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990

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)

Department of the Treasury Internal Revenue Service

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

Open to Public

OMB No 1545-0047

Inspection For the 2009 calendar year, or tax year beginning 2009, and ending 20 D Employer identification number C Name of organization Parsons State Hospital Endowment Association B Check if applicable Please Doing Business As 0938377 ☐ Address change label or E Telephone number print or Number and street (or P O. box if mail is not delivered to street address) Room/suite □ Name change Initial return 3601 Gabriel (620) 421-6550 Specific City or town, state or country, and ZIP + 4 ☐ Terminated Instruc-Parsons KS 67357-2341 Amended return G Gross receipts \$ F Name and address of principal officer Application pending James Whitt, Jr. H(a) Is this a group return for affiliates? Yes PO Box 302, Parsons KS 67357-2341 H(b) Are all affiliates included? Yes Tax-exempt status If "No," attach a list (see instructions) Website: ▶ www.pshendowment.org H(c) Group exemption number ► K Form of organization Corporation Trust Association Other ► 1982 M State of legal domicile. KS Part I Summary 1 Briefly describe the organization's mission or most significant activities: Provide projects, Entertainment, equipment benefit and other charitable programs for residents of the State Hospital as well as other developmentally Governance disabled and or other needy persons. 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 10 3 Number of voting members of the governing body (Part VI, line 1a) 3 4 10 4 Number of independent voting members of the governing body (Part VI, line 1b) 0 5 5 Total number of employees (Part V, line 2a). . 6 150 6 Total number of volunteers (estimate if necessary 7a Total gross unrelated business revenue from Part County 0 7a b Net unrelated business taxable income from Form 990-T, line 34 7b 0 Prior Year **Current Year** 0 2010 8 Contributions and grants (Part VIII, line 14) 19,145 18,315 ē 9 Program service revenue (Part VIII, line 20) 10 Investment income (Part VIII, column (A), lines 3040 FeN 2,744 3,236 Other revenue (Part VIII, column (A), lines 3, 6d, 8t 14,705 7,280 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 36,594 28,831 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) ▶ 179.726 38,190 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 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 (143, 132)(9,359)s or Beginning of Current Year End of Year 130,234 120,875 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 130,234 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 President lames Whit Type or print name and title Date Check if Preparer's identifying number Preparer's self-(see instructions) signature employed ▶ L Paid Preparer's Firm's name (or yours EIN Use Only if self-employed), address, and ZIP + 4 Phone no ► (May the IRS discuss this return with the preparer shown above? (see instructions) Yes 📙

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2009)

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Pa	rt III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission. Handicapped clients programs which 500 persons benefit. Provide transportation, assistive equipment and special skill events.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 36,404 including grants of \$) (Revenue \$ 28,831) Handicapped clients programs which 500 persons benefit. Provide transportation, assistive equipment and special skill events.
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 ▶ 36 404

Pa	Checklist of Required Schedules		<u>·</u>	age C
			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		1
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		1
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		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		1
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		✓
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21; 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_		1
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11		1
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
•	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.			
•	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.			
•	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.			污痕
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	tres.	✓
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		√
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I.	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>	16		✓
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	17		✓
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		✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			,
20	If "Yes," complete Schedule G, Part III Did the organization operate one or more hospitals? If "Yes," complete Schedule H	19 20		*

-6	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
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	00		/
04-	·	23		V
248	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 25	24a		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✓
25a	Section 501(c)(3) and 501(c)(4) 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		1
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		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		√
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):	7.07 7.07 7.01 7.01		
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28a 28b		√
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		J
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		-
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		√
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		✓
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		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		✓_
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		✓
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		✓
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		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197 Note . All Form 990 filers are required to complete Schedule O	38	1	

Pa	Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	0		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0	25.5	
С		le 1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	OFFICE OF	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (seinstructions)	e		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered be this return?	y 3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	<u> </u>	1
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authorit over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			1
b	If "Yes," enter the name of the foreign country ▶		譯	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Ban and Financial Accounts.	k		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	ـــــ	1
b	, and the state of	1	+-	+
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regardin Prohibited Tax Shelter Transaction?.	. <u>5c</u>	_	1
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?			\
b	If "Yes," did the organization include with every solicitation an express statement that such contributions of gifts were not tax deductible?	or . 6b	session.	- Seminor I
7 a	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good and services provided to the payor?	s 7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	1	+
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	s 7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	2 2 12	1	1. 2
е		7e	1012	√
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		✓
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7 <u>g</u>	—	—
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C arrequired?	7h	947	ļ .
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			\ \ \
9	Sponsoring organizations maintaining donor advised funds.	100	10	7 m - 2 2 m - 2
а	Did the organization make any taxable distributions under section 4966?	9a	Щ	1
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	ļ	/
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		H	
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders		PE	
a h	are the mean mean and mean are the mean are		影響	
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	If "Yes." enter the amount of tax-exempt interest received or accrued during the year	12a	Fre.E	

