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` `	990-T	Ex				siness Income			OMB No 1:	545-0047
	*	(and proxy tax under section 6033(e)) $0.0000$ For calendar year 2019 or other tax year beginning $0.05/0.1$ , 2019, and ending $0.04/3.0$ ,						• .	<b>ഉ</b> ത '	10
Departme	ent of the Treasury		► Go to www.irs.gov/Form990T for instructions and the latest information.						IJ	
	Revenue Service	<b>▶</b> Do	► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) Open to Public Inspection for 501(c)(3) Organizations Only							
Α	Check box if address changed		Name of organization ( Check box if name changed and see instructions )  D Employer identification number (Employees' trust, see instructions )							
B Exem	pt under section	1	EVANGEL UNIVERS	SITY						
X 50	د 1( C <b>()</b> 33	Print	Number, street, and room or	suite no If a	РΟ	box, see instructions		44-0	589787	
40	08(e) 220(e)	or Type	i						ated business a	ctivity code
40	08A530(a)	Type	1111 N GLENSTONE AVE (See instructions )							
52	29(a)		City or town, state or province	ce, country, a	and Z	IP or foreign postal code				
	value of all assets		SPRINGFIELD, MO	0 65802	2-2	125		5311	10	
	d of year		up exemption number (See	e instruction	ns)	<b>&gt;</b>	4			
76	5,607,683.	<b>G</b> Che	ck organization type 🕨	X 501(c)	) co	rporation 501(c	trust '	401(a)	trust	Other trus
		_	nization's unrelated trades o	or business	es	<b>▶</b> 1	Describe	the only	(or first) unrela	ated
trade	e or business her	e ▶DEB	T-FINANCED RENT			If only one,	complete Parts I-	V If more	e than one, des	cribe the
fırst	in the blank spa	ice at the	end of the previous sente	ence, comp	lete	Parts I and II, complete a S	chedule M for ead	ch addition	nal	
trade	e or business, the	en comple	te Parts III-V							,
N Duri	ng the tax year,	was the	corporation a subsidiary in	ı an affiliate	ed g	roup or a parent-subsidiary o	controlled group?		▶ 🔛 Υ	es X N
	<del></del>		identifying number of the p	parent corpo	oratio					
	books are in care					Telephon	e number ► 41	7 <b>-</b> 865-	-2815	
Part I	Unrelated	Trade o	or Business Income			(A) Income	(B) Expen	ses /	(C)	Net
<b>1a</b> G	Gross receipts or s	sales								
	ess returns and allowa			-	1 c			<u>/</u>	1	
			ule A, line 7)		2					
			2 from line 1c		3					
4a C	Capital gain net in	ncome (a	ttach Schedule D)	_'	4a					
b N	let gaın (loss) (Fo	orm 4797,	Part II, line 17) (attach Form 4	1797)	4 b					
c C	apital loss dedu	ction for t	rusts	<u>L</u> '	4 c		. /			
			an S corporation (attach statement)	″···⊢	5		/			
6 R	Rent income (Sch	edule C)			6			400	-	2 22
	Inrelated debt-fir	nanced in	come (Schedule E)	_	7	43,525.	4 /	,411.		-3,886
_	•		nts from a controlled organization (S	` <b>⊢</b>	8					
			(c)(7), (9) or (17) organization (So		9		,			
			ncome (Schedule I)		10			<del></del>	-	
	,		ule J)		11_			-	+-:	
