Return of Organization Exempt From Income Tax

OMB No. 1545-0047

20

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service 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.

Open to Public Inspection

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A	For the	e 2023 calen	dar year, or tax year beginning 07/01/2023 and ending	ļ	06/30	/2024							
в	Check if	f applicable:	C Name of organization EVANGELICAL PRESS ASSOCIATION INC			D Empl	oyer identification number						
	Address	s change	Doing business as	_			95-6081896						
	Name c	hange	Number and street (or P.O. box if mail is not delivered to street address)	E Telepl	hone number								
	Initial re	turn		480-868-2466									
	Final retu	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code										
	Amende	ed return	Queen Creek, AZ 85142	G Gross	receipts \$ 250,226								
	Applicat	lication pending F Name and address of principal officer: Lamar Keener H(a) Is this a group return for subordinates? Yes											
	PO Box 1787, Queen Creek, AZ 85142 H(b) Are all subordinates included? Yes [
I Tax-exempt status: 🗹 501(c)(3) 🗍 501(c) () (insert no.) 🗌 4947(a)(1) or 🗍 527 If "No," attach a list. See instructions.													
J	Website	e: www.eva	ngelicalpress.com		H(c) Group	exemption	number						
К	Form of	organization: 🗸	Corporation Trust Association Other L Year of fc	rmation	n: 1966	M State	of legal domicile: CA						
Ρ	art I	Summa	ry										
	1	Briefly des	cribe the organization's mission or most significant activities: Stre	ngthe	n Christian	periodic	als through inspiration,						
S		instruction	, training and networking through an awards contest and an annual c	onven	tion and re	gional co	onferences						
Activities & Governance													
veri	2	Check this	box $\[\square \]$ if the organization discontinued its operations or dispose	d of m	ore than 2	5% of it	s net assets.						
ĝ	3	Number of	voting members of the governing body (Part VI, line 1a)			3	6						
<u>م</u>	4	Number of	4	6									
ties	5	Total numb	per of individuals employed in calendar year 2023 (Part V, line 2a)			5	2						
ť	6	Total numb	per of volunteers (estimate if necessary)			6	0						
Ac	7a	Total unrel	ated business revenue from Part VIII, column (C), line 12			7a	0						
	b	Net unrelat	ed business taxable income from Form 990-T, Part I, line 11 .			7b	0						
					Prior Ye	ar	Current Year						
Ð	8	Contributio	ons and grants (Part VIII, line 1h)			99,478	78,873						
enu	9	Program se	ervice revenue (Part VIII, line 2g)			135,434	157,612						
Revenue	10	Investment	t income (Part VIII, column (A), lines 3, 4, and 7d)			2,815	5,023						
	11	Other reve	nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .			8,190	8,718						
	12		ue-add lines 8 through 11 (must equal Part VIII, column (A), line 12	_		245,917	250,226						
	13		I similar amounts paid (Part IX, column (A), lines 1–3)			2,750	3,000						
	14		aid to or for members (Part IX, column (A), line 4)			0	0						
es	15		her compensation, employee benefits (Part IX, column (A), lines 5–10			97,919	96,931						
ŝns	16a		al fundraising fees (Part IX, column (A), line 11e)			0	0						
Expenses	b		aising expenses (Part IX, column (D), line 25)	-									
ш	17		enses (Part IX, column (A), lines 11a–11d, 11f–24e)			139,446	136,902						
	18	-	nses. Add lines 13–17 (must equal Part IX, column (A), line 25)			240,115	236,833						
	19	Revenue le	ess expenses. Subtract line 18 from line 12			5, <mark>802</mark>	13,393						
Net Assets or Fund Balances				Beg	ginning of Cu	rrent Year	End of Year						
set	20		s (Part X, line 16)			110,255	127,807						
it As	21		ties (Part X, line 26)			13,707	17,867						
-			or fund balances. Subtract line 21 from line 20			96,548	109,940						
Pa	art II	Signatu	re 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 Lamar Keener, Executive Director Type or print name and title			Dat	e						
Paid	Print/Type preparer's name	Preparer's signature	Date		Check if self-employed	PTIN					
Preparer Use Only	Firm's name		Firm's EIN								
	Firm's address			Phone	e no.						
May the IRS	May the IRS discuss this return with the preparer shown above? See instructions										

For Paperwork Reduction Act Notice, see the separate instructions.

