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

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PARSONS STATE HOSPITAL ENDOWMENT
ASSOCIATION
2601 GABRIEL
PARSONS KS 67357

024516

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.

Jerry Rea
Signature of officer or trustee

8/7/14
Date

Superintendent
Title

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ	OMB No 1545-0047
Department of the Treasury Internal Revenue Service	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. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.	2013 Open to Public Inspection

Name of the organization	Employer identification number
PARSONS STATE HOSPITAL ENDOWMENT ASSOCIATION	48-9038377

Part VI Sec 11 a: The governing body consists of 9 board members. The annual 990 tax form are presented to this board in a general meeting prior to the filing date.

Prt VI Sec C 18-19 : Finacial records and conflict of interest statements are available upon request.