Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public

A	For the	2022 calend	dar year, or tax year beginning	07/01/2022 a	nd ending		06/30/2	2023						
В	Check if	applicable:	C Name of organization EVANGE	LICAL PRESS ASSOCIATION	INC			D Emplo	oyer identification r	number				
	Address	change	Doing business as						95-6081896					
	Name ch	nange	Number and street (or P.O. box if	mail is not delivered to street address	ss)	Room	/suite	E Teleph	none number					
	Initial ret	urn	PO Box 1787					480-868-2466						
	Final retu	rn/terminated	City or town, state or province, co	ountry, and ZIP or foreign postal code	e .									
	Amende	d return	Queen Creek, AZ 85142					G Gross	receipts \$	245,917				
$\overline{\Box}$	Applicati	on pending	F Name and address of principal off	icer: Lamar Keener			H(a) Is this a gro	oup return fo	or subordinates? Yes	s 🔽 No				
			PO Box 1787, Queen Creek, A	AZ 85142			H(b) Are all su	all subordinates included? Yes No						
ī	Tax-exe	mpt status:	✓ 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527		If "No," attacl	tach a list. See instructions.						
J	Website	: www.eva	ngelicalpress.com		•		H(c) Group ex	xemption	number					
ĸ	-		Corporation Trust Associa	tion Other I	L Year of for	mation			of legal domicile:	CA				
_	art I	Summa												
	1		-	ion or most significant activit	ties: Strer	nathei	n Christian i	periodic	als through insp	iration.				
ø		Briefly describe the organization's mission or most significant activities: Strengthen Christian periodicals through inspiration, instruction, training and networking through an awards contest and an annual convention and regional conferences												
Activities & Governance		doi.ori	, adming and notificating and		unindar oo		ion and rog							
err	2	Check this box if the organization discontinued its operations or disposed of more than 25% of its net asset												
Š	3		voting members of the gove	•	•			3	1					
જ	4		independent voting member					4		6				
es	5		per of individuals employed in			-		5		2				
ξ	6		per of volunteers (estimate if		,			6		0				
\cti	7a		ated business revenue from I					7a		0				
•	b		ted business taxable income					7b		0				
_		TVCL UITICIAL	ted business taxable income	Ť	Prior Year		Current Yea							
	8	Contributio	ons and grants (Part VIII, line	1h)				99,594	Our ent Tet	99,478				
Revenue	9		ervice revenue (Part VIII, line	-				-						
Ver		_					<u> </u>	13,441		135,434				
Be	10		t income (Part VIII, column (A			-		359		2,815				
	11		nue (Part VIII, column (A), line					7,343		8,190				
	12		ue—add lines 8 through 11 (n			_	2	20,737		245,917				
	13		l similar amounts paid (Part II				2,000		2,750					
	14		aid to or for members (Part IX					0		0				
Expenses	15		her compensation, employee I		-			93,017		97,919				
ens	16a		al fundraising fees (Part IX, c					0		0				
꼾	b		raising expenses (Part IX, col		0									
	17	-	enses (Part IX, column (A), line					26,882	,	139,446				
	18	-	nses. Add lines 13–17 (must				2	21,899	:	240,115				
	19	Revenue le	ess expenses. Subtract line 1	8 from line 12				-1,162		5,802				
Net Assets or Fund Balances						Beg	inning of Curr	ent Year	End of Yea	r				
sset	20		ts (Part X, line 16)				1	16,644		110,255				
at A	21		ties (Part X, line 26)					25,898		13,707				
_	_		or fund balances. Subtract li	ine 21 from line 20				90,746		96,548				
P	art II	Signatu	re Block											
			, I declare that I have examined this in the contraction of preparer (other than						my knowledge and b	pelief, it is				
	e, correct	i, and complete	e. Declaration of preparer (other than	officer) is based off all information of	i willon prep	arei iia	s arry knowled	ige.						
٥.														
Si	_	Signature of	officer				Date							
Here Lamar Keener, Executive Director														
		Type or print	name and title											
Pa	id	Print/Type	preparer's name	Preparer's signature		Date		Check [if PTIN					
	epare	r						self-emp	oloyed					
	se Onl		ne				Firm's	n's EIN						
_	, 	Firm's add	dress				Phone	e no.						
Ma	v the IF	RS discuss t	this return with the preparer s	shown above? See instruction	ns				Yes	No				