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Form 99	0 (2023) Page 2
Part	
1	Briefly describe the organization's mission:
	Strengthen Christian periodicals through inspiration, instruction, training and networking through an awards contest and an annual
	convention and regional conferences
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 22,774 including grants of \$ 0) (Revenue \$ 36,795) More than 100 member publications participated in one or both of two contests with nearly 1000 entries. Members are judged for excellence in writing, design, and other aspects of print and digital magazines.
4b	(Code:) (Expenses \$6,320 including grants of \$0) (Revenue \$16,062) DigitalMediaCon Virtual conference More than 250 attended three-day online conference for training in digital communications.
4c	(Code:) (Expenses \$ 71,124 including grants of \$0) (Revenue \$104,755)
	Annual Convention - This is our main event of the year for both revenue and expenses. The event includes motivational speakers and 30 training workshops teaching skills in writing, editing, design, technology, photography and more.
4d	Other program services (Describe on Schedule O.) See Schedule O, Statement 1
4e	(Expenses \$ 3,000 including grants of \$ 0) (Revenue \$ 0) Total program service expenses 103,218

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Part	V Checklist of Required Schedules		_	
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	~	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	~	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		~
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		~
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		~
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		~
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		~
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		~
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .	10		~
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		~
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		~
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		~
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		~
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	~	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		~
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		~
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or mano? (f "Van " complete Schedule 5. Date Land U/			
15	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		~
16	for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		
17	assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		
18	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		~
19	Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		~
	If "Yes," complete Schedule G, Part III	19		~
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		~
ь 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	20b 21		~

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Part	V Checklist of Required Schedules (continued)			
~~			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		r
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .	23		~
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		~
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	24d 25a		~
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .	25b		~
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		~
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		~
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		~
b c	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28b 28c		 ✓ ✓
29 30	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29 30		
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	31 32		v v
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		~
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		~
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	35b 36		~
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		~
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O .	38	~	
Part	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a b c	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable110Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable10Did the organization comply with backup withholding rules for reportable payments to vendors and1	-		
-	reportable gaming (gambling) winnings to prize winners?	1c	V	

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Part			Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 2									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~							
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,									
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		~						
b	If "Yes," enter the name of the foreign country									
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
-	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~						
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
Va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Va		•						
	gifts were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).									
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods									
	and services provided to the payor?	7a								
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was									
	required to file Form 8282?	7c								
d	If "Yes," indicate the number of Forms 8282 filed during the year	_								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f								
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7b								
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h								
U	sponsoring organization have excess business holdings at any time during the year?	8								
9	Sponsoring organizations maintaining donor advised funds.	U								
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b									
11	Section 501(c)(12) organizations. Enter:									
a	Gross income from members or shareholders									
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)									
100	against amounts due or received from them.)	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which									
	the organization is licensed to issue qualified health plans									
С	Enter the amount of reserves on hand									
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	4-								
	excess parachute payment(s) during the year?	15		~						
16	If "Yes," see the instructions and file Form 4720, Schedule N.	16								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		~						
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities									
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17								
	If "Yes," complete Form 6069.									

Form 990 (20)	23)
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Part	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI			
Secti	on A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a <u>6</u> If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		Yes	No
ь 2	Enter the number of voting members included on line 1a, above, who are independent . 1b <u>6</u> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		~
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .	3		~
4 5 6	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? . Did the organization have members or stockholders?	4 5 6	~	ン ン
7a b	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	~	
8	stockholders, or persons other than the governing body?	7b	~	
а	the year by the following: The governing body?	8a	~	
ь 9	Each committee with authority to act on behalf of the governing body?	8b 9		~ ~
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Rever	iue C	ode.)	j
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		
11a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990.	11a	~	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	~	
b C	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on Schedule O how this was done</i> .	12b	~	
13	Did the organization have a written whistleblower policy?	12c 13	<i>v</i> <i>v</i>	
14	Did the organization have a written document retention and destruction policy?	14	~	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a b 16a	The organization's CEO, Executive Director, or top management official	15a 15b		ン ン
	with a taxable entity during the year?	16a		~
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	ion C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed <u>CA</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	T (sec	tion (501(c

~	Own website	Another's website	Upon request	Other (explain on Schedule O)

- **19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records. Lamar Keener, (480)868-2466

