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SCHEDULE A (Form 990 or 990-EZ)

## **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.

OMB No. 1545-0047 Open to Public

	tment of the Treasury all Rovenue Servico	► Attach to Form 990 or Form 990-EZ. ► See separate instructions.								Insp	ectio	
_	of the organization								entification			
PARSONS STATE HOSPITAL ENDOWMENT ASSOCIATION 48-903B3								38377				
Part I Reason for Public Charity Status (All organizations must complete this part.) See Instructions.												
The	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												
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	section 170(b	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 7												
8	_		n section 170(b)(1)(A		mplete Pa	art (i.)						
-	_						om contr	ibutions,	members	ship fees	, and	gross
<del>-</del>	9An organization that normally receives: (1)_more than 331/3% 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 331/3% 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.)											
10	, ,	•	operated exclusively						<b>(4)</b> .			
11	An organization	on organized an	nd operated exclusive	ely for th	ne benefi	t of, to	perform	the funct	lons of,			
	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 🗌 Typei	b 🗆	•	🗌 Туре		-	-		· · · · · · · · · · · · · · · · · · ·	Typei		
e	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	or section 509(a)(2).  f If the organization received a written determination from the IRS that it is a Type II, Type II, or Type III supporting organization, check this box											ng . M
6	Since August following pers		he organization accep	pted any	gift or c	ontributio	n from a	any of the	•			_
	_		ndirectly controls, eiti	her alone	or toget	her with	persons	describe	d in (ii) ar	nd	Yes	No
			ody of the supported							11g(1	)	
	(II) A family m	ember of a persi	on described in (i) abo	ve7	, .		11g(l)				1)	
	• '	•	a person described in							119(1)	Ŋ	
	n Provide the fo	llowing Informati	on about the support	<del></del>		<del></del>						
(i) Name of supported on organization		(II) EIN	(III) Type of organization (described on lines 1–9 above or IRC section	in col (i) listed in your the organ governing document? col. (i)			rou notify nization in organization in col of your part?  (i) organization the		tion in col. izod in the	(vii) Amount of support		
			(see instructions))	Yes	No	Yes	part?	Yes	No.	ł		
							····	<u> </u>	···-			
(A) ——				-				-				
(B)				-								
.(C)												
(D)												
(E)												
		DI SPECIE BAR			E MIAV		(1) B					

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Schedule A (Form 990 or 990-EZ) 2011

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Page 2

Version A, cycle 1

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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 (d) 2010 Calendar year (or fiscal year beginning in) (a) 2007 **(b)** 2008 (c) 2009 (e) 2011 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") revenues levled for organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge . . . . Total. Add lines 1 through 3 . . . . The portion of total contributions by person (other governmental unit or publicly supported organization) included on line-1-that-exceeds-2%-of-the-amountshown on line 11, column (f) .----Public support, Subtract line 5 from line 4. Section B. Total Support **(b)** 2008 (c) 2009 (d) 2010 Calendar year (or fiscal year beginning in) (a) 2007 (e) 2011 (f) Total Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on . . Other Income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . . . . . Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see Instructions) 12 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) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) % Public support percentage from 2010 Schedule A, Part II, line 14 % 16a 331/2% support test - 2011. If the organization dld not check the box on line 13, and line 14 is 331/2% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 3312% support test-2010. If the organization did not check a box on line 13 or 16a, and line 15 is 331/2% 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 publicity . . . . . . . supported organization Private foundation. If the organization did not check a box on line 13, 16a, 18b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2011

48-0938377

Page 3

Parl		Support Schedule for Organizations Described in Section 509(a)(2)										
	(Complete only if you checked to the organization fails to qualify	the box on lin y under the to	e 9 of Part I o	or if the organ low, please or	iization failed omplete Part	to qualify un	der Part II.					
Sect	ion A. Public Support											
Cale	ndar 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					1	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	received. (Do not include any "unusual grants.")		<u></u>									
2	Gross receipts from admissions, merchandise sold or services performed, or facilities		}	1			,					
	furnished in any activity that is related to the		1									
	organization's tax-exempt purpose		<u> </u>									
3	Gross receipts from activities that are not an unrelated trade or business under section 513											
4	Tax revenues levled for the					1						
	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		<del> </del>	<u> </u>	<del></del>	<del>                                     </del>	<del> </del>					
7a	Amounts-Included on lines 1, 2, and 3						3					
•	received from disqualified persons				<b></b> .	-1.						
ь	Amounts included on lines 2 and 3		†									
•	received from other than disqualified	Ì	1			İ						
	persons that exceed the greater of \$5,000		1			•						
	or 1% of the amount on line 13 for the year	ļ										
c	Add lines 7a and 7b											
8	Public support (Subtract line 7c from	NAME OF THE OWNER, THE										
	line 6.)		1. 7.00									
Sect	on B. Total Support					entron di a contrologia della conseque	<u> </u>					
Caler	dar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total					
9	Amounts from line 6											
1 <b>0</b> a	Gross income from interest, dividends,											
	payments received on securities loans, rents,					1						
	royalties and income from similar sources .											
ь	Unrelated business taxable income (less											
	section 511 taxes) from businesses											
	acquired after June 30, 1975											
-	Add lines 10a and 10b											
11	Net income from unrelated business		1									
	activities not included in line 10b, whether		1									
	or not the business is regularly carried on											
12	Other income. Do not include gain or loss from the sale of capital assets					ľ						
	(Explain in Part IV.)											
13	Total support. (Add lines 9, 10c, 11,											
	and 12)											
14	First five years. If the Form 990 is for the				_							
CAi	organization, check this box and stop he				<u> </u>	· · · · · · ·	· · •					
	on C. Computation of Public Suppor			01 (0)								
15	Public support percentage for 2011 (line & Public support percentage from 2010 Sch	15 %										
16 Sacti	on D. Computation of Investment In			<del></del>	<del></del>	16	<u>%</u>					
360u 17				v line 12 notice	nn (0)	17	%					
18	Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) . 17 9 Investment income percentage from 2010 Schedule A, Part III, line 17 18											
19a												
.56	17 is not more than 331/2%, check this box											
ь	is more than 3	131/5%, and										
	line 18 is not more than 331,6%, check this t	ook and stop n	iore the organi	ration draines	ed a hannery at	appoired oigan	ization 🕨 🔲					

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PARSONS STATE HOSPITAL ENDOWMENT ASSOCIATION 3601 GABRIEL AVE PARSONS KS 67357



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## DECLARATION

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Signature of officer of trustee

Date

T1+10