Cat. No. 11282Y

Part		e Accomplishments response or note to any line in this P	Part III	
1	Briefly describe the organization's miss	· · · · · · · · · · · · · · · · · · ·		· · · · ·
•	Strengthen Christian periodicals through		working through an awards contest a	ind an annual
	convention and regional conferences			
2	Did the organization undertake any sig prior Form 990 or 990-EZ?			7
	•			Yes 🗸 No
3	If "Yes," describe these new services o Did the organization cease conducting		now it conducts any program	
3	services?			Yes ✓ No
	If "Yes," describe these changes on Sc			JIES E NO
4	Describe the organization's program se		s three largest program services as	s measured by
-	expenses. Section 501(c)(3) and 501(c)			
	the total expenses, and revenue, if any,		C	
4a	(Code:) (Expenses \$	20,461 including grants of \$) (Revenue \$	33,170)
	More than 100 member publications part	icipated in one or both of two contests w	ith nearly 1000 entries. Members are j	udged for
	excellence in writing, design, and other a	aspects of print and digital magazines.		
4b	(Code:) (Expenses \$	4,729 including grants of \$) (Revenue \$	9,857)
	DigitalMediaCon Virtual conference Mo	ore than 250 attended three-day online co	inference for training in digital commu	unications.
4 -	(Cada)	70 (of including water of the	\/Deve==== f	400 407 \
4c		72,691 including grants of \$		102,107)
	Annual Convention - This is our main eve			I speakers
	and 30 training workshops teaching skill	s in writing, editing, design, technology,	photography and more.	
4d	Other program services (Describe on S	chedule O.) See Schedule O, Statement	1	
	(Expenses \$ 2,750 including	grants of \$ 0) (Revenue	\$ 0)	
4e	Total program service expenses	100,631		

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	90 (2022)			Page
Part	Checklist of Required Schedules			
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	Yes	No
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	~	
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		·
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		<i>'</i>
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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II	7		,
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	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? If "Yes," complete Schedule D, Part V	10		,
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X, as applicable.			
a	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? If "Yes," complete Schedule D, Part VII	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? If "Yes," complete Schedule D, Part VIII	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</i> "Yes," <i>complete Schedule D, Part IX</i>	11d		,
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 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>	11e 11f	<i>V</i>	,
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 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 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 more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b		,
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		,
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		,
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		,
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		~
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		V
20a b	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a 20b		·

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? If "Yes," complete Schedule I, Parts I and II

Part l	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? If "Yes," complete Schedule I, Parts I and III	22		,
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? If "Yes," complete Schedule J	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		,
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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? If "Yes," complete Schedule L, Part I	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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part III	27		v
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," complete Schedule L, Part IV	28a	v	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	~	
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i> "Yes," complete Schedule L, Part IV	28c		_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		_
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		~
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</i> "Yes," <i>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	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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	, 55		_
	Check if Schedule O contains a response or note to any line in this Part V			
_	Enter the provided in heavily of Ferral 1999, Factor O. March 1997, 11		Yes	No
b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10		

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		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			
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		~
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b		
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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		V
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		<i>-</i>
c 6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		
Ju	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 gifts were not tax deductible?	6b		•
7	Organizations that may receive deductible contributions under section 170(c).	OD		
a	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	70		
e	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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	90		
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	1		
11	Section 501(c)(12) organizations. Enter:	1		
а	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.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
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		~
b	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?	15		-
16	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		~
10	If "Yes," complete Form 4720, Schedule O.	10		
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.			

Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year . . . 1a 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. Enter the number of voting members included on line 1a, above, who are independent . 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? . 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 ~ Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b V Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10a** Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? *If "No," go to line 13* 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 ~ Did the organization have a written document retention and destruction policy? 14 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? The organization's CEO, Executive Director, or top management official 15a 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ✓ Own website Other (explain on Schedule O) Another's website ✓ Upon request Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 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

Part VI

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

Check if Schedule O contains a response or note to any line in this Part VII

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 fleither the organization flor	i aily leiale	u oig	ailiz	auc	лιс	ompe	11130	lied any current	onicer, un ector,	oi iiusiee.
		(C)								
(A) Name and title	(B) Average			neck		e than		(D) Reportable	(E) Reportable	(F) Estimated amount
	hours per week (list any hours for related organizations below dotted line)	office Individua				is or/trus Highest compensated employee		compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	of other compensation from the organization and related organizations
Lamar Keener	40.00									
Executive Director	0.00			~	~	~		76,796	0	8,542
Danny Conn	2.00									
Treasurer	0.00	~		~				500	0	0
Sandra Glahn	1.00									
President	0.00	~		~				0	0	0
Leah Pickard	1.00									
Secretary	0.00	~		~				0	0	0
Ann-Margret Hovsepian	1.00									
Adviser	0.00	~						0	0	0
Warren L Maye	1.00									
Adviser	0.00	~						0	0	0
Dwight Widaman	1.00			١.						
President-elect	0.00			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				0	0	0
	<u> </u>									

