Department of the Treasury

## 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.

OMB No. 1545-0047 2018 Open to Public

► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection For the 2018 calendar year, or tax year beginning 06/01/18 , and ending 05/31/19C Name of organization Check if applicable: D Employer identification number Address change PARSONS AREA COMMUNITY FOUNDATION Doing business as Name change 48-1152358 Number and street (or P.O. box if mail is not delivered to street address) Room/suite Initial return PO BOX 894 620-421-0723 Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated PARSONS KS 67357 1,485,712 Amended return G Gross receipts \$ Name and address of principal officer: Application pending MARY HINES H(a) Is this a group return for subordinates? Yes 15520 HWY 59 H(b) Are all subordinates included? ERIE KS 66733 If "No," attach a list. (see instructions) X 501(c)(3) Tax-exempt status: 501(c) ( ) (insert no.) 4947(a)(1) or WWW.PARSONSAREACF.ORG H(c) Group exemption number ▶ X Corporation Form of organization: Year of formation: 1994 M State of legal domicile: Part I Summary Briefly describe the organization's mission or most significant activities: 2 Check this box ▶ 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) 13 4 Number of independent voting members of the governing body (Part VI, line 1b) 13 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 4 6 Total number of volunteers (estimate if necessary) 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 38 Current Year 8 Contributions and grants (Part VIII, line 1h) 273,064 Revenue 254,352 9 Program service revenue (Part VIII, line 2g) 2,374 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 297,188 338,632 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 18,507 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 592,984 591,133 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 496,858 464,544 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 57,813 83,269 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ► 30 , 410 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 66,643 51,748 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 621,314 599,561 19 Revenue less expenses. Subtract line 18 from line 12 -30,181 -6,577 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 9,191,536 9,074,511 21 Total liabilities (Part X, line 26) 2,089,857 2,171,822 22 Net assets or fund balances. Subtract line 21 from line 20 7,101,679 6,902,689 Signature Block Under penalties of perjury, l'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. <del>Taxpayer Copy</del> Sign Signature of officer Here SANDY BABCOCK SECRETARY Type or print name and title Print/Type preparer's name Preparer's signature Check Paid JENNIFER L. EICHINGER, CPA JENNIFER L. EICHINGER, CPA 11/08/19 self-employed P00051756 Preparer JENNIFER L EICHINGER CPA, LLC Firm's name 47-1836629 Firm's EIN Use Only PO BOX 576, 1816 MAIN STREET PARSONS, KS 67357-3365 620-717-4182

May the IRS discuss this return with the preparer shown above? (see instructions)

Yes