PAGE 80

610

	u>-	990-T	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))									01	MB No 1545-0687				
	Form	3.3U-1										۱۸ م	. 1 9		AA40		
			For cale	-	or other tax year be								20 1 2		<u> </u>		
	,	ment of the Treasury	.		www.irs.gov/Form9 I numbers on this for								-1/31	Open'	to Public Inspection for (%)		
	A T	Check box if		Name of orga				_	d and see ii				D Emp	loyer idei	ntification number		
	, _	address changed											(Emp	loyees' trus	st, see instructions)		
	ВЕхе	empt under section	1	<u>EVAN</u> GE	L UNIVERSITY	<u> </u>									•		
	X	501(C)(O3)	Print	Number, stre	et, and room or suite n	o IfaPO	box	x, see i	nstructions				44-0	58978	37		
	-	408(e) 220(e)	Type											lated bus	siness activity code		
		408A530(a)			GLENSTONE A								(000		,		
	<u></u>	529(a)	, ,	١ ١	state or province, cou				gn postal co	ode							
,		ok value of all assets and of year			FIELD, MO 65			5					5311	.10	<u></u>		
		,			n number (See instri					T			1				
					ion type ► X 5					501(c) trust			01(a) trust Other trust			
					related trades or bus	inesses			16.00					• •	t) unrelated		
		ade or business her		-			. Do	rto Lo		-	·				one, describe the		
		ist in the blank spa ade or business, th			orevious sentence,	complete	: ra	IIIS I d	na ii, com	piete a 3	criedule IVI	' Ear	cri additit	Jilai			
					a subsidiary in an a	ffiliated o	rout	n or a	narent-sul	bsidiary i	controlled ar	oun?		•	Yes X No		
		-			umber of the parent				paron oa								
		ne books are in care				ос, рогах.	<u> </u>			relephor	ne number I	4 1	7-865	-2815			
		t I Unrelated						(A) Income	9	(B) E	Expen	ses		(C) Net		
	1 a	Gross receipts or	sales				Г			- IV //				傳表導			
<u></u>	o b	Less returns and allowa	ances	-	c Balance	≥ 1c	Ш		REC		ַנַי בַּיּעַ	Gir GV			den de la completa d		
วกวก	5 2	Cost of goods so	ld (Sched	ule A, line 7)		. 2	Ц	\Box			X X X			NESE			
α.	3	•					Ш	&	FEB 2	2 8 20	120 Q	計場	Mark Kin) with			
<u> </u>	4 a				le D)		+1	<u>~ </u> _			8	हिंदी हैं। संदर्भ		284 SET 1			
_	b	• • • • •			') (attach Form 4797) .		╁╂		<u>acn</u>	EN	"一"是我的"	4 1 2	THE REPORT OF THE PARTY OF THE	14 24			
	C						+1		<u> </u>	LIV,	Orenzania.			5-4 - 1-4 ,			
\cap	5				(attach statement)		+				Charles Control	4	a(- 25;	ı s ^d			
回	5	•				•			46.	797.		51	,660	.	-4,863.		
SCANNED	ν ο			•	illed organization (Schedul	•	,						,				
Ā	9				7) organization (Schedule		1										
S	10				dule I)		1	_									
•,	11								1 -			_					
	12				schedule)				,		於法律的	N.C	i di kalin i	16[]			
	13	Total. Combine li	nes 3 thr	ough 12	<u></u>	. 13	1_		46,	797.		51	,660		-4,863.		
	Pai				ewhere (See in							s) (I	Except	for cor	ntributions,		
			_		y connected wit												
	14	•	شينالاا		d trustees (Schedule	-											
	15																
	16				. <i></i>									- 1			
	17												,		-		
	18 19				ons)								- 1		•		
	20				ons for limitation rule												
	21																
	22	Less depreciation	n claimed	on Scheduk	e A and elsewhere o	n return			22	a	17,	839					
	23													:			
	24				n plans												
	25													3			
	26																
	27	Excess readership	p costs (S	chedule J)									27	<u>'</u>	<u>, , , , , , , , , , , , , , , , , , , </u>		
	28	Other deductions	(attach s	chedule) .		· .											
	29			-	1 28												
	30				before net operati									b . 44 -	-4,863.		
	31									iary 1, 2018 (see instructions)			: 🗆		4 962		
	32				ubtract line 31 from	line 30 <u>.</u>	<u></u>		<u></u>	<u></u>	<u></u>	<u> </u>	9\ 3 2	!	-4,863.		
		Paperwork Reduct				77 7	C	7 6	tr.		0001259	2	_	~ ı ^	Form 990-T (2018 PAGE		
		ORISHO KAS	29 2/	10/2020	1:14:57 PM	V	. ø –	1.6	C		0091258)	(つ 10	PAGE		