			tions, attach schedule)	_		/ /2 525	,	,411.		-3,886
13 T	Otal. Combine lin	nes 3 thro	ough 12	· · · · · · · · · · · · · · · ·	13	43,525.				
	connected	ns NOL d with th	Taken Elsewhere (Se	se instru	Cuje	ms for ilmitations onto	RUNCHORSLU		ons must be	airectiy
				: Income	<b>V</b>	· · · · · ·	CCEIVE!	) Cauca	,	
Part I			le unrelated business	licome	<u>r</u> _	, 0	CEIVEL		,.,	
Part I	ompensation of	officers,	directors, and trustees (Sch	nedule K)	<i>y</i> 	· · · · · · · · · · · · · · · · · · ·	10.0	384	1	
<b>Part I</b> 4 C  5 S	ompensation of alaries and wage	officers,	directors, and trustees (Sch	nedule K).	<u>y</u>  		AN 1 9 TOX	050 - 050 - 050		
<b>Part I</b> 4 C  5 S  6 R	ompensation of alaries and wage	officers,	directors, and trustees (Sch	nedule K).	<u>r</u>  		AN 1 7 103	034	7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
Part    4 C  5 S  6 R	compensation of alaries and wage epairs and mainle ad debts	officers, es	directors, and trustees (Sch	nedule K).	<i>y</i>   		AN 1 7 103	034		
Part I  14 C 15 S 16 R 17 B 18 In	compensation of alaries and wage lepairs and maint ad debts nterest (attach so	officers, es	directors, and trustees (Sch	nedule K).	<i>y</i>   		AN 1 7 103			
Part	compensation of alaries and wage lepairs and maint ad debts	officers, es	directors, and trustees (Sch	nedule K).		B640	AN 1 7 (02)			
Part	compensation of alaries and wage lepairs and mainle ad debts	officers, es tenance chedule) ( s	directors, and trustees (Sch	nedule K).		20	AR 17 (12) SDEN; U1	050-58 0-58 117 18 19	3, ·	
Part	compensation of calaries and wage depairs and main and debts	officers, es	directors, and trustees (Sch	nedule K).		20 21a	AR 17 D		3, ·	
Part	compensation of calaries and wage epairs and main ad debts	officers, es	directors, and trustees (Sch	nedule K).		20 21a	GDEN; UT		3, ·	
Part I  14 C  15 S  16 R  17 B  18 In  19 T  20 D  21 L  22 D  23 C	compensation of calaries and wage depairs and main ad debts hterest (attach so axes and licenses depreciation (attacess depreciation depletion	officers, es	directors, and trustees (Schoolse instructions)	nedule K).		20 21a	AN 17 (DA)  SDEN; U1  17,839  17,839		3, ·	
Part I  4 C  5 S  6 R  7 B  8 In  9 T  20 D  21 L  22 D  23 C  44 E	compensation of calaries and wage depairs and maintaid debts	officers, es	directors, and trustees (Schoolsee instructions)	nedule K).		20 21a	AR 17 (12) GDEN; U1 17,839 17,839	. O/4 . O/4 . O/4 . O/4 . O/4 . O/4 . 19 . 19 . 21b . 22 . 23 . 24	, 5 ; ; ; ;	
Part I  14 C  15 S  16 R  17 B  18 In  19 T  20 D  21 L  22 D  23 C  24 E  25 E	compensation of alaries and wage lepairs and mainle ad debts	officers, es	directors, and trustees (Schoolse instructions)	nedule K).		20 21a	AR 17 (12) SDEN; U1 17,839 17,839		, 5 ; ; ; ;	
Part I  14 C  15 S  16 R  17 B  18 In  19 T  20 D  21 L  22 D  23 C  24 E  25 E  26 E	compensation of calaries and wage depairs and mainfied debts	officers, es	directors, and trustees (Schoolse instructions)  see instructions)  on Schedule A and elsewhole compensation plans  schedule J)	nedule K).		20 21a	3DEN; U1 17,839 17,839	. OA . OA	, 5 ; ; ; ;	
Part I  14 C  15 S  16 R  17 B  18 In  19 T  20 D  21 L  22 D  23 C  24 E  25 E  26 E  27 O	compensation of calaries and wage depairs and maintaid debts	officers, es	directors, and trustees (Schoolse instructions) see instructions) on Schedule A and elsewher the schedule A and el	nedule K).		20 21a	AR 1 7 (1) 3DEN; U1 17,839 17,839	. OA Q 6 - 17 - 18 - 21b - 22 - 23 - 24 - 25 - 26 - 27	, 5 ; ; ; ;	
Part I  14 C  15 S  16 R  17 B  18 In  19 T  20 D  21 L  22 D  23 C  24 E  25 E  26 E  27 O  28 T  28 T	compensation of calaries and wage depairs and maintaid debts	officers, es	directors, and trustees (Schoolse instructions)	nedule K)		20 21a	AN 17 (U)  SDEN; U1  17,839  17,839	. (A)4 . (A)4	, 5 ; ; ; ;	
Part I  14 C  15 S  16 R  17 B  18 In  19 T  20 D  21 L  22 D  23 C  24 E  25 E  26 E  27 O  28 T  29 U	compensation of calaries and wage depairs and maintaid debts	officers, es	directors, and trustees (Schoolse instructions)	nedule K)		20 21a deduction Subtract line	3DEN; U1 17,839 17,839	. O/4 . O/4 . O/4 . O/4 . O/4 . O/4 . 19 . 21b . 22 . 23 . 24 . 25 . 26 . 27 . 28 3 29	, 5 ; ; ; ;	