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title (P) Average provide hours related organizations and diverse transformed below dotted line) Position (f) (f) (f) (f) (f) (f) (f) (f) (f) (f)					(0	C)					
Name and title Average box, unexperimentation per werk (list my and a director trustee) Average box, unexperimentation (list my and a director trustee) Reportable compensation organization (M-2) (1099-MISC/ 109-MISC/ 109-MISC/ 109-MISC/ 109-MISC/ 109-MISC/ 1000-MISC/ 1000-MIS	(A)	(B)			Pos	ition			(D)	(E)	(F)
hows (list areal basis) officer and a directivituse) (list areal basis) <thofficer a="" and="" directivituse)<br="">(list areal</thofficer>									.,		
per week (list any local station hours for related organization (W-2) (1999-MISC) compensation (signization (W-2) (1999-MISC) compensation (signization (W-2) (1999-MISC) compensation (signization (W-2) (1999-MISC) compensation (signization (W-2) (1999-MISC) Lamar Keener 32.00 v v v v v v related (signization (W-2) (1999-MISC) signization (signization (W-2) (signization (W-2) (s		hours							compensation	compensation	of other
Image: constraint of the second line											
Image: constraint of the second line			divi	stitu	ffice	ey e	ghe nplc	brm			
Lamar Keener 32.00 v v v v 73,936 0 10,000 Sandra Glahn 1.00 v v v 0 0 0 0 President 0.00 v v 0			dual	ltior	, î	mp	st co yee	4	1099-NEC)	1099-NEC)	related organizations
Lamar Keener 32.00 v v v v 73,936 0 10,000 Sandra Glahn 1.00 v v v 0 0 0 0 President 0.00 v v 0		0	r tru	al ti		oye	duc				
Lamar Keener 32.00 v v v v 73,936 0 10,000 Sandra Glahn 1.00 v v v 0 0 0 0 President 0.00 v v 0			stee	uste			ens				
Lamar Keener 32.00 v v v v 73,936 0 10,000 Sandra Glahn 1.00 v v v 0 0 0 0 President 0.00 v v 0				e e			ated				
Sandra Glahn 1.00 ✓ ✓ 0 0 0 President 0.00 ✓ ✓ 0 0 0 Dwight Widaman 1.00 ✓ ✓ 0 0 0 President-leict 0.00 ✓ ✓ 0 0 0 Secretary 0.00 ✓ ✓ 0 0 0 Secretary 0.00 ✓ ✓ 0 0 0 Waren L Maye 1.00 ✓ ✓ 0 0 0 Treasurer 0.00 ✓ ✓ 0 0 0 0 Advisor 0.00 ✓ ✓ 0 0 0 0 0 Adviser 0.00 ✓ ✓ 0 <td>Lamar Keener</td> <td>32.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Lamar Keener	32.00									
President 0.00 ✓ ✓ 0 0 0 0 Dwight Widaman 1.00 ✓ ✓ 0	Executive Director	0.00	1		~	~	~		73,936	0	10,000
Divight Widaman 1.00 v 0 0 0 President-elect 0.00 v v 0 0 0 Secretary 0.00 v v 0 0 0 Waren L Maye 1.00 v v 0 0 0 Treasurer 0.00 v v 0 0 0 Mark Dreistadt 1.00 v 0 0 0 0 Advisor 0.00 v 0 0 0 0 Adviser 0.00 v 0 0 0 0 Adviser 0.00 v 0 0 0 0	Sandra Glahn	1.00									
President-elect 0.00 ✓ ✓ 0 0 0 0 Kristy Glaspie 1.00 ✓ ✓ 0	President	0.00	~		~				0	0	0
Image: Secretary 1.00 Image: Secretary 0.00 Image: Secretary 0	Dwight Widaman	1.00									
Secretary 0.00 ✓ ✓ 0 0 0 Warren L Maye 1.00 ✓ ✓ 0 0 0 0 Treasurer 0.00 ✓ ✓ 0 0 0 0 Mark Dreistadt 1.00 ✓ ✓ 0 0 0 0 Advisor 0.00 ✓ ✓ 0 0 0 0 Advisor 0.00 ✓ ✓ 0 0 0 0 Adviser 0.00 ✓ ✓ 0 0 0 0	President-elect	0.00	~		~				0	0	0
Warren L Maye 1.00 v v 0 0 0 Treasurer 0.00 v v 0 0 0 Advisor 0.00 v 0 0 0 0 Advisor 0.00 v 0 0 0 0 Advisor 0.00 v 0 0 0 0 Adviser 0.00 v 0 0 0 0	Kristy Glaspie	1.00									
Treasurer 0.00 V V 0 0 0 Mark Dreistadt 1.00 0.00 V 0 0 0 0 Advisor 0.00 V 0 0 0 0 0 Advisor 0.00 V 0 0 0 0 0 Adviser 0.00 V 0 0 0 0 0 0 0 0 0	Secretary	0.00	~		~				0	0	0
Mark Dreistadt 1.00 Image: Constraint of the constraint of	Warren L Maye	1.00									
Advisor 0.00 ✓ 0 0 0 0 Ann-Margret Hovsepian 1.00 ✓ 0 0 0 0 Adviser 0.00 ✓ 0 0 0 0 0	Treasurer	0.00	~		~				0	0	0
Ann-Margret Hovsepian 1.00 ✓ 0 0 0 Adviser 0.00 ✓ 0 0 0	Mark Dreistadt	1.00									
Adviser 0.00 ✓ 0 0 0	Advisor	0.00	~						0	0	0
	Ann-Margret Hovsepian	1.00									
	Adviser	0.00	~						0	0	0
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		+	-								