Førm	990-T [,] (20	018)				Page 2
Par		Total Unrelated Business Taxable Income				
33		of unrelated business taxable income computed from all unrelated trades or businesses (see				
		ions)	33		-4,	863.
34		is paid for disallowed fringes	34			
35		on for net operating loss arising in tax years beginning before January 1, 2018 (see		•		
00		ions),	35			
36		of unrelated business taxable income before specific deduction. Subtract line 35 from the sum				
30		33 and 34	36		-4.	863.
27		deduction (Generally \$1,000, but see line 37 instructions for exceptions)	317			000.
37			-1 -1			
38		ed business taxable income. Subtract line 37 from line 36 If line 37 is greater than line 36 is smaller of zero or line 36	38		-4	863.
Do		***************************************	3,0			
		Tax Computation	39			
39	_	zations Taxable as Corporations. Multiply line 38 by 21% (0 21)	39			
40	Trusts	Taxable at Trust Rates. See instructions for tax computation Income tax on				
		ount on line 38 from Tax rate schedule or Schedule D (Form 1041)	40			
41		ax See instructions	41			
42		tive minimum tax (trusts only)	42			
43		Noncompliant Facility Income. See instructions	43			
44		dd lines 41, 42, and 43 to line 39 or 40, whichever applies	44			
Par		Tax and Payments				
		tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a				
		redits (see instructions)				
		business credit Attach Form 3800 (see instructions)				
		or prior year minimum tax (attach Form 8801 or 8827)				
е	Total c	redits Add lines 45a through 45d	45e			
46		t line 45e from <u>line 44</u>	46			
47	Other ta	xes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .	47			
48	Total ta	x. Add lines 46 and 47 (see instructions)	48			0.
49	2018 n	et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49			
50 a	Paymei	nts A 2017 overpayment credited to 2018				
		stimated tax payments				
С	Tax dep	osited with Form 8868				
d	Foreign	organizations Tax paid or withheld at source (see instructions)				
		withholding (see instructions)				
		or small employer health insurance premiums (attach Form 8941) 50f				
		redits, adjustments, and payments Form 2439				
Ĭ		orm 4136				
51	Total p	ayments Add lines 50a through 50g	51			
52	Estimat	ed tax penalty (see instructions) Check if Form 2220 is attached	52			
53		e If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53			
54	Overpa	yment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54			
55		e amount of line 54 you want Credited to 2019 estimated tax	55			
	t VI	Statements Regarding Certain Activities and Other Information (see instructions	<u> </u>			
56		time during the 2018 calendar year, did the organization have an interest in or a signature or		authority	Yes	No
-		financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma				
		Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the			1	
	here ▶	· · · · · · · · · · · · · · · · · · ·	_			X
57	-	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	an trus	12		X
5 1	•	see instructions for other forms the organization may have to file	₅ u3	· · · · · ·		1
58		ne amount of tax-exempt interest received or accrued during the tax year > \$			1	
-		nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the bu	est of m	ny knowledge	and be	lief, it is
Sign	l to	ue, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge				
Her			•	IRS discuss preparer sh		
1161		THE TOTAL PROPERTY OF THE PROP		ons)? X Ye	_	No
		Print/Type preparer's name President Symmature	TT	PTIN		
Paid		Check 02/12/2020 Check	nployed		วีว คา) 1
	arer			44-01.6		
Use	Only	010 F CW LOUIS #000/PO DOY 1100 CDDTMCETELD MO (500(2522	EIN ►	17,865-8		
		Firm's address > 910 E ST LOUIS #200/PO BOX 1190, SPRINGFIELD, MO 65806-2523 Phone	no 4	Form 9 9		
154				rorm 3	, U - I	(ZU18)