Part	VII Section A. Officers, Directors, 1	rustees,	Key I	Emp	oloy	/ee	s, an	d F	lighest Compe	nsated Emplo	yees (continued)
	(A) Name and title		box, ι	unles	neck ss pe	ition more	e than is both	n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
		per week (list any hours for related organizations below dotted line)	Individua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
			-								
			-								
			-								
			-								
			-								
			-								
1b c	Subtotal Total from continuation sheets to Part	VII, Sectio	 on A						77,296	0	8,542
d	Total (add lines 1b and 1c)			. ام				4 a al	77,296	0	8,542
2	reportable compensation from the organi		IIIIIILE	αι	.Ο ι	nos	se iis	iea	above) who re	eceived more	than \$100,000 of
3	Did the organization list any former of employee on line 1a? <i>If</i> "Yes," complete s							-	loyee, or highes		Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th	an \$1	50,	000	? /:	f "Ye	s,"	complete Sched		7
5	Did any person listed on line 1a receive of for services rendered to the organization	r accrue co	ompei	nsat	tion	froi	m any	/ un	related organiza		
Secti	on B. Independent Contractors	11 100, 0	отпр		001	- CGC	110 0 1	01 0			5 /
1	Complete this table for your five high compensation from the organization. Report										
	(A) (B) (C) Name and business address Description of services Compensation									(C)	
None											
2	Total number of independent contractor received more than \$100,000 of compens						ed to	th	ose listed abov	re) who	

Part VIII Statement of Revenue

		Check if Schedule	Осо	ntains a re	spon	se or note to an	y line in this Pa	rt VIII		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
က် လ	1a	Federated campaig	ns .		1a	0				
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues			1b	55,325				
G.	C	Fundraising events			1c	0				
Ę,	d	Related organization			1d	20,897				
Sift lar	u 2	Government grants			1e					
s, (f	All other contribution			16	0				
o is	'	and similar amounts no								
E E					1f	23,256				
g	g	Noncash contribution								
nd nd		lines 1a-1f			1g					
Q g	h	Total. Add lines 1a-	-1f .				99,478			
						Business Code				
Program Service Revenue	2a	Annual Convention				813110	92,407	92,407	0	0
ω <u>Σ</u>	b	Awards Contests				813110	33,170	33,170	0	0
gram Ser Revenue	С	DigitalMediaCon				813110	9,857	9,857	0	0
E è	d						1,000	1,000		
gra Re	<u> </u>									
Š	f	All other program se					0	0	0	0
<u> </u>		Total. Add lines 2a-						U	U	U
	<u>g</u> 3	Investment income					135,434			
	3	other similar amoun		-						_
			-				2,815	2,815	0	0
	4	Income from investr	nent o	of tax-exem	ipt bo	and proceeds	0	0	0	0
	5	Royalties					0	0	0	0
				(i) Rea		(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
	С	Rental income or (loss)	6c		0	0				
	d	Net rental income o		s)						
	7a	Gross amount from		(i) Securit		(ii) Other				
		sales of assets								
		other than inventory	7a							
	h	Less: cost or other basis	1 a							
Revenue	D	and sales expenses .								
Je		· ·	7b							
Ş.		Gain or (loss)	7c		0	0				
	d	Net gain or (loss)								
Other	8a	Gross income from		ndraising						
0		events (not including		0						
		of contributions rep								
		1c). See Part IV, line	e 18		8a					
	b	Less: direct expens	es .		8b					
	С	Net income or (loss)			g eve	nts				
	9a	Gross income f			Ĭ					
		activities. See Part I			9a					
	h	Less: direct expens			9b					
		·								
		Net income or (loss)			LIVILIE	55				
	iva	Gross sales of in returns and allowan		•						
					10a					
	b	Less: cost of goods			10b					
	С	Net income or (loss)) from	sales of in	vento	ory				
<u>s</u>						Business Code				
e 30	11a	News Release Service	ce			813110	6,785	6,785	0	0
an In	b	Advertising Sales				813110	1,395	1,395	0	0
Miscellaneous Revenue	С	Dunna Coude				813110	10	10	0	0
SS &	d	All other revenue					0	0	0	0
Ξ	e	Total. Add lines 11a					8,190			
	12	Total revenue. See					245,917	146,439	0	0
		. J.a J. J					27J ₁ 717	140,437	U	<u> </u>

