

Form **990**
(Rev. January 2020)
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

2019
Open to Public
Inspection

A For the 2019 calendar year, or tax year beginning 06/01/19, and ending 05/31/20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization PARSONS AREA COMMUNITY FOUNDATION		D Employer identification number 48-1152358
	Doing business as		E Telephone number 620-421-0723
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO BOX 894		
	City or town, state or province, country, and ZIP or foreign postal code PARSONS KS 67357		G Gross receipts \$ 2,123,987
	F Name and address of principal officer: MARY HINES 15520 HWY 59 ERIE KS 66733		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 J Website: WWW.PARSONSAREACF.ORG K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶	
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 Number of voting members of the governing body (Part VI, line 1a)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	2
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 39	7b	0
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	254,352	191,488
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	338,632	353,962
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	592,984	545,787
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	464,544	108,409
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	83,269	70,029
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 19,946		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	51,748	45,690
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	599,561	224,128
	19 Revenue less expenses. Subtract line 18 from line 12	-6,577	321,659
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	9,074,511	9,751,755
	22 Net assets or fund balances. Subtract line 21 from line 20	2,171,822	2,350,561
		6,902,689	7,401,194

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 SANDY BABCOCK		Date	
	Type or print name and title SECRETARY			
Paid Preparer Use Only	Print/Type preparer's name JENNIFER L. EICHINGER, CPA	Preparer's signature JENNIFER L. EICHINGER, CPA	Date 10/20/20	Check <input checked="" type="checkbox"/> if self-employed PTIN P00051756
	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