J\$A

Page 3

Schedule A - Cost of Goods So	ld. Enter method	l of inventory valua	tion 🕨	<u> </u>	. <u> </u>	
1 Inventory at beginning of year . 1		6 Inve	ntory a	at end of yea	r	6
2 Purchases 2					d. Subtract line	
3 Cost of labor		6 f	om li	ine 5 Ent	ter here and in	
4a Additional section 263A costs		Part	I, line	2		7
(attach schedule) 4a		1			section 263A (w	ith respect to Yes No
b Other costs (attach schedule) 4b	<u></u>	prop	erty	produced	or acquired for	resale) apply
5 Total. Add lines 1 through 4b . 5		to th	e orga	nization?	<u> </u>	
Schedule C - Rent Income (From F	Real Property a	nd Personal Prop	erty	Leased W	ith Real Proper	ty)
(see instructions)						
Description of property						·
(1)						
(2)						
(3)						
(4)						
2. Rer	t received or accrue	ed				
(a) From personal property (if the percentage of for personal property is more than 10% but in more than 50%)	ot percenta	rom real and personal pr age of rent for personal p if the rent is based on p	roperty	exceeds		rectly connected with the income a) and 2(b) (attach schedule)
(1)						
(2)		-				
(3)						
(4)						
Total	Total					
(c) Total income. Add totals of columns 2(a) here and on page 1, Part I, line 6, column (A	• •				(b) Total deduction Enter here and on Part I, line 6, colum	page 1,
Schedule E - Unrelated Debt-Finar	ced Income (se	e instructions)				
Description of debt-financed pr	onerty	Gross income from allocable to debt-finar			debt-finance	
, Bossinpiter of doct inferred p		property			t line depreciation ch schedule)	(b) Other deductions (attach schedule)
(1) ATCH 1						
(2)	•					
(3)						
(4)						
acquisition debt on or of c allocable to debt-financed debt-fi	nge adjusted basis or allocable to nanced property ach schedule)	6 Column 4 divided by column 5			ncome reportable 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			%			
(2)			%			
(3)			%			
(4)			%			
					e and on page 1, e 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals				46	5,797.	51,660.
Totals						

Form **990-T** (2018)

'EVANGEL'UNIVERSITY

Schedule F-Interest, Annu	iities, Koyaities			ntrolled Org			UIIS (See	mstructio	JIIS)	·	
Name of controlled organization	2 Employer identification numb	er	<u>·</u>	ated income	4 Total o	of specified	ıncluded	f column 4 the control on's gross in	olling	6 Deductions directly connected with income in column 5	
(1)											
(2)							_				
(3) 4 .							_	_			
(4)				•	<u> </u>		<u></u>				
Nonexempt Controlled Organiz	***************************************					40 Pa	rt of column	O that is	44	Deductions directly	
7 Taxable Income	8 Net unrelated in (loss) (see instruct			Total of specific ayments made		includ	ed in the co ation's gross	ntrolling		nected with income in column 10	
(1)				<u> </u>						·	
(2)											
(3)											
(4)							columns 5 a			d columns 6 and 11	
Totals	come of a Sec	 tion 50)1(c)(7),	(9), or (17		Part I		mn (A)		er here and on page 1, t I, line 8, column (B)	
1 Description of income 2. Amount of in				directly cor (attach sch	nected			t-asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)		
(1)	,										
(2)			-			 					
(3) (4)	<u></u>		٠,								
Totals ▶ Schedule I – Exploited Exe	Enter here and of Part I, line 9, co	olumn (A)		an Advert	ising In			ctions)		Enter here and on page 1 Part I, line 9, column (B)	
Description of exploited activity	2 Gross unrelated business income from trade or business	dıı conne produ unr	epenses, rectly cted with action of related ss income	4 Net incor from unrelat or business 2 minus col If a gain, cols 5 thro	ed trade (column umn 3) ompute	from ac	s income tivity that inrelated s income	6 Expe attributa colun	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)											
(2)											
(3)											
(4)					-	,					
Totals	Enter here and on page 1, Part I, line 10, col (A)	 page 	ere and on 1, Part I,), col (B)							Enter here and on page 1, Part II, line 26	
Schedule J- Advertising In	come (see instri	uctions)		•							
Part I Income From Peri	iodicals Report	ed on a	a Consol	idated Bas	sis		_				
¥ %	2.6			4 Adver	-		-		- <u>-</u> -	7 Excess readership costs (column 6	
1 Name of periodical	1 Name of periodical advertising		Direct sing costs	gain or (los 2 minus co a gain, co cols 5 thro	ol 3) If mpute		culation ome	6 Read cos	-	minus column 5, but not more than column 4)	
(1)				经的利益	PHYPH!					PARTONICAL PROPERTY OF THE PRO	
(2)											
(3)	-				线槽机						
(4)				1. all	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					Take Tish East	
Totals (carry to Part II, line (5))				<u> </u>		-	_			Form 990-T (2018	