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

	Check if Schedule O contains a response or note to any line in this Part IX									
Do no	t include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)					
8b, 9t	o, and 10b of Part VIII.	Total 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								
2	Grants and other assistance to domestic individuals. See Part IV, line 22	2,750	2,750							
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	·	·							
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	74,896	0	74,896						
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	7,200		7,200						
	section 401(k) and 403(b) employer contributions)	1,000		1,000						
9	Other employee benefits	8,542		8,542						
10	Payroll taxes	6,281		6,281						
11	Fees for services (nonemployees):									
а	Management									
b	Legal									
С	Accounting	798		798						
d	Lobbying									
е	Professional fundraising services. See Part IV, line 17									
f	Investment management fees									
g	Other. (If line 11g amount exceeds 10% of line 25, column									
	(A), amount, list line 11g expenses on Schedule O.) .	980	350	630						
12	Advertising and promotion	225	225							
13	Office expenses	35,429	4,539	30,890						
14	Information technology	12,795	8,134	4,661						
15	Royalties	,,,,	5/101	.,						
16	Occupancy									
17	Travel	10,864	10,864							
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	10,004	10,004							
19	Conferences, conventions, and meetings .	63,316	63,316							
20	Interest	,	,							
21	Payments to affiliates									
22	Depreciation, depletion, and amortization .									
23	Insurance	2,058		2,058						
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.)									
а	Other Taxes	45	0	45	0					
b	Bank & Credit Card Processing Fees	4,709	2,726	1,983						
C	Grant Disbursements	8,227	7,727	500	0					
d		-,	- , 2 /							
e	All other expenses									
25	Total functional expenses. Add lines 1 through 24e	240,115	100,631	139,484	0					
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)	2.5,.10		.57,151						
					Form 990 (2022)					

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	rt X		📙
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	1,139	1	3,398
	2	Savings and temporary cash investments	108,406	2	104,408
	3	Pledges and grants receivable, net	0	3	
	4	Accounts receivable, net	0	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	0	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)	0	6	
Ś	7	Notes and loans receivable, net	0	7	
Assets	8	Inventories for sale or use	0	8	
As	9	Prepaid expenses and deferred charges	7,099	9	2,449
	10a	Land, buildings, and equipment: cost or other	- 1		
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities	0	11	
	12	Investments—other securities. See Part IV, line 11	0		
	13	Investments—program-related. See Part IV, line 11	0		
	14	Intangible assets	0	_	
	15	Other assets. See Part IV, line 11	0	15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	116,644	16	110,255
	17	Accounts payable and accrued expenses	35		0
	18	Grants payable	0	18	
	19	Deferred revenue	9,695	19	0
	20	Tax-exempt bond liabilities	0	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0	21	
Ś	22	Loans and other payables to any current or former officer, director,			
itie		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons	0	22	
Lia	23	Secured mortgages and notes payable to unrelated third parties	0	23	
	24	Unsecured notes and loans payable to unrelated third parties	0		
	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 Schedule D	16,168	25	13,707
	26	Total liabilities. Add lines 17 through 25	25,898		13,707
<u>ي</u>		Organizations that follow FASB ASC 958, check here			
ce		and complete lines 27, 28, 32, and 33.			
lar	27	Net assets without donor restrictions		27	
Ba	28	Net assets with donor restrictions		28	
nd		Organizations that do not follow FASB ASC 958, check here			
교		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds	-1,162	29	5,802
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or equipment fund	0		0
SS	31	Retained earnings, endowment, accumulated income, or other funds.	91,908		90,746
ìt ∤	32	Total net assets or fund balances	90,746		96,548
ž	33	Total liabilities and net assets/fund balances	116,644		110,255

Part	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)	ı		24	5,917				
2	Total expenses (must equal Part IX, column (A), line 25)	2		24	0,115				
3	Revenue less expenses. Subtract line 2 from line 1	3	5,80						
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4	Į.	90,74						
5	Net unrealized gains (losses) on investments	5	0						
6									
7	Investment expenses	7			0				
8	Prior period adjustments	3			0				
9	Other changes in net assets or fund balances (explain on Schedule O))			0				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line								
	32, column (B))	0		9	6,548				
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," expla Schedule O.	airi Oi	[]						
•									
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compil		2a	~					
	reviewed on a separate basis, consolidated basis, or both:	ieu o)¹						
	•								
b	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?		2b		~				
D	If "Yes," check a box below to indicate whether the financial statements for the year were audited	· ·							
	separate basis, consolidated basis, or both:	<i>i</i> 011 6	^ц						
	☐ 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 oversignment of the committee that assumes the committee that assume the committee that assumes the committee t	iaht o	of						
Ū	the audit, review, or compilation of its financial statements and selection of an independent accountant?				~				
	If the organization changed either its oversight process or selection process during the tax year, explain	ain or	n 🗔						
	Schedule O.								
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth	in the	е						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		/				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	_	e						
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audi	lits .	3b						