_	1990 (2009)	74 -		Page (
ΙĊ	for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes,	or c	elov hanç	ı, and Jes II			
<u></u>	Schedule O. See instructions.						
Sec	ction A. Governing Body and Management		Yes	N-			
1.	Enter the number of voting members of the governing body 10		105	No			
_	and the manual of total grant and governing body						
ь 2	. ,						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		1			
3	any other officer, director, trustee, or key employee?			 			
٠	supervision of officers, directors or trustees, or key employees to a management company or other person?						
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		J			
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		7			
6	Does the organization have members or stockholders?	6		Ż			
7a	_			Ė			
	of the governing body?	7a		1			
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		1			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		7				
	the year by the following:						
а		8a	✓				
b	Each committee with authority to act on behalf of the governing body?	8b	✓				
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	9a		✓			
	tion B. Policies (This Section B requests information about policies not required by the Inte	rnal					
łev	enue Code.)						
	r		Yes	No			
0a	Does the organization have local chapters, branches, or affiliates?	10a		✓			
þ	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,						
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		_			
1	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			,			
	form?	11 230	-21.2 3 55	√			
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			10.00			
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	_ ✓				
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	406	/	l			
	rise to conflicts?	12b	<u> </u>	-			
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		1			
3	describe in Schedule O how this is done	12c		1			
4	Does the organization have a written whistleblower policy?	14		1			
- 5	Does the organization have a written document retention and destruction policy?	F2.14	, ,				
•	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	15a	ale al fina				
	Other officers or key employees of the organization	15b		1			
_	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)	100	- (a),	\$ 2 1:			
6a							
		16a		1			
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate		7.31	ī,			
	alle a constant and the second of the second	16b	व केइन	20°-13'5			
ec	tion C. Disclosure						
7	List the states with which a copy of this Form 990 is required to be filed ► KANSAS						
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c))(3)e <i>(</i>	nnlv)				
	available for public inspection. Indicate how you make these available. Check all that apply.	,,,,,,,,	/ /				
	Own website Another's website 🗹 Upon request						

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest

State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► John Spare 2601 Gabriel, Parsons KS 67357

policy, and financial statements available to the public

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a 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. Use Schedule J-2 if additional space is needed.

- 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. 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compared to the	ompensate	any o	cum	ent	offi	cer, d	lirec	tor, or trustee		
(A)	(A) (B)			(C)			(D)	(E)	(F)
Name and Title	Average					that ap		Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
James Whitt Jr. President	.5	1		1				0	0	0
John Reichart Treasurer	.5	√		1				0	0	0
Marvin Robison Secretary	.5	1		1				0	0	0
Mark Martin Board Member	.5	1						0	0	0
Jerry Rea Board Member	.5	1						0	0	0
Hugh Charles Board Member	.5	1						0	0	0
Montie Taylor Board Member	.5	1						0	0	0
Rod Landrum Board Member	.5	1						0	0	0
Kirk Wyckoff Board Member	.5	1						0	0	0
Richard McCandless Board Member	.5	1						0	0	0

Pa	rt VII Section A. Officers, Directors, Tru	ustees, Key	/ Emp	loy	ees	, an	d Hig	hest	Compensate	d Employee:	s (con	itinued)
	(A)	(B)	D	(•	C)	4b-4	- L. A	(D)	(E) Reportable		(F)
	Name and title	Average hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	reportation from relate organization (W-2/1099-M	on ed ns	Estimated amount of other compensation from the organization and related organizations
									_			
										-		
												· · · · · · · · · · · · · · · · · · ·
<u>1b</u>	Total	<u></u>	<u></u>						0		0	0
2 — 3	Total number of individuals (including but reportable compensation from the organization but the organization list any former office	ation ► No	ne									Yes No
4	employee on line 1a? If "Yes," complete Se For any individual listed on line 1a, is the se the organization and related organizations	chedule J f sum of repo	<i>for su</i> ortable	ch i	<i>indi</i> omp	vidu ens	<i>ial</i> . sation	anc		nsation from	า	3 /
5	individual Did any person listed on line 1a receive										_	4 🗸
Se	services rendered to the organization? If ")	Yes," comp	lete S	Sch	edu	le J	for s	uch	person .	<u>.</u>		5 ✓
1	Complete this table for your five highest co- compensation from the organization.	ompensate	d inde	ере	nde	nt c	contra	ctor	s that received	d more than	\$100	0,000 of
	(A) Name and business add	ress							(B) Description of s	ervices	С	(C) Compensation
No	ne											
2	Total number of independent contractors (if more than \$100,000 in compensation from					to t	those	liste	d above) who	received		