Part	VII Section A. Officers, Directors, 1	rustees,	Key I	Emj	oloy	yee	s, an	d⊦	lighest Compe	nsated Em	nploy	yees (co	ontin	ued)
	(A) Name and title	(B) Average hours per week	erage box, unless perso ours officer and a dire					an	(D) Reportable compensation from the	(E) Reportable compensatio from related	on	Estimate	other	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (1099-MISC 1099-NEC	W-2/ ;/		n the ation a	Ind
			-											
			-											
	Subtotal	VII, Sectio	n A	•	•	· ·	•		73,936		0		10),000
d 2	Total (add lines 1b and 1c)	but not						ad	73,936	ceived mo	0 ra th	12n \$1),000
2	reportable compensation from the organi		minite			103		eu	0					
	Did the organization list any former of employee on line 1a? If "Yes," complete s							•	loyee, or highes			3	Yes	No V
4	For any individual listed on line 1a, is the organization and related organizations <i>individual</i>	sum of regreater th	portal an \$ ⁻	ble (150,	com 000	npei 1? <i>I</i> :	nsatio f "Yes	n a s,"	nd other compe complete Schee	nsation from	the			-
5	Did any person listed on line 1a receive of for services rendered to the organization?	r accrue co	ompe	nsat	tion	froi	m any	' un	related organiza	tion or indivi		4 5		~ ~
	Complete this table for your five high compensation from the organization. Rep													
	(A) Name and business add	· ·	-						(B) Description of serv		-	(C) Compensa	-	
Vone														
									uose listed abou					

2	Total number of independent contractors (including but not limited to those listed above) who	
	received more than \$100,000 of compensation from the organization	

12

Total revenue. See instructions

Form 9										Page 9
Part	: VIII	Statement of Rev								
		Check if Schedule	<u>U co</u>	ntains a re	spon	se or note to an	y line in this Pa (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts,	1a	Federated campaig	ns .		1a	0				
Contributions, Gifts, Grants, and Other Similar Amounts	b					59,155				
Đ ể	С	Fundraising events 1c Related organizations 1d				0				
ifts ar A	d					11,876				
nila Gi	е	Government grants			1e	0				
Sir	f	All other contribution								
utio		and similar amounts no			1f	7,842				
Q	g	Noncash contribution								
n o an d					1g					
0	h	Total. Add lines 1a-	-11.		•		78,873			
e O	20	Annual Convention				Business Code	104 755	104 755	0	0
, vic	2a b	Annual Convention Awards Contests				813110 813110	104,755 36,795	104,755 36,795	0	0
Ser	c b					813110	16,062	16,062	0	0
Program Service Revenue	d	DigitalMediaCon				013110	10,002	10,002	0	0
gra Re	e									
Š	f	All other program se					0	0	0	0
	g	Total. Add lines 2a-					157,612			
	3	Investment income								
		other similar amoun	its).				5,023	5,023	0	0
	4	Income from investr	nent o	of tax-exem	ipt bo	ond proceeds	0	0	0	0
	5	Royalties					0	0	0	0
	6a			(i) Real		(ii) Personal				
		Gross rents	6a		0	0				
	b	Less: rental expenses	6b		0	0				
	С	Rental income or (loss)			0	0				
	d	Net rental income o	r (los	1			0	0	0	0
	7a	Gross amount from		(i) Securit	ies	(ii) Other				
		sales of assets			0	0				
		other than inventory	7a							
nue	b	Less: cost or other basis and sales expenses .			_					
	_	•	7b		0	0				
Be	ר ה	Gain or (loss)	L		0					
Other Reve	a				•		0	0	0	0
đ	8a	Gross income from events (not including		noraising						
-		of contributions rej		d on line						
		1c). See Part IV, line			8a	0				
	b	Less: direct expens			8b	0				
	c	Net income or (loss)				nts	0		0	0
	9a	Gross income f					-			
		activities. See Part I	IV, lin	e19 .	9a	0				
	b	Less: direct expens	es.		9b	0				
	с	Net income or (loss)			ctivitie	es	0	0	0	0
	10a									
		returns and allowan			10a	0				
	b	Less: cost of goods			10b	0				
	С	Net income or (loss)) from	sales of in	vento		0	0	0	0
sn						Business Code				
eo eo	11a	Advertising Sales				813110	1,655	1,655	0	0
Miscellaneous Revenue	b	News Release Service	се			813110	7,045	7,045	0	0
Sev 1	C					813110	18	18	0	0
Mis	d					L	0	0	0	0
_	е	Total. Add lines 11a	a-110	1	•		8,718			