Form **990** (2022)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

2022 Open to Public

Department of the Treasury Internal Revenue Service

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

Name of the organization	Name of the organization Employer identification number										
EVANGELICAL PRESS ASSOCIATION IN					95-60						
Part I Reason for Public Cha						ons.					
The organization is not a private found		,		-	•						
1 A church, convention of church					0(b)(1)(A)(i).						
2 A school described in section			-								
3 A hospital or a cooperative ho						(III) Fatautha					
4 A medical research organizati hospital's name, city, and state	·e:										
5 An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	al unit described in					
 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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 I	Part II.)								
9 An agricultural research organ or university or a non-land-gra university:	ant college of agr	iculture (see instruction	ons). Ente	r the nan	ne, city, and state of	the college or					
10 An organization that normally receipts from activities related support from gross investmen acquired by the organization a	I to its exempt full it income and uni	nctions, subject to ce related business taxal	rtain exce ble incom	eptions; a ne (less se	and (2) no more than ection 511 tax) from	33 ¹ / ₃ % of its					
11 An organization organized and	•	•	•								
12 An organization organized and	•		•								
one or more publicly supporte the box on lines 12a through 1											
a Type I. A supporting organization supporting organization. Y	n(s) the power to	regularly appoint or e	lect a ma	jority of t							
b Type II. A supporting orga control or management of organization(s). You must	the supporting o	rganization vested in	the same								
c Type III functionally integ						ally integrated with,					
d Type III non-functionally that is not functionally interrequirement (see instructional see instructional see instructional see instructional see instructions.)	grated. The orga	nization generally mus	st satisfy	a distribu	ıtion requirement an						
e Check this box if the organ functionally integrated, or	nization received Type III non-func	a written determination	on from th	ne IRS tha	at it is a Type I, Type ion.	e II, Type III					
f Enter the number of supported											
g Provide the following information	n about the supp	orted organization(s).									
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	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											

Schedule A (Form 990) 2022 Page 2 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 qualify 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) 2018 **(b)** 2019 (c) 2020 (d) 2021 **(e)** 2022 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities 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 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (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 13 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) Section C. Computation of Public Support Percentage 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) % Public support percentage from 2021 Schedule A, Part II, line 14 15 331/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2022. 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 b 10%-facts-and-circumstances test - 2021. 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

Schedule A (Form 990) 2022 Page **3**

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.)

Section A. Public Support									
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
1	Gifts, grants, contributions, and membership fees								
•	received. (Do not include any "unusual grants.")	88,045	77,427	86,697	99,594	107,668	459,431		
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	143,034	45,379	98,590	120,784	135,434	543,221		
3	Gross receipts from activities that are not an unrelated trade or business under section 513	_	_						
		0	0				0		
4	Tax revenues levied for the organization's benefit and either paid to								
	or expended on its behalf	0	0				0		
5	The value of services or facilities	0	0						
Ū	furnished by a governmental unit to the								
	organization without charge	o	0				0		
6	Total. Add lines 1 through 5	231,079	122,806	185,287	220,378	243,102	1,002,652		
7a	Amounts included on lines 1, 2, and 3		,		,	·			
	received from disqualified persons .	0	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				0		
C	Add lines 7a and 7b	0	0	0	0	0	0		
8	Public support. (Subtract line 7c from line 6.)								
Sacti	on B. Total Support						1,002,652		
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
9	Amounts from line 6	231,079	122,806	185,287	220,378	243,102	1,002,652		
10a	Gross income from interest, dividends,	231,077	122,000	103,201	220,310	243,102	1,002,032		
	payments received on securities loans, rents,								
	royalties, and income from similar sources .	1,351	2,089	753	359	2,815	7,367		
b	Unrelated business taxable income (less								
	section 511 taxes) from businesses								
	acquired after June 30, 1975	0	0				0		
С	Add lines 10a and 10b	1,351	2,089	753	359	2,815	7,367		
11	Net income from unrelated business								
	activities not included on line 10b, whether								
	or not the business is regularly carried on	0	0				0		
12	Other income. Do not include gain or loss from the sale of capital assets								
	(Explain in Part VI.)	0	0				0		
13	Total support. (Add lines 9, 10c, 11,		U				0		
-	and 12.)	232,430	124,895	186,040	220,737	245,917	1,010,019		
14	First 5 years. If the Form 990 is for the								
	organization, check this box and stop he	re					🗌		
Secti	on C. Computation of Public Suppor								
15	Public support percentage for 2022 (line 8	, , , , , , , , , , , , , , , , , , , ,	•	, ,,,		15	99.27 %		
16	Public support percentage from 2021 Sch					16	99.45 %		
	on D. Computation of Investment In								
17	Investment income percentage for 2022 (-		17	0.73 %		
18	Investment income percentage from 2021					18	0.55 %		
19a	331/3% support tests—2022. If the organ 17 is not more than 331/3%, check this box								
b	33 ¹ /3% support tests—2021. If the organiz	_	_	-		_	_		
D	line 18 is not more than 33½%, check this l								
		_	=	· ·	· · · · · ·	and see instruc	_		

Schedule A (Form 990) 2022 Page 4

Supporting Organizations Part IV

(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.)

