See a Social Security Number? Say Something!
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Or call the IRS Identity Theft Hotline at 1-800-908-4490

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than $200,000 and total assets less than $500,000 at the end of the year may use this form.

▶ *The organization may have to use a copy of this return to satisfy state reporting requirements*

OMB No 1545-1150

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning January 1 , 2011, and ending December 31 , 20 11

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Johnson Memorial Hospital Guild Incorporated

Number and street (or P O. box, if mail is not delivered to street address) Room/suite
PO Box 549

City or town, state or country, and ZIP + 4
Franklin, IN 46131-0549

D Employer identification number
35-0025465

E Telephone number
317-736-3300

F Group Exemption Number ▶

G Accounting Method: ☑ Cash ☐ Accrual Other (specify) ▶

I Website: ▶

H Check ▶ ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Tax-exempt status (check only one) – ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than $50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 22895.15

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)
Check if the organization used Schedule O to respond to any question in this Part I ☐

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	70
	4	Investment income		4	36.28
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b	1780.	
	c	Less: direct expenses from gaming and fundraising events	6c	1473.90	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	306.10
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less: cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe in Schedule O)		8	21008.87
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	21421.25
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe in Schedule O)		16	33240.38
	17	**Total expenses.** Add lines 10 through 16 ▶		17	33240.38
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-11819.13
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	45531.39
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	33712.26

Part II Balance Sheets. (see the instructions for Part II.)
Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☐

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	45531.39	22	33712.26
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	**Total assets**	45531.39	25	33712.26
26	**Total liabilities** (describe in Schedule O)		26	
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	45531.39	27	33712.26

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)
Check if the organization used Schedule O to respond to any question in this Part III . . ☐

What is the organization's primary exempt purpose? _____

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

28 **Scholarships, 4 awarded in 2011**

(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ 28a **10000.00**

29 **Support of hospital programs for patients of the emergency department and maternity center; the hospital's bereavement programs and other programs benefiting patients, visitors and employees of the hospital.**

(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ 29a **19956.53**

30

(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ 30a

31 Other program services (describe in Schedule O) . . . . . .

(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) . . . . . ▶ 32 **29956.53**

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)
Check if the organization used Schedule O to respond to any question in this Part IV . . . . . ☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Becky Lee, 387 White Oak Lane Greenwood, IN 46142	President	0	0	0
Joan Douglas, 5285 W 550 S Trafalgar, IN 46181	Vice President	0	0	0
Peggy Zehr, 641 Woodview Dr Whiteland, IN 46184	Secretary	0	0	0
Mike Armstrong, PO Box 156 Nineveh, IN 46164	Treasurer	0	0	0

Part V **Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☐

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		✓
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		✓
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e		✓
41	List the states with which a copy of this return is filed. ▶ _____			
42a	The organization's books are in care of ▶ _____ Telephone no. ▶ _____ Located at ▶ _____ ZIP + 4 ▶ _____			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		✓
	If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		✓
	If "Yes," enter the name of the foreign country: ▶ _____			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		✓
c	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		✓

			Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		✓

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

			Yes	No
47	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	47		✓
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		✓
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		✓
b	If "Yes," was the related organization a section 527 organization?	49b		✓

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over $100,000 . . . . ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over $100,000 . . ▶

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . . ▶ ☐ Yes ☐ No

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 Mike Armstrong Date 5/15/12

▶ Mike Armstrong, Treasurer
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN

Firm's name ▶ Firm's EIN ▶

Firm's address ▶ Phone no

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶ ☐ Yes ☐ No

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.** ▶ **See separate instructions.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization	Employer identification number
Johnson Memorial Hospital Guild, INC	35 0025465

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

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 organization that normally receives: (1) more than 33⅓% 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 33⅓% 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.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I **b** ☐ Type II **c** ☐ Type III–Functionally integrated **d** ☐ Type III–Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
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 fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 IV.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) . . . . 14 %

15 Public support percentage from 2010 Schedule A, Part II, line 14 . . . . . 15 %

16a **33 1/3% support test—2011.** 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 . . . . . ▶ ☐

b **33 1/3% support test—2010.** 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 . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2011.** 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2010.** 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