171,353

250,226

0

0

	IX Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must complete	ete all columns ΔΙΙ	other organizations	nust complete colum	n (A)
Jech	Check if Schedule O contains a response				
Do no	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C)	(D)
3b, 9k	o, and 10b of Part VIII.	l otal expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0	0		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	2 000	2 000		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	3,000	3,000		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0 73,936	0	73,936	
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .				
7 8	Other salaries and wages	6,000		6,000	
	section 401(k) and 403(b) employer contributions)	1,148		1,148	
9	Other employee benefits	10,000		10,000	
10 11 a	Payroll taxes	5,847		5,847	
b	Legal				
С	Accounting	806		806	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f g	Investment management fees	1,366	375	991	
12	Advertising and promotion	226	226		
13	Office expenses	25,688	4,506	21,182	
14	Information technology	13,798	8,972	4,826	
15	Royalties				
16					
17 18	Travel	16,842	14,806	2,036	
19	Conferences, conventions, and meetings	67,194	67,194	0	
20 21	Interest				
22	Depreciation, depletion, and amortization				
23		2,099		2,099	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
-					
a h	Other Taxes	<u> </u>	0	65	
b C	Credit Card Fees/Bank Charges Grant Disbursements	2,759	1,380 2,759	4,229	
d	ACCM Referral Fees	400	2,759	400	
e	All other expenses	50		50	
25	Total functional expenses. Add lines 1 through 24e	236,833	103,218	133,615	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)		,		

Form 990 (2023)

	n 990 (2				Page 11
P	art X		-		_
		Check if Schedule O contains a response or note to any line in this Pa	(A) Beginning of year		
	1	Cash-non-interest-bearing	3,398	1	7,743
	2	Savings and temporary cash investments	104,408	2	111,102
	3	Pledges and grants receivable, net		3	· · · ·
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
its	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
A	9 10a	Prepaid expenses and deferred charges	2,449	9	8,962
	b	Less: accumulated depreciation 10b		10c	
	11	Investments-publicly traded securities		11	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	110,255	16	127,807
	17	Accounts payable and accrued expenses	0	17	148
	18	Grants payable		18	
	19	Deferred revenue	0	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedula D			
			13,707	25	17,719
	26	Total liabilities. Add lines 17 through 25	13,707	26	17,867
nces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
ala	27	Net assets without donor restrictions		27	
B	28	Net assets with donor restrictions		28	
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here v and complete lines 29 through 33.			
2 01	29	Capital stock or trust principal, or current funds	5,802	29	13,392
šet(30	Paid-in or capital surplus, or land, building, or equipment fund	0	30	0
Ass	31	Retained earnings, endowment, accumulated income, or other funds .	90,746	31	96,548
et ,	32	Total net assets or fund balances	96,548	32	109,940
z	33	Total liabilities and net assets/fund balances	110,255	33	127,807

Form **990** (2023)

					ge 12
Par	XI Reconciliation of Net Assets				
-	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			0,226
2	Total expenses (must equal Part IX, column (A), line 25)	2			6,833
3	Revenue less expenses. Subtract line 2 from line 1	3			3,393
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) .	4		9	6,548
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			C
7		7			C
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain on Schedule O)	9			-1
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		10	9,940
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				-
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," e Schedule O.	xplain o	n		
20	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	V	
Zđ	If "Yes," check a box below to indicate whether the financial statements for the year were con		-	V	
	reviewed on a separate basis, consolidated basis, or both.	nplied C			
	□ Separate basis Consolidated basis Both consolidated and separate basis		01		
D	Were the organization's financial statements audited by an independent accountant?		2b		~
	If "Yes," check a box below to indicate whether the financial statements for the year were aud separate basis, consolidated basis, or both.	ited on	a		
	•				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov				
	the audit, review, or compilation of its financial statements and selection of an independent account		2c		~
	If the organization changed either its oversight process or selection process during the tax year, e	xplain o	n		
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for				
3a	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		~
3a b		 dergo th	3a		~