Se

Jeen	on A. All Supporting Organizations		Yes	No
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.	1	103	NO
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).	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.	3a		
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.	3b		
С	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.	3c		
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.	4a		
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.	4b		
С	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.	4c		
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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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			
7	benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>	7		
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).	8		
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 .	9a		
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 .	9b		
С	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 .	9c		
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.	10a		
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.)

10b

Schedule A (Form 990) 2022 Page 5 Part IV **Supporting Organizations** (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No 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. 1 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. 2 Section C. Type II Supporting Organizations Yes No 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). 1 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 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 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. 3 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). 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.* 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. Yes No Did substantially all of the organization's activities during the tax year directly further the exempt purposes of 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. 2a 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. 2b 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. 3a

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

3b

Schedule A (Form 990) 2022

	Tune III New Functionally Integrated 500(a)(2) Supporting Ora		-ations	rage C
Part				
1	Check here if the organization satisfied the Integral Part Test as a qualifying			
Sect	instructions. All other Type III non-functionally integrated supporting organion A—Adjusted Net Income	IIZal	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		(Optional)
_ <u>.</u>	Recoveries of prior-year distributions	2		
_ _ _	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
<u>.</u>	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-functional (see instructions)	ally i	ntegrated Type III suppor	rting organization

Schedule A (Form 990) 2022 Page 7

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2022 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) Section E—Distribution Allocations (see instructions) **Underdistributions Distributable Excess Distributions** Pre-2022 Amount for 2022 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022 a From 2017 From 2018 **c** From 2019 **d** From 2020 **e** From 2021 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2022 distributable amount Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2022 from Section D, line 7: Applied to underdistributions of prior years Applied to 2022 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result 5 greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2023. Add lines 3j and 4c. Breakdown of line 7: Excess from 2018 . . . Excess from 2019 . . . Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 . . .

Schedule A (Form 990) 2022 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI 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.)

SCHEDULE 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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

EVAN	GELICAL PRESS ASSOCIATION INC		95-6081896
Par			s or Accounts.
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year) .		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year	dvicers is writing that the second hal	d in dense advised
5	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, ar	= =	
Ū	only for charitable purposes and not for the benefit		
	conferring impermissible private benefit?		
Par	Conservation Easements.		
	Complete if the organization answered "	Yes" on Form 990. Part IV. line 7.	
1	Purpose(s) of conservation easements held by the co		
-	Preservation of land for public use (for example, recre		a historically important land area
	Protection of natural habitat		a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization hel	d a qualified conservation contribution	in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		. 2a
b	Total acreage restricted by conservation easements	s	. 2b
С	Number of conservation easements on a certified hi		
d	Number of conservation easements included in (c) a		na
			· 2d
3	Number of conservation easements modified, trans	ferred, released, extinguished, or term	inated by the organization during the
_	tax year		
4 5	Number of states where property subject to consend Does the organization have a written policy reg		oction handling of
3	violations, and enforcement of the conservation eas		· · · · · · · · · Yes · No
6	Staff and volunteer hours devoted to monitoring, inspec		
U	otali and volunteer nours devoted to morntoning, inspec	ting, nationing of violations, and emoterns	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violations, and enforcing o	onservation easements during the year
•	,g,g,g,g,	g,aag oo.aoe, aa oog o	
8	Does each conservation easement reported on line 2	2(d) above satisfy the requirements of s	ection 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		· · · · · · □ Yes □ No
9	In Part XIII, describe how the organization repo	rts conservation easements in its re	evenue and expense statement and
	balance sheet, and include, if applicable, the text of		nancial statements that describes the
	organization's accounting for conservation easemen	nts.	
Part			Other Similar Assets.
	Complete if the organization answered "		
1a	If the organization elected, as permitted under FAS		
	of art, historical treasures, or other similar assets	·	•
	service, provide in Part XIII the text of the footnote t		
b	If the organization elected, as permitted under FAS		
	art, historical treasures, or other similar assets held		earch in furtherance of public service,
	provide the following amounts relating to these item		•
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		\$
•	(II) Assets included in Form 990, Part X	historical transures, or other similar	· · · · b
2	If the organization received or held works of art, following amounts required to be reported under FA		assets for illiancial gain, provide the
_	Revenue included on Form 990, Part VIII, line 1 .	-	\$
а	nevenue included on Form 330, Fait VIII, IIIIE I .		Ψ