Par	t VII	Statement of Re	evenue				<u> </u>	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts	12	Federated campaigns		1a				
ributions, gifts, grants other similar amounts	1a	Membership dues .		1b				
g, g	0	•	• • •	1c 2,530				
gifts, lar an	ا ا	Fundraising events		1d 2,000				
9,2	0	Related organizations		1e				
Si Si	e	Government grants (contr		16				
ig je	1	All other contributions, gifts,		45 705	再工程建			
달달		and similar amounts not inclu		1f 15,785				
Contributions, and other simil	9	Noncash contributions include	ed in lines 1a-11	· \$	10 245			
	<u>n</u>	Total. Add lines 1a-1f		Business Code	18,315			
Service Revenue				Business Code			T. TL. REAR TEST	
eve	2a				<u> </u>			
E.	b				 	<u> </u>		
<u>Ş</u> .	C							
လွ	d						-	
Program	e	A ()			ļ			
ē.	1	All other program servi		· L			Same Affilia de la marca del	referencestations
	g							力。(fab.) 是電腦機
	3	Investment income (incother similar amounts) Income from investment of		•	3,236	3,236		
	5	Royalties						
		•	(i) Real	(ii) Personal		法言實際學院		
	62	Gross Rents						
	1	Less rental expenses						
		Rental income or (loss)						
		Net rental income or (lo	oss)					
	72	Gross amount from sales of	(i) Securities	(ii) Other				
	/a	assets other than inventory					走 工工	
		Less cost or other basis						
	l b	and sales expenses .						
	_	Gain or (loss)	-					
		Net gain or (loss)	L	. •			7,31,31,31,31,31,31	
ø.	i			· · · · · · · · · · · · · · · · · · · 	PAREST			
Ž	8a	Gross income from fundraising		·				
evenue		events (not including \$		†				
8		of contributions reported See Part IV, line 18	on line ic,	'				
ē	۱ ـ	Less direct expenses		a h				
Other		Net income or (loss) from	 nm fundraisi	L				
Ū								学生10世里里
	9a	Gross income from gam		•				
		See Part IV, line 19		a				
		Less direct expenses. Net income or (loss) fro		b L	I SECTION OF THE SECT	Committee to Library	ELEMENT TO STANKE LEA	1 1 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
						Alekarîtan d		
	10a	Gross sales of inve		36.005				
	_	returns and allowances	-	a 36,905				
		Less cost of goods so		ь 29,625		7 000	riibe dhebii	
	<u> </u>	Net income or (loss) from			7,280	7,280		
		Miscellaneous Reve	enue	Business Code			. Terk Title	
	11a			-				
	b							
	С							.
	d	All other revenue .						to the tree Electronism
	е	Total. Add lines 11a-11						
	12	Total revenue. See ins	tructions	<u></u>	28,831	10,516		

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) but are not required to complete columns (B), (C), and									
	o not include amounts reported on lines 6b, o, 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 governments and organizations in the U.S. See Part IV, line 21								
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	1,925	1,925						
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16								
4	Benefits paid to or for members .		<u> </u>	155 中型 特别的 (2) 中国 (2)					
5	Compensation of current officers, directors, trustees, and key employees								
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			 	ļ				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)								
9	Other employee benefits		<u> </u>	<u> </u>	ļ				
10	Payroll taxes								
11	Fees for services (non-employees):								
а	Management			-					
b	Legal	2,458	2,458						
С	Accounting								
d	Lobbying								
e	Professional fundraising services. See Part IV, line 17								
f	-		11 200 12	denting the standard leads and the properties are					
	Investment management fees								
_									
12	Advertising and promotion	500							
13	Office expenses	536		536					
14	Information technology								
15	Royalties								
16	Occupancy				l				
17	Travel	190	190						
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials	1							
19	•								
	Conferences, conventions, and meetings .								
20	Interest								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization.								
23	Insurance	1,250	n romes 5 / / /	1,250					
24	Other expenses. Itemize expenses not								
	covered above. (Expenses grouped together			是为" <u>特</u> 里"的					
	and labeled miscellaneous may not exceed								
	5% of total expenses shown on line 25 below.)								
а	Indoor Riding Arena	22,534	22,534						
h	Resident Home Transportation	1,900	1,900		,				
2	Onantine Canta	7,226	7,226						
C	Mina	151	151						
đ	***************************************		131						
e		-							
25	All other expenses Total functional expenses. Add lines 1 through 24f	38,190	36,404	1,786					
	Joint costs. Check here ► ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation								