Form **990** (2023)

SCHEDULE	F
(Form 990)	

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

Open to Public

Inspection

-			
			-
Nama	of the	organization	

Department of the Treasury Internal Revenue Service

Employer identification number

EVANGEL	ICAL PRESS ASSOCIATION INC	95-6081896
Part I	Reason for Public Charity Status. (All organizations must complete this p	oart.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 2
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state:
- An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.)
- A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12a,
 - **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, С its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V.
 - Check this box if the organization received a written determination from the IRS that it is a Type I. Type II. Type III. е functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations . . .

Provide the following information about the supported organization(s) α

5		J				
(i) Name of supported organization	(ii) EIN	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to gualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (d) 2022 (c) 2021 (e) 2023 (f) Total Gifts, grants, contributions, and 1 membership fees received. (Do not include any "unusual grants.") . . Tax revenues levied for the 2 organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities 3 furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 . . . 4 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) **Public support.** Subtract line 5 from line 4 6 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business 9 activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) **Total support.** Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) % 14 14 15 15 % 331/3% support test-2023. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 16a 331/3% support test-2022. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check h 17a 10%-facts-and-circumstances test-2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported \square b 10%-facts-and-circumstances test-2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18 instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support			<i>, picace co</i>	inploto i alt i	••)	
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees		. ,		. ,	. ,	
	received. (Do not include any "unusual grants.")	77,427	86,697	99,594	107,668	87,591	458,977
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	45,379	98,590	120,784	135,434	157,612	557,799
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0					0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0					0
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0					0
6	Total. Add lines 1 through 5	122,806	185,287	220,378	243,102	245,203	1,016,776
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	0					0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0					0
	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support. (Subtract line 7c from line 6.)						1,016,776
	on B. Total Support	()	(1) 0000	() 222(()) 0000	()	(0
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,089	185,287	220,378	243,102	245,203	<u>1,016,776</u> 11,039
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .	0			2,010	0,020	0
с	Add lines 10a and 10b	2,089	753	359	2,815	5,023	11,039
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	0					0
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0					0
13	Total support. (Add lines 9, 10c, 11,						
14	and 12.)	•			•		
	organization, check this box and stop he						· · · 🗌
	on C. Computation of Public Suppor	•		10 a aluman (f)		45	
15 16	Public support percentage for 2023 (line & Public support percentage from 2022 Sch					15 16	<u>98.93 %</u> 99.27 %
	on D. Computation of Investment In			<u></u>	<u>· · · · ·</u>	10	99.27 70
17	Investment income percentage for 2023 (-	ov line 13. colu	nn (f))	17	1.07 %
18	Investment income percentage from 2022			-		18	0.73 %
19a	331 /3% support tests – 2023. If the organ 17 is not more than $33^{1}/3$ %, check this box	ization did not	check the box	on line 14, an	d line 15 is m	ore than 331/39	6, and line
b	331 /3% support tests – 2022. If the organiz line 18 is not more than 331/3%, check this I	ation did not c	heck a box on	line 14 or line 1	9a, and line 16	is more than 3	3 ¹ /3%, and
20	Private foundation. If the organization di	-	-	-			
			7	, -			(Form 990) 2023

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

Section B. Type I Supporting Organizations

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizations

Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's

income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- а The organization satisfied the Activities Test. Complete **line 2** below.
- The organization is the parent of each of its supported organizations. *Complete line 3 below.* b
- С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of а the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Yes No

1

2

1

3

2a

2b

3a

3b

Yes No

Yes No

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			ions A through E.
Sect	ion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C—Distributable Amount	-		Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	allv i	ntegrated Type III suppo	rting organization

Schedule A (Form 990) 2023

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2023

Schedu	le A (Form 990) 2023			Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Sect	on D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e		1	
2	Amounts paid to perform activity that directly furthers exe	orted		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	inizations 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required-		<i>VI</i>) 5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2023 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10)
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required — <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2023			
а	From 2018			
b	From 2019			
С	From 2020			
d	From 2021			
e	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2019			
b	Excess from 2020			
С	Excess from 2021			
d	Excess from 2022			
е	Excess from 2023			

Schedule A (Form 990) 2023

Part VISupplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHE	DULE	D
(Form	990)	

