

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022**Open to Public Inspection****A For the 2022 calendar year, or tax year beginning , and ending****B** Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization**PARSONS AREA COMMUNITY FOUNDATION**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

PO BOX 894

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

PARSONS**KS 67357****D** Employer identification number**48-1152358****E** Telephone number**620-421-0723****G** Gross receipts \$ **1,551,505****F** Name and address of principal officer:**JENNIFER EICHINGER****1816 MAIN****PARSONS****KS 67357****H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.PARSONSAREACF.ORG****H(c)** Group exemption number**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: **1994****M** State of legal domicile: **KS****Part I Summary**

| | | | |
|-----------------------------|---|------------|--------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: | | |
| | SEE SCHEDULE O | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 | 12 | |
| | 4 | 12 | |
| | 5 | 3 | |
| Revenue | 6 | 0 | |
| | 7a | 0 | |
| | 7b | 0 | |
| | 8 | Prior Year | Current Year |
| | 9 | 369,212 | 209,732 |
| | 10 | 566,054 | 325,971 |
| Expenses | 11 | 6,524 | 7,222 |
| | 12 | 941,790 | 542,925 |
| | 13 | 609,733 | 491,404 |
| | 14 | | 0 |
| | 15 | 67,635 | 81,043 |
| | 16a | | 0 |
| Net Assets or Fund Balances | b | 25,323 | |
| | 17 | 76,168 | 53,637 |
| | 18 | 753,536 | 626,084 |
| | 19 | 188,254 | -83,159 |
| | 20 | 12,244,991 | 10,029,428 |
| | 21 | 3,307,792 | 2,832,925 |
| 22 | 8,937,199 | 7,196,503 | |

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

Date

JENNIFER EICHINGER**PRESIDENT**

Type or print name and title

Paid

Print/Type preparer's name

Preparer's signature

Date

Check ☒ if

PTIN

JENNIFER L. EICHINGER, CPA**JENNIFER L. EICHINGER, CPA****07/19/23**

self-employed

P00051756**Preparer Use Only**

Firm's name

JENNIFER L EICHINGER CPA, LLC

Firm's EIN

47-1836629

Firm's address

**PO BOX 576, 1816 MAIN STREET
PARSONS, KS 67357-3365**

Phone no.

620-717-4182

May the IRS discuss this return with the preparer shown above? See instructions

☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2022)

DAA