

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

2021
Open to Public Inspection

A For the 2021 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 \$ **1,738,946****F** Name and address of principal officer:**MARY HINES
15520 HWY 59
ERIE****KS 66733****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 Number of voting members of the governing body (Part VI, line 1a)	3	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	3
	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, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	218,345	369,212
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	615,349	566,054
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,900	6,524
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	835,594	941,790
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	487,133	609,733
Expenses	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)	40,451	67,635
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 20,919		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	31,861	76,168
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	559,445	753,536
	19 Revenue less expenses. Subtract line 18 from line 12	276,149	188,254
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)	11,096,824	12,244,991
	22 Net assets or fund balances. Subtract line 21 from line 20	2,770,321	3,307,792
		8,326,503	8,937,199

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**Taxpayer Copy**

Signature of officer

Date

MARY HINES**PRESIDENT**

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☒ if PTIN**JENNIFER L. EICHINGER, CPA****JENNIFER L. EICHINGER, CPA****11/07/22**

self-employed

P00051756Firm's name ▶ **JENNIFER L EICHINGER CPA, LLC**Firm's EIN ▶ **47-1836629**Firm's address ▶ **PO BOX 576, 1816 MAIN STREET**Phone no. **620-717-4182**Firm's address ▶ **PARSONS, KS 67357-3365**

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** (2021)