b Assets included in Form 990, Part X

Schedu	le D (Form 990) 2022								Page 2
Part	Organizations Maintaining								
3	Using the organization's acquisition, collection items (check all that apply):		and other reco	rds, chec	k any of th	e follov	wing that make	significant u	se of it
а	☐ Public exhibition		d	☐ Loan	or exchang	e prog	ram		
b	☐ Scholarly research		е	☐ Other					
С	☐ Preservation for future generations								
4	Provide a description of the organization XIII.	tion's collect	ions and expl	ain how t	hey further	the or	ganization's ex	empt purpose	e in Par
5	During the year, did the organization assets to be sold to raise funds rather								□ No
Part	IV Escrow and Custodial Arra	angements							
	Complete if the organization 990, Part X, line 21.	answered	"Yes" on Fo	rm 990, F	Part IV, line	e 9, or	reported an a	amount on F	orm
1a	Is the organization an agent, trustee	, custodian	or other interr	nediary fo	or contribut	tions o	r other assets	not	
	included on Form 990, Part X?							· 🗌 Yes	☐ No
b	If "Yes," explain the arrangement in Pa	art XIII and c	omplete the f	ollowing to	able:				
								Amount	
С	Beginning balance					10			
d	Additions during the year					10			
е	Distributions during the year					16			
f	Ending balance					11			
2a	Did the organization include an amoun							•	∐ No
b	If "Yes," explain the arrangement in P	art XIII. Chec	ck here if the e	xplanatio	n has been	provid	ed on Part XIII		
Par			"Vaa" on Fa	000 [- 10			
	Complete if the organization			-			(D T)		
4.	Danisasia a afora a balanca	(a) Current y	rear (b) Pr	ior year	(c) Two yea	rs back	(d) Three years ba	ack (e) Four ye	ars back
1a	Beginning of year balance								
b	Contributions								
С	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				g, column (a	a)) held	as:		
а	Board designated or quasi-endowment		%						
b	Permanent endowment	%							
С	Term endowment%								
	The percentages on lines 2a, 2b, and		•						
3a	Are there endowment funds not in the	e possessior	n of the organ	ization th	at are held	and ac	iministered for		
	organization by:								es No
	(i) Unrelated organizations								
	()							- ,	
b	If "Yes" on line 3a(ii), are the related o	-						. 3b	
4 Part	Describe in Part XIII the intended uses VI Land, Buildings, and Equip		nization's end	owment ii	unas.				
rail	Complete if the organization		"Yes" on Fo	rm aan I	Part IV line	o 11a	See Form 90) Part Y lin	<u>1</u> 0
	Description of property			1	or other basis				
	Description of property	, , ,	st or other basis nvestment)	` '	other)		Accumulated epreciation	(d) Book v	aiue
	Land	. `	•	<u> </u>					
b	Buildings								
C	Leasehold improvements								
d	Equipment								
e	Other								
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Fo	orm 990, Part	X, columr	n (B), line 10)c.) .			

Part VII	Investments – Other Securities.		, 490
	Complete if the organization answered "Yes" on Form 990, Par	t IV, line 11b. See	Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financia	derivatives		
(2) Closely h	neld equity interests		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			_
(G)			
(H)	mn (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments—Program Related.		
Pait VIII	Complete if the organization answered "Yes" on Form 990, Par	t IV line 11c See I	Form 900 Part V line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation:
	(a) Description of investment	(b) book value	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	mn (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets.	<u>'</u>	
	Complete if the organization answered "Yes" on Form 990, Par	t IV, line 11d. See	Form 990, Part X, line 15.
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	(I)		
	mn (b) must equal Form 990, Part X, col. (B) line 15.)	· · · · · · ·	
Part X	Other Liabilities.	+ IV/ line 11e er 11f	F Coo Form 000 Dort V
	Complete if the organization answered "Yes" on Form 990, Par line 25.	tiv, line rie or rii	. See Form 990, Part X,
1.	(a) Description of liability		(h) Dook value
(1) Federal in			(b) Book value
			2,049
	ithholding Taxes ent Fund Accrual		158
	Scholarship Fund		2,000
(5) Accrued	•		3,500
	i Fayioli		3,300
(6)			
(8)			
<u>(8)</u> (9)			
	mn (b) must equal Form 990, Part X, col. (B) line 25.)		13,707
	r uncertain tax positions. In Part XIII, provide the text of the footnote to the org		
	s liability for uncertain tax positions under FASB ASC 740. Check here if the te		