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

20 23 **Open to Public**

OMB No. 1545-0047

Name of	evenue Service the organization ELICAL PRESS	Go to www.irs.gov/Form99	0 for instructions and	the latest informat		Inspection
EVANG	ELICAL PRESS					
						fication number
Part						5-6081896
	-	ations Maintaining Donor Advis			s or Accoun	ts
	Complet	e if the organization answered "				
			(a) Donor advi	ised funds	(b) Funds	s and other accounts
		end of year				
		of contributions to (during year) .				
		of grants from (during year)				
		e at end of year				
		ation inform all donors and donor a				
		ganization's property, subject to the	-	-		
		ation inform all grantees, donors, an ble purposes and not for the benefit				
						· 🗌 Yes 🗌 No
Part		vation Easements	(
		e if the organization answered "				
1 F		onservation easements held by the o				
L		f land for public use (for example, recrea	ation or education)		-	
L		natural habitat	L	Preservation of	a certified his	toric structure
2 (of open space 2a through 2d if the organization hele	d a qualified conserv	vation contribution	in the form of	a conservation
		e last day of the tax year.	u a quaimed conserv			
						d at the End of the Tax Year
					. 2a	
	-	estricted by conservation easements				
		ervation easements on a certified his ervation easements included on line			. 2c	
		ucture listed in the National Register	-	-	· 2d	
		servation easements modified, trans			-	organization during the
t	ax year			-	initiation by the	organization during the
		s where property subject to conserv				
		nization have a written policy rega				
١	violations, and e	enforcement of the conservation eas	ements it holds? .			· 🗌 Yes 🗌 No
6 8	Staff and volunte	er hours devoted to monitoring, inspec	ting, handling of violati	ions, and enforcing	conservation e	asements during the year
-						
7 /	Amount of exper	nses incurred in monitoring, inspecting	g, handling of violatior	ns, and enforcing c	onservation ea	sements during the year
		ervation easement reported on line				
		(h)(4)(B)(ii)?				
		cribe how the organization reports co			•	
		de, if applicable, the text of the footr	_	ion's financial stat	tements that d	escribes the
	<u> </u>	ccounting for conservation easemer				
Part I	-	ations Maintaining Collections			Other Simila	r Assets
		e if the organization answered "				
	•	on elected, as permitted under FASI		•		
		treasures, or other similar assets	-			-
	•	in Part XIII the text of the footnote to				
		on elected, as permitted under FAS				
		easures, or other similar assets held	-	education, or res	earch in furthe	rance of public service,
-		wing amounts relating to these item				
(i) Revenue inc	uded on Form 990, Part VIII, line 1				\$
(ii) Assets inclue	led in Form 990, Part X				\$
2	t the organizat	on received or held works of art,	historical treasures,	or other similar a	assets for fina	incial gain, provide the
t	-	nts required to be reported under FA	-			
		ed on Form 990, Part VIII, line 1 .				\$

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b Assets included in Form 990, Part X

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\$

Schedu	e D (Form 990) 2023								Page 2
Part	III Organizations Maintaining	Collections of	Art, His	torical T	Freasures,	or Ot	her Similar A	ssets (co	ntinued)
3	Using the organization's acquisition, collection items (check all that apply).	accession, and of	ther recor	ds, chec	k any of the	e follov	ving that make	significant	use of its
а	Public exhibition		d	Loan	or exchang	e progr	am		
b	Scholarly research		e		-				
с	Preservation for future generations								
4	Provide a description of the organizat		and expla	in how t	hey further	the org	anization's exe	npt purpo	se in Part
	XIII.								
5	During the year, did the organization	solicit or receive	donation	s of art,	historical tr	easure	s, or other simil	ar	
	assets to be sold to raise funds rather	than to be mainta	ained as p	part of the	e organizati	on's co	ollection?	🗌 Ye	s 🗌 No
Part	IV Escrow and Custodial Arra	ingements							
	Complete if the organization 990, Part X, line 21.	answered "Yes	" on For	m 990, F	Part IV, line	e 9, or	reported an ar	nount on	Form
1a	Is the organization an agent, trustee, included on Form 990, Part X?							ot	s 🗌 No
b	If "Yes," explain the arrangement in Pa								
				no mig ti			A	mount	
с	Beginning balance					10			
d	Additions during the year					10			
e	Distributions during the year					16			
f	Ending balance					1f			
2a	Did the organization include an amour							/? ∏ Ye	s 🗌 No
	If "Yes," explain the arrangement in Pa								
Par						•			
	Complete if the organization	answered "Yes	" on For	m 990, F	Part IV, line	e 10.			
	· · · · ·	(a) Current year	(b) Pri	or year	(c) Two year	s back	(d) Three years bac	k (e) Four	years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of t	he current year er	nd balanc	e (line 1g	i, column (a)) held :	as:		
а	Board designated or quasi-endowmer	nt	%						
b	Permanent endowment	%							
С	Term endowment%								
	The percentages on lines 2a, 2b, and								
3a	Are there endowment funds not in the	e possession of t	he organi	zation tha	at are held	and ad	ministered for t		
	organization by:								Yes No
	(i) Unrelated organizations?							3a(i)	
-	(ii) Related organizations?							3a(ii)	
b	If "Yes" on line 3a(ii), are the related o	-				• •		3b	
4	Describe in Part XIII the intended uses	<u>v</u>	on's endo	wment fi	unds.				
Part			" on For	~ 000 r	Dort IV/ line	110	Saa Earm 000	Dort V I	ina 10
	Complete if the organization								
	Description of property	(a) Cost or o (investm		• •	or other basis ther)	• • •	Accumulated epreciation	(d) Bool	< value
1a	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment								
e	Other								
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90, Part)	(, line 10	c, column (E	3)) .			

