Form

**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

Department of the Treasury Internal Revenue Service

A	For the	2022 calendar year, or tax year beginning	, and ending						
В	Check if ap	eck if applicable: C Name of organization					er identifica	ition number	
	Address ch	range PARSONS A	PARSONS AREA COMMUNITY FOUNDATION						
	Name char	Doing business as			5 1		48-1152358		
$\overline{\Box}$	Initial return	Number and street (or P.O. box if mail is not delivered to street address)			Room/suite		E Telephone number 620-421-0723		
H	Final return		foreign postal code	gn postal code		1 525		0,10	
	terminated		KS 67357			<b>G</b> Gross re	ocinto C	1,551,505	
	Amended r	acture.	F Name and address of principal officer:  JENNIFER EICHINGER  H(a) Is this a ground address of principal officer:			G GIUSS IE			
	Application	W South Control of the Control of th				Is this a group return for subordinates? Yes X No			
						H(b) Are all subordinates included? Yes N			
		PARSONS	KS 67357		If "No," attach a list. See instructions			ctions	
-	Tay ayam	Tax-exempt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527			-				
1		Website: WWW.PARSONSAREACF.ORG				H(c) Group exemption number			
7			Other	I. v	ear of formation:			of legal domicile: KS	
100000000000000000000000000000000000000	Part I	ganization: X Corporation Trust Association  Summary	Other	JL I	ear or formation.	1001	IN State	or legal dornicile.	
- 1			significant activities:						
Activities & Governance	Briefly describe the organization's mission or most significant activities:     SEE SCHEDULE O								
	1	SEE SCREDULE V							
		·							
	2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.								
						2	12		
		<ul> <li>Number of voting members of the governing body (Part VI, line 1a)</li> <li>Number of independent voting members of the governing body (Part VI, line 1b)</li> </ul>					12		
							3	-	
	1	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)					0		
	6 Total number of volunteers (estimate if necessary)						-	C	
		otal unrelated business revenue from Part VIII, co				121/12/2015			
0	b N	let unrelated business taxable income from Form 9	990-1, Part I, line 11	· · · · · · · · · · · · · · · · · · ·	Prior Y	rear 7b		Current Year	
Revenue	8 0	ontributions and grants (Part VIII line 1h)				69,212		209,732	
		8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g)						Ć	
		(2) (3) (3) (4) (4) (5)			50	66,054		325,971	
		Other revenue (Port VIII column (A) lines 5 6d 8e 9e 10e and 11e)			6,524			7,222	
	1	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)			941,790			542,925	
es Expenses		3 Grants and similar amounts paid (Part IX, column (A), lines 1–3)				09,733		491,404	
						3337.33			
	4- 0					67,635		81,043	
	162 D	5 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 6a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25)  25,323				0.7000		0	
	b T	b Total fundraising expenses (Part IX, column (D), line 25) 25,323							
	1000000					76,168		53,637	
	"	her expenses (Part IX, column (A), lines 11a–11d, 11f–24e) otal expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)			753,536			626,084	
	555-4-1 (45)	evenue less expenses. Subtract line 18 from line	1000000 TO 10000000 CONTROL OF THE TRANSPORT OF THE TRANS			88,254		-83,159	
	3	Revenue less expenses. Subtract line 16 from line 12			Beginning of C			End of Year	
Net Assets or Fund Balances	20 T	otal assets (Part X, line 16)			12,2	44,991	10	0,029,428	
	21 T	otal liabilities (Part X, line 26)			3,30	07,792		2,832,925	
	22 N	et assets or fund balances. Subtract line 21 from l	ine 20		8,93	37,199		7,196,503	
	art II								
		der 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							
tr	ue, correc	correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.							
		Taxpayer Copy							
Sig	gn	Signature of officer Date							
He	re	ENNIFER EICHINGER PRESIDENT							
		Type or print name and title							
		Print/Type preparer's name	Preparer's signature		Date	Check	X if	PTIN	
Paid		JENNIFER L. EICHINGER, CPA	JENNIFER L. EICHINGER, CI	PA	07/1	.9/23 self-er	mployed	P00051756	
Preparer		Firm's name JENNIFER L EIC	•			Firm's EIN		-1836629	
Use	Only	PO BOX 576, 1816 MAIN STREET							
			7357-3365			Phone no.	620	-717-4182	
May	the IRS	discuss this return with the preparer shown above	e? See instructions					Yes No	
		ork Reduction Act Notice, see the separate instruction	ns.					Form 990 (2022	
DAA									