Schedule D (Form 990) 2022 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

	Complete if the organization answered "Yes" on Form 990, P	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		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	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	12.)	5	
Part	XII Reconciliation of Expenses per Audited Financial Statement	ents With Expenses pe	r Return.	
	Complete if the organization answered "Yes" on Form 990, P	Part IV, line 12a.		
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:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С		2c		
d		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		
			1 1	
С	Add lines 4a and 4b		4c	
с 5	Add lines 4a and 4b		4c 5	
5 Part	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line</i> XIII Supplemental Information.	. 18.)	5	
5 Part Provid	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line</i> Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	9 18.)	; Part V, line 4;	Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line</i> XIII Supplemental Information.	9 18.)	; Part V, line 4;	Part X, line
5 Part Provice 2; Par	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line</i> Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	; Part V, line 4; formation.	
5 Part Provice 2; Par	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line</i> XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	9 18.)	; Part V, line 4; formation.	
5 Part Provice 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	e 18.)	; Part V, line 4; formation.	
5 Part Provice 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	9 18.)	; Part V, line 4; formation.	
5 Part Provic 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. He the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	9 18.)	; Part V, line 4; formation.	
5 Part Provic 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. We the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to the complete this part to t	9 18.)	; Part V, line 4; formation.	
5 Part Provic 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. We the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to the complete this part to t	9 18.)	; Part V, line 4; formation.	
5 Part Provic 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. We the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to the complete this part to t	9 18.)	; Part V, line 4; formation.	
5 Part Provic 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. We the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to the complete this part to t	9 18.)	; Part V, line 4; formation.	
5 Part Provic 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. We the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to the complete this part to t	9 18.)	; Part V, line 4; formation.	
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SCHEDULE L (Form 990)

(10)

Transactions With Interested Persons
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

EVA	NGELICAL PRESS ASS	SOCIATION INC								95-	60818	96		
Par								ction 501(c)(29 a or 25b, or Fo					40b.	
1	(a) Name of disqualif	fied person	(b) Relationship be	etween di	isqualified	person and		(c) Description	n of trai	nsactio	n		(d) Cor	rrected
•	.,		.,	organiza	tion								Yes	No
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
2	Enter the amount of under section 4958		-	ization	_	-		ed persons dur	_	e year	\$			
3	Enter the amount o	f tax, if any, on	line 2, above,	reimbu	ursed by	the organi	izatio	ı			\$			
Par	Complete if th	/or From Internet organization eported an am	answered "Ye	s" on F 990, Pa			2.	e 38a or Form 9		art IV,			ı	ritten
	·	with organization	loan	1	n the ization?	principal am							agreement	
				То	From				Yes	No	Yes	No	Yes	No
(1)														
(2)														
(3)														
(4)					1									
(5)														
(6)					1									
(7) (8)					1									
(9)					1									
(10)														
Tota								\$						
Par	Grants or Ass	sistance Bene ne organization	fiting Interest	ed Per s" on F	sons. Form 99		ine 27		ne	(e)) Purpo	se of a	seietan	uce.
	y Name of interested person		and the organization			stance	'	uj Type of addictari		(0)	, r urpo			
(1)				+										
(2)				+										
(3)				-										
(4)														
(5)				+										
(6) (7)				+										
(8)				+										
(9)														

Schedule L (Form 990) 2022

Page 2 Part IV **Business Transactions Involving Interested Persons.** Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (a) Name of interested person (b) Relationship between (c) Amount of (d) Description of transaction (e) Sharing of interested person and the transaction organization's organization revenues? Yes No (1) **Danny Conn Board member** Stipend for being contest coordina (2) Diane Conn **Contest coordinator Assistant** Spouse of board member (3) (4) (5) (6) (7) (8) (9) (10) Part V Supplemental Information. Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE O (Form 990)

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.

Employer identification number

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or Form 990-EZ.

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

EVANGELICAL PRESS ASSOCIATION INC	95-6081896				
Form 990, Part VI, Section A, Line 6 - We are a nonprofit membership association					
Form 990, Part VI, Section A, Line 7a - Association members vote to elect the board of directors and to rev	rise bylaws.				
Form 990, Part VI, Section A, Line 7b - Changes to the bylaws are subject to approval by the association m	nembers				
Form 990, Part VI, Section A, Line 8b - There were no committees during the fiscal year.					
Form 990, Part VI, Section B, Line 11b - Form 990 is reviewed by a CPA and then distributed to each board approve.	member for review and a vote to				
Form 990, Part VI, Section B, Line 12c - We poll the board members annually and ask them to sign a Conflict of Interest disclosure statement					
Form 990, Part VI, Section C, Line 19 - We post bylaws and annual 990s on our website. All documents are	available by request.				
Form 990, Part IX, Line 11g - Contracted Services for Freelancers					

Schedule O, Statement 1

EVANGELICAL PRESS ASSOCIATION INC

Form: Form 990 (2022)

EIN: 95-6081896
Part III, Line 4d

Page: 2
Other Program Services Accomplishments

Activity Code	Description	Expense	Grants	Revenue
	Journalism Scholarship Program awards grants to journalism students	2,750	0	0
Total:		2,750	0	0