Part VII Investments-Other Securities Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, line 12, col. (B)) Investments – Program Related Part VIII Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)) **Other Assets** Part IX Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) **Other Liabilities** Part X Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes 1,253 (2) AZ Witholding 96 (3) Deferred Revenue 6,950 (4) Deferred Grant Proceeds 2,500 (5) Retirement Fund Accrual 2,920 4,000 (6) Scholarship Fund (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 17,719

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Schedu	le D (Form 990) 2023			Page 4
Par	XI Reconciliation of Revenue per Audited Financial Statem	ents With Revenue per	Return	
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С			4c	
5			5	
Part			er Return	
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.		
1			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С			4c	
5		ne 18.)	5	
b Other (Describe in Part XIII.) 4b 4c c Add lines 4a and 4b 4c 5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) 5 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 1 Total expenses and losses per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 1 a Donated services and use of facilities 2a b Prior year adjustments 2b 2c c Other (Describe in Part XIII.) 2d 2e 3 Subtract line 2e from line 1 25, but not on line 1: 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 3 4a 6 Other (Describe in Part XIII.) 2e 3 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a 4a 6 Other (Describe in Part XIII.) 4b 4c 6 Other (Describe in Part XIII.) 4b 4c <td>t X, line</td>		t X, line		
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	t to provide any additional in	formation.	
	·····			

SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ.

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



		Inspection
Name of the organization		Employer identification number
EVANGELICAL PRESS ASSOCIATION INC		95-6081896
Form 990, Part III, Line 4d - Journalism Scholarship Program awards grants to jour	nalism students	
Form 000 Part VI Section A Line 6. We are an accordition with members who has	v dues to the acception	we do not have stockholders
Form 990, Part VI, Section A, Line 6 - We are an association with members who pa		III. We do not have stockholders.
Form 990, Part VI, Section A, Line 7a - Dues-paying members elect board members	 S.	
	<u></u>	
Form 990, Part VI, Section A, Line 7b - Dues-paying members must approve any re	visions to the bylaws.	
Form 990, Part VI, Section A, Line 8b - There are no committees authorized to act of	on the business of the a	ssociation.
Form 990, Part VI, Section B, Line 11b - The completed 990 is reviewed by a CPA a	nd presented to the boa	ard at its fall board meeting for
review and approval before it is filed.		
Form 990, Part VI, Section B, Line 12c - A Conflict of Interest disclosure form is co	mpleted by each board	member annually
Torn 770, Fait W, Section B, Line 120 - A connet of interest disclosure form is co	inpleted by each board	
Form 990, Part VI, Section C, Line 19 - Governing documents, conflict of interest p	olicy, and financial stat	ements are made available to
members or the public upon request.		
Form 990, Part XI, Line 9 - Rounding	,	
	,	

Schedule	O, Statement 1	EVANGELICAL	EVANGELICAL PRESS ASSOCIATION INC				
Form: For	rm 990 (2023)		EIN: 95-608 ′				
Page: 2			Pa	rt III, Line 4d			
	Other Program Services Accomplishments						
Activity	Description	Expense	Grants	Revenue			
Code							
	Journalism Scholarship Program awards grants to journalism students	3,000	0	0			
Total:		3,000	0	0			