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 . . . . . ▶ ☐

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	921.03	903.74	1500.00	1718.00	70.00	5112.77
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	39928.98	33410.54	27227.37	29650.71	16733.41	147951.01
3 Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6 **Total.** Add lines 1 through 5	40850.01	34314.28	28727.37	31368.71	16803.41	153063.78
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
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	0	0	0	0	0	0
c Add lines 7a and 7b	0	0	0	0	0	0
8 **Public support** (Subtract line 7c from line 6.)						153063.78

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	40850.01	34314.28	28727.37	31368.71	16803.41	153063.78
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	234.77	133.74	48.22	56.45	36.28	509.46
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
c Add lines 10a and 10b	234.77	133.74	48.22	56.45	36.28	509.46
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	41084.78	34448.02	28775.59	31425.16	16839.69	152573.24

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	100.32 %
16	Public support percentage from 2010 Schedule A, Part III, line 15	16	100.32 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2011** (line 10c, column (f) divided by line 13, column (f))	17	.33 %
18	Investment income percentage from **2010** Schedule A, Part III, line 17	18	%

19a **33⅓% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33⅓%, and line 17 is not more than 33⅓%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☑

b **33⅓% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓%, and line 18 is not more than 33⅓%, 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 **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Johnson Memorial
HOSPITAL FOUNDATION

The mission of the Johnson Memorial Hospital Foundation is to raise charitable funds to benefit Johnson Memorial Hospital in improving the health of the community.

Johnson Memorial Hospital Guild
Continuing Education Health Field Scholarship Application

OBJECTIVE: To financially assist **two** Johnson Memorial Hospital employees or volunteers to continue their education in a healthcare-related field, with the expectation that the recipient will return to work at Johnson Memorial Hospital at the completion of his/her program.

SCHOLARSHIP AWARD: The Johnson Memorial Hospital Guild will award a one-time, partial scholarship grant in the amount of $2000 for the academic school year 2011-2012. The amount will be paid directly to the school upon proof of registration by the college or university. (This scholarship is not designed to cover single short-term seminar/workshop education programs)

ELIGIBILITY: This scholarship is open to any employee or volunteer currently associated with Johnson Memorial Hospital and in good standing This scholarship is intended for individuals who are already in the work force who are seeking to continue their post-secondary education

BASIS OF AWARDING SCHOLARSHIP: The scholarship will be awarded based on financial need, volunteerism, leadership and scholastic ability.

FORM OF APPLICATION: In addition to the application form (attached), please submit the following to be considered for this award:

1. A statement prepared by the applicant summarizing why you desire to continue your education, career goals, financial need, volunteerism and leadership abilities.
2. Official transcript from the educational institution most recently attended.
3. Two letters of endorsement (**by persons not related to the applicant**) who can attest to the applicant's character, integrity and values.

FILING OF APPLICATION: The complete application must be sent to the Johnson Memorial Hospital Foundation and postmarked by April 1, 2011. Applications that do not conform to the requirements will not be considered.

MAIL APPLICATIONS TO:

Johnson Memorial Hospital Foundation
c/o JMH Guild Scholarship
P. O Box 549
Franklin, Indiana 46131
Questions, please call (317) 736-2657

Application Form

Name: _____ DOB:_____

Address: _____
Street City State Zip

School Information:

High School Attended: _____
College Attended: _____ Degree:_____
Post Graduate Classes: _____

Are you currently enrolled or have you been accepted to a college or university for the upcoming semester: Yes No

Name of College/University:_____
Start date for upcoming semester: _____
Major/Area of Study: _____
Degree/Certification being pursued: _____
Expected Date Graduation: _____

Plans after graduation:

_____
_____
_____

Volunteer Information: Please list any volunteer experiences (when and where):

1.) _____
2.) _____
3.) _____
4.) _____

Financial Information:

Annual Household Income: _____Number of Dependants: _____
Current Job Title: _____Department: _____
Hourly Rate: _____ Length of Tenure at JMH: _____Full or Part time _____

Please explain any circumstances that would help us determine your financial need.

_____
_____
_____
_____

(Application continues on back page)

Are you currently receiving any support for continuing education? If so, please describe:

Grants / Scholarships	Amount

If you have received any other grants or scholarships ***IN THE LAST TWO YEARS****, please list them:*

Grants/Scholarships	Amount

Signature of Applicant *Date*

All information supplied in this application will be held in strictest confidence

Application Checklist:

- ☐ Application Form
- ☐ A statement prepared by the applicant summarizing why you desire to continue your education, career goals, financial need, volunteerism and leadership abilities.
- ☐ Official transcript from the educational institution most recently attended
- ☐ Two letters of endorsement (**by persons not related to the applicant**) who can attest to the applicant's character, integrity and values.