Pa	art X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	45,034	1	32,666
	2	Savings and temporary cash investments	78,109	2	81,118
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of		This.	
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
		Part II of Schedule L	ladional action to the latest and a latest action to the latest action t	6	5.1,22 .2.1 2.2.2.1
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or 10a			
	'04	other basis Complete Part VI of Schedule D			
	h	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	7,091	15	7,091
	16	Total assets. Add lines 1 through 15 (must equal line 34)	130,234	16	120,875
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key			
jab	1	employees, highest compensated employees, and disqualified	Calendaria est caracinata de la Maria de Calendaria de Cal		
_		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D		25	
_	26	Total liabilities. Add lines 17 through 25	B. N. Prof. Comp. 7000. 707.078 U.S.	26	Entured Considerate Antonios Constitution and Constitutio
ances		Organizations that follow SFAS 117, check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.			
횰	27	Unrestricted net assets		27	
8	28	Temporarily restricted net assets		28	
밑	29	Permanently restricted net assets		29	
Net Assets or Fund Bal		Organizations that do not follow SFAS 117, check here ► □ and complete lines 30 through 34.			
3	30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ϋ́	32	Retained earnings, endowment, accumulated income, or other funds	130,234	32	120,875
힑	33	Total net assets or fund balances		33	
_	34	Total liabilities and net assets/fund balances	130,234	34	120,875

Pai	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Cash Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	蕸		
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	✓	
b	Were the organization's financial statements audited by an independent accountant?	2b		✓
	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?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in	は一般に		瑟基
	Schedule O.	1,44		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	装建		
	issued on a consolidated basis, separate basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
За	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?	3a		√
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.	3b		

Form **990** (2009)

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ► Attach to Form 990.

Open to Public Inspection

Employer identification number

Part VI B 11A: The governing body consists of 10 board members. The Annual 990	48	1070398	
tax forms are presented to this board in a general meeting prior to the filing date.			
			••••
Prt VI Sec. C 19:			
Financial accords and according to the second and according to the second acco	-1-1		
Financial records and governing documents and conflict of interest statements are available.	ibie upon		
written request.			
			• • • •
			• • • •
			 -
			•••
			
			 -
······································			
			••••
			• • • •
			• • • •
			• • • •

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Employer identification number Name of the organization 0938377 **Parsons State Hospital Endowment Association** 48 : Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) Aggregate grants from (during year) . Aggregate value at end of year . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Yes No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Part II Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat ☐ Preservation of a certified historic structure Preservation of open space 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 2a 2b 2c c Number of conservation easements on a certified historic structure included in (a) . . . 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIV, 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 . . (iii) Assets included in Form 990, Part X **\$** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: \$ **b** Assets included in Form 990, Part X . . \$