Part II	· Income From	n Periodicals	Reported or	ı a Separ	ate Basis	(For	each	periodical	listed i	n Part II,	, fill in	columns
	2 through 7	on a line-by-lir	ne basis)									

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)				<u>-</u>		
(4)			/			
Totals from Part I				A SOUTH		
Totals, Part II (lines 1-5) ▶	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

	I. Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)			%	
(2)			%	
3)	·		%	
4)	- 1		%	
otal. Enter here and o	n page 1, Part II, line 14			

Form **990-T** (2018)

EVANGEL UNIVERSITY 44-0589787 ATTACHMENT TO 990-T 4/30/2019

STRAIGHT LINE DEPRECIATION SCHEDULE E, LINE 3(A)

SCHEDOLL L, LINE S(A)	
BUILDING	17,839
OTHER DEDUCTIONS SCHEDULE E, LINE 3(B)	
Salaries R&M Interest Utilities Insurance Taxes & Licenses Miscellaneous Total	5,200 30 20,273 2,283 500 5,510 25 33,821
AVERAGE ACQUISITION DEBT SCHEDULE E, LINE 4	
MAY JUNE JULY AUGUST SEPTEMBER OCTOBER NOVEMBER DECEMBER JANUARY FEBRUARY MARCH APRIL AVERAGE	665,892 664,177 662,453 660,720 658,977 657,225 655,463 653,692 651,911 650,121 648,321 646,511 656,289
AVERAGE ADJUSTED BASIS SCHEDULE E, LINE 5	
BOY Fixed Asset Value EOY Fixed Asset Value Average Adjusted Basis	323,339 305,499 314,419

	æ	ALLOCABLE	DEDUCTIONS	6 + (3A + 3B)	51,660	51,660
	7	GROSS INCOME	REPORTABLE	(2 x 6)	46,797	46,797
		9	8 4 IS	OF 5	100 000	•
	'n	AVERAGE	ADJUSTED	BASIS	314,419	
ATTACHMENT 1	Ъ	AVERAGE	ACQUISITION	DEBT	656, 289	TOTALS
			TLY CONNECTED	(38)	33,821	,
		æ	DEDUCTIONS DIRECTLY CONNECTED	(3A)	17,839	
			2	GROSS INCOME	46,797	
SCHEDULE E - UNRELATED DEBT-FINANCED INCOME		-		DESCRIPTION OF DEBT-FINANCED PROPERTY	510 ELM, SPRINGFIELD, MO	

