VII.