Page	2
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Par	t III Organizations Maintainin	ng Collections o	of Art, H	istoric	al Treasur	es, or	Other Si	milar Ass	ets (co	ntinu	ied)
3	Using the organization's acquisition, collection items (check all that apply)		ther reco	rds, ch	eck any of	the follo	owing that	t are a sig	nıficant	use c	of its
а	Public exhibition		d		Loan or exc						
b	Scholarly research		е	Ш	Other						
¢	Preservation for future generation	ons									
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.										
5	During the year, did the organization so assets to be sold to raise funds rather	olicit or receive do than to be mainta	nations o	f art, hi art of th	storical treas ne organizat	sures, o	r other sir	nılar 	Ye	s 🗌	No
Par	Escrow and Custodial Ar IV, line 9, or reported an a					n answ	ered "Ye	s" to Forr	n 990,	Part	
	The state of the s					utions (or other a	ssets not	□ Ye	es 🗆] No
b	If "Yes," explain the arrangement in I	Part XIV and com	nplete the	follow	ıng table:	_					
						<u> </u>		Am	ount		
	Beginning balance					· -	C		-		
d	Additions during the year					· —	d				
е	Distributions during the year						e				—
f	Ending balance					لا .	lf				ī
2a b	Did the organization include an amo If "Yes," explain the arrangement in	Part XIV.	_							es L	」No ——
Par	t V Endowment Funds. Con							· · · · · · · · · · · · · · · · · · ·	line 10		
	_	(a) Current year	(b) Prid	or year	(c) Two ye	ars back	(d) Three	years back	(e) Four	years	back
1a	Beginning of year balance				<u> </u>			13. 		<u> </u>	
þ	Contributions						<u>. </u>	5 4 No.	. Yella		-
С	Net investment earnings, gains,							v yi tu ' Te⊈			- 1
	and losses						+		اگرسو احتماره س	<u> </u>	
d	Grants or scholarships				=		-				<u>- </u>
е	Other expenditures for facilities				-			-	-	ŧ.	
	and programs				 			·		7-2	
	Administrative expenses End of year balance	_					-	1.		¥- 	
2	Provide the estimated percentage of	the year end bal	lance hel	d as:							
а	Board designated or quasi-endowme	•									
b	Permanent endowment ▶										
С	Term endowment ▶ %										
За	Are there endowment funds not in the	possession of the	e organiz	ation th	nat are held	and ad	ministered	d for the			
	organization by:	·	-							Yes	No
	(i) unrelated organizations								3a(i)		
									3a(ii)		<u> </u>
	If "Yes" to 3a(II), are the related orga								3b		L
4	Describe in Part XIV the intended us										
Par	t VI Investments—Land, Bui	Idings, and Eq	uipmen	t. See	Form 990,	Part X	., line 10.				
	Description of investment	(a) Cost or oth			ost or other sis (other)	(0) Accumulat depreciation		(d) Boo	k value	
1a	Land										
b	Buildings					ļ					
С	Leasehold improvements										
	Equipment										
	Other			L							
Γota	I. Add lines 1a through 1e (Column (d) n	nust equal Form 99	90, Part X	, colum	n (B), line 10	(c).) .		>			

Part VII Investments—Other Securitie	s. See Form 990, Part X	, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year ma	
Financial derivatives			
Closely-held equity interests			
Other			<u></u>
		<u> </u>	
			
	-		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12)			
	d Soc Form 900 Port V		i i i i i i i i i i i i i i i i i i i
			
(a) Description of investment type	(b) Book value	(c) Method of value Cost or end-of-year ma	
			<u> </u>
	 		
			···
		 	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Pa	art X line 15	<u> </u>	
Care ix	(a) Description		(b) Book value
Horses for Special Events Rodeo	(1),		4,121
Equipment for Developmental Disabilities, Sp.	ecial needs Activities	••	2,970
			•
	-,		
Total. (Column (b) must equal Form 990, Part X, col.	(B) line 15)		7,091
Part X Other Liabilities. See Form 990			
1. (a) Description of liability	(b) Amount		
Federal income taxes			
	-		
		7	
	 	\dashv	
		7	
		7	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)			
2. FIN 48 Footnote. In Part XIV, provide the text of	f the footnote to the organi	zation's financial statements that	reports the
organization's liability for uncertain tax positions i	under FIN 48.	Zation 3 illianciai statements triat	

Schee	dule D (Form 990) 2009		Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial S	tatements	3
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	28,831
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	38,190
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	(9,359)
4	Net unrealized gains (losses) on investments	4	0
5	Donated services and use of facilities	5	
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV.)	8	0
9	Total adjustments (net). Add lines 4 through 8	9	0
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9.	10	(9,359)
Pai	t XII Reconciliation of Revenue per Audited Financial Statements With Revenu	ie per Re	
1	Total revenue, gains, and other support per audited financial statements	1	28,831
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments	0	
b	Donated services and use of facilities	0	
С	Recoveries of prior year grants	0	
d		0	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	28,831
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	が記 はお記録	
_	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 4b		
þ	Other (Describe in Part XIV.)	4c	•
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	. 5	28.831
	t XIII Reconciliation of Expenses per Audited Financial Statements With Expen		
		1	38,190
1 2	Total expenses and losses per audited financial statements	13459	
a	Donated services and use of facilities		
	Prior year adjustments	一点道	
	Other losses	神情	
	Other (Describe in Part XIV.)		
	Add lines 2a through 2d	2e	(
3	Subtract line 2e from line 1	3	38,190
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	. 4c	(
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	. 5	38,190
Par	t XIV Supplemental Information		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a		
	2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d a part to provide any additional information.	211G 4D. AIS	Complete
	part to provide any additional information.		
••••			

Schedule D (Forr	m 990) 2009 Pa	ge 5
Part XIV	Supplemental Information (continued)	
		•
		·
		•
		-
-		
		•