44-0589787

EVANGEL UNIVERSITY

Form 4:562

Department of the Treasury Internal Revenue Service

Name(s) shown on return

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

► Go to www.irs.gov/Form4562 for instructions and the latest information

OMB No 1545-0172

Attachment Sequence No 179 Identifying number

EVANGEL UNIVERSITY

Business or activity to which this form relates

44-0589787

G	ENERAL DEPRECIATION						
Pa	rt I Election To Expense Control Note: If you have any lis				nplete Part I		
1	Maximum amount (see instructions).					1	
2	Total cost of section 179 property pla						
3	Threshold cost of section 179 proper						
4	Reduction in limitation Subtract line	-					<u></u>
5	Dollar limitation for tax year Subtract line 4 from separately, see instructions	line 1 If zero or less, enter	-0- If marned filing			5	-
-6	(a) Description			Cost (business use		ted cost	
Ť	(4, 5 5 5 6 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u></u>	(4)				
					_		
7	Listed property Enter the amount from	m line 29			7	-	
8	Total elected cost of section 179 proj	nerty Add amounts i	n column (c) lines	∟ :6 and 7	· 1	8	
9	Tentative deduction Enter the smalle	•					
10	Carryover of disallowed deduction from			•			
11	Business income limitation Enter the						
12	Section 179 expense deduction Add						· · · · · · · · · · · · · · · · · · ·
13	Carryover of disallowed deduction to				13		
	e: Don't use Part II or Part III below for			••••	<u>.:~, 1</u>		
$\overline{}$	rt Special Depreciation A			ion (Don't incli	ide listed proper	rtv See in:	structions)
14	Special depreciation allowance fo			<u></u>			,
14	during the tax year. See instructions					l	
15	Property subject to section 168(f)(1)		-				
	Other depreciation (including ACRS)						
	rt III MACRS Depreciation (D	Oon't include listed	property See	instructions)			- · · ·
U			Section				
17	MACRS deductions for assets placed	in service in tax vea	 ars beginning befor	e 2018		17	17,839
18	If you are electing to group any a	•					<u></u>
	asset accounts, check here	•					
	Section B - Assets					oreciation	System
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depi (business/investri only - see instru	ent use period	(e) Convention	(f) Method	d (g) Depreciation deduction
19a	3-year property						,
	5-year property						
	7-year property						
	I 10-year property						
—е	15-year property						
	20-year property						
	25-year property	1		25 yrs		S/L	120
	Residential rental			27 5 yrs	MM	S/L	
•	property		-	27 5 yrs	MM	S/L	
i	Nonresidential real			39 yrs	MM	S/L	
•	property	_			ММ	S/L	
	Section C - Assets P	laced in Service D	During 2018 Tax	Year Using th	e Alternative D	epreciatio	n System
20a	Class life					S/L	
	12-year			12 yrs		S/L	
	: 30-year			30 yrs	ММ	S/L	
	I 40-year			40 yrs	ММ	S/L	
	rt IV Summary (See instruction	ons)					
21	Listed property Enter amount from lir					21	
	Total. Add amounts from line 12,					Enter	
23	here and on the appropriate lines of yellow and place portion of the basis attributable to se	our return Partnershi	ips and S corpora	tions - see instruc			17,839
-							

44-0589787

Form 4562 (2018)

Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property entertainment, recreation, or amusement)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

	240, Column	s (a) through (c) or	Section A, a	il of Section B, a	na section on a	ppiicable					
	Section A -	Depreciation and	Other Inform	nation (Caution:	See the instruct	ions for li	mits for pas	sen	ger automobil	es)	
24	Do you have evidenc	e to support the bus	iness/investme	nt use claimed?	Yes X No	24b If "Y	es," is the ev	riden	ce written?	Yes	X No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention		(h) Depreciation deduction	Elected	(i) section 179 cost
25	Special depreciation	on allowance for	qualified liste	ed property plac	ced in service o	luring				1	
	the tax year and us	ed more than 50%	in a qualified	business use S	See instructions		2	5			
26	Property used mor	e than 50% in a qi	ualified busine	ss use							
			%								
			%	-							
			%	•							
27	Property used 50%	or less in a qualif	ied business i	ise		•	·				
			%				S/L -			T	_
			%				S/L -			7	
			%				S/L -	Ì		7	
28	Add amounts in co	lumn (h), lines 25	through 27 E	Inter here and o	n line 21, page	1		28		7	
	Add amounts in co								29		
		• •		B - Informatio					····	•	
Cor	nnlete this section fo	r vehicles used by	a sole propri	etor nartner or	other "more than	5% owne	er" or relate	d ne	erson If you i	orovided	vehicles

to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

			(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		d) icle 4	(e) Vehicle 5		(f) Vehicle 6	
30	Total business/investment miles driven during the year (don't include commuting miles)		ide i	ven	icie z	Ven	icie 3	Veil	icie 4	Ven	icie 3	Ven	
31	Total commuting miles driven during the year.												
32	Total other personal (noncommuting) miles driven												_
33	Total miles driven during the year Add lines 30 through 32									_			
34	Was the vehicle available for personal	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	use during off-duty hours?											_	
35	Was the vehicle used primarily by a more than 5% owner or related person?												
36	Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions

37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by	Yes	No
37	your employees?		
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your		
	employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39	Do you treat all use of vehicles by employees as personal use?		
	Do you provide more than five vehicles to your employees, obtain information from your employees about the		
	use of the vehicles, and retain the information received?		
41	Do you meet the requirements concerning qualified automobile demonstration use? See instructions		
	Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles		

Part VI Amortization

	(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	Amortiz period percen	d or	(f) Amortization for this year		
42 Amortization of costs that begins during your 2018 tax year (see instructions)									
43	43 Amortization of costs that began before your 2018 tax year								
44	Total. Add amounts in column (f) See the instructions for where to report								

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