Johnson Memorial
HOSPITAL FOUNDATION

The mission of the Johnson Memorial Hospital Foundation is to raise charitable funds to benefit Johnson Memorial Hospital in improving the health of our community.

Johnson Memorial Hospital Guild
High School Scholarship Application

OBJECTIVE: To financially assist **two** high school seniors or high school graduates within the last two years, who plan to continue their education in a health related field at any recognized and accredited college or university in Indiana In awarding a scholarship to students, the Hospital Guild is interested in showing its support for continuing education, while at the same time showing its desire to support our local hospital It is the hope of the Hospital Guild that the recipients will return to Johnson Memorial Hospital for employment at the completion of his/her studies

SCHOLARSHIP AWARD: The Johnson Memorial Hospital Guild will award a one-time, partial scholarship grant in the amount of $3,000 for the academic school year 2011-2012 The amount will be paid directly to the school upon proof of registration by the college or university

ELIGIBILITY: The recipients must be a current high school senior or graduate in one of the following

1 JMH teen volunteer (whether from a Johnson County school or not), or
2 Child of JMH employee (whether from a Johnson County school or not)
3 Recent (within the last two years) graduates/seniors from a Johnson County high school
4 A home schooled student with proof of SAT scores and diploma equivalent

BASIS OF AWARDING SCHOLARSHIP: The scholarship will be awarded based on the student's past academic performance (B average or above), leadership skills and financial need.

FORM OF APPLICATION: In addition to the application form (attached), please submit the following to be considered for this award

1 A statement of approximately 300 words prepared by the Applicant summarizing activities, accomplishments, educational and career goals
2. An official high school transcript listing courses, GPA and class rank
3 A letter of recommendation from a school authority that covers information concerning the applicant's character, personality and leadership skills
4. Two letters of endorsement (**by persons not related to the applicant**) who can attest to the applicant's character, integrity, values, and willingness to work and study

FILING OF APPLICATION: The complete application must be sent to the Johnson Memorial Hospital Foundation and postmarked by April 1, 2011 Applications that do not conform to the requirements will not be considered

MAIL APPLICATIONS TO:

Johnson Memorial Hospital Foundation
c/o JMH Guild Scholarship
PO Box 549
Franklin, IN 46131
Questions, please call 317-736-2657

Application Form

Name:_____ DOB: _____

Address: _____
Street City State Zip

Home Phone: _____ Cell Phone:_____

Parents/Guardian Names:_____

Johnson County Resident: Yes _____ No _____
JMH Teen Volunteer: Yes _____ No _____ Department: _____
Family employed at JMH: Yes _____ No _____ Relationship: _____
Name: _____ Department: _____

School Information:

High School(s) Attended:_____
High School Graduation Date. _____
Number of Students in class: _____ Current Class Rank: _____ Cumulative GPA: _____
Career/Degree you will purse: _____

Volunteer Information: Please list any volunteer experiences (when and where)

1.) _____
2.) _____
3.) _____
4.) _____
5.) _____

Financial Information:

Household Income: _____Number of people living in your home: _____

Please explain any circumstances that would help us determine your financial need.

_____
_____
_____
_____
_____

(Application continues on back page)

Please list all other grants and scholarships for which you have applied.

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Scholarship/Grant	Amount of Award	Pending	Awarded	Rejected

Signature of Applicant *Date*

All information supplied in this application will be held in strictest confidence

Application Checklist:

- ☐ Application Form
- ☐ A statement of approximately 300 words prepared by the Applicant summarizing activities, accomplishments, educational and career goals
- ☐ An official high school transcript listing courses, GPA and class rank
- ☐ A letter of recommendation from a school authority that covers information concerning the applicant's character, personality and leadership skills
- ☐ Two letters of endorsement (**by persons not related to the applicant**) who can attest to the applicant's character, integrity, values, and willingness to work and study

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

2011

Open to Public Inspection

Name of the organization
Johnson Memorial Hospital Guild Incorporated

Employer identification number
35-0025465

Part I on Form 990-EZ

$26008.87 entered on line 8- $16125.46- proceeds from gift shop and canteen sales, $9883.41- percentage of proceeds from outside vendor sales.

$33240.38 entered on line 16 covers scholarships, dues and various expenses for hospital programs.