Part I  14 C  15 S  16 R  17 B  18 In  19 T  20 D  21 L  22 D  22 E  24 E  25 E  26 E  27 O  28 T  29 U  30 D	compensation of calaries and wage depairs and maintaid debts	officers, es	directors, and trustees (Schoolse instructions)  4562) on Schedule A and elsewhole and elsewhole John Schedule John Schedu	nedule K).	rn	deduction Subtract line or after January 1, 2018 (see	28 from line 1 instructions)	. C/14 . C/14 . C/14 . C/16 . 17 . 18 . 21b . 22 . 23 . 24 . 25 . 26 . 27 . 28 . 30	, 5 ; ; ; ;	-3,886
Part I  14 C  15 S  16 R  17 B  18 In  19 T  20 D  21 L  22 D  23 C  24 E  25 E  27 O  28 T  29 U  30 D  31 U	compensation of calaries and wage depairs and maintaid debts	officers, es	directors, and trustees (Schoolse instructions)  4562) on Schedule A and elsewhole and elsewhole John Schedule John Schedu	nedule K).	rn	20 21a deduction Subtract line	28 from line 1 instructions)	. C/14 . C/14 . C/14 . C/16 . 17 . 18 . 21b . 22 . 23 . 24 . 25 . 26 . 27 . 28 . 30	3 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	-3,886
Part I  4	compensation of calaries and wage depairs and maintaid debts	officers, es	directors, and trustees (Schools and trustees).  see instructions)	nedule K).	rn	deduction Subtract line or after January 1, 2018 (see	28 from line 1 instructions)	. C/14 . C/14 . C/14 . C/16 . 17 . 18 . 21b . 22 . 23 . 24 . 25 . 26 . 27 . 28 . 30	3 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	-3,886

Par	t fil Total Unrelated Business Taxable Income		
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see		
	instructions)	32	-3,886.
22	,		
33	Amounts paid for disallowed fringes	$\vdash$	
34	Charitable contributions (see instructions for limitation rules)	34	
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line		
	34 from the sum of lines 32 and 33	35	-3,886.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see		
	instructions)	36	
	· · · · · · · · · · · · · · · · · · ·	3×	-3,886.
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35		<del></del>
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37 If line 38 is greater than line 37,	1,1	
	enter the smaller of zero or line 37	39	-3,886.
Par	t IV Tax Computation		
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0 21)	40	
		40	
41	Trusts Taxable at Trust Rates. See instructions for tax computation Income tax on		
	the amount on line 39 from Tax rate schedule or Schedule D (Form 1041)		
42	Proxy tax. See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44	Tax on Noncompliant Facility Income. See Instructions		
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies		
		143	<del></del>
Par	· · · · · · · · · · · · · · · · · · ·	1 1	
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a	4	
b	Other credits (see instructions)		
С	General business credit Attach Form 3800 (see instructions)		
	Credit for prior year minimum tax (attach Form 8801 or 8827)	7.	
	Total credits. Add lines 46a through 46d	460	
	-	$\overline{}$	
47	Subtract line 46e from line 45		
48	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .	48	
49	Total tax. Add lines 47 and 48 (see instructions)	49	0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	
	Payments A 2018 overpayment credited to 2019		
		1	
	2019 estimated tax payments		
		1	
	Tax deposited with Form 8868		
	Tax deposited with Form 8868		
d			
d e	Foreign organizations Tax paid or withheld at source (see instructions)		
d e f	Foreign organizations Tax paid or withheld at source (see instructions)		
d e f	Foreign organizations Tax paid or withheld at source (see instructions)		
d e f g	Foreign organizations Tax paid or withheld at source (see instructions)	-	
d e f	Foreign organizations Tax paid or withheld at source (see instructions)	52	
d e f g	Foreign organizations Tax paid or withheld at source (see instructions)	52 53	
d e f g	Foreign organizations Tax paid or withheld at source (see instructions)		
d e f g 52 53 54	Foreign organizations Tax paid or withheld at source (see instructions)	53 54	
d e f g 52 53 54 55	Foreign organizations Tax paid or withheld at source (see instructions)	53 54 55	
d e f g 52 53 54 55	Foreign organizations Tax paid or withheld at source (see instructions)	53 54 55 56	
d e f g 52 53 54 55 56	Foreign organizations Tax paid or withheld at source (see instructions)	53 54 55 56	
d e f g 52 53 54 55	Foreign organizations Tax paid or withheld at source (see instructions)	53 54 55 56 ns)	· <del></del>
d e f g 52 53 54 55 56	Foreign organizations Tax paid or withheld at source (see instructions)	53 54 55 56 ns)	
d e f g 52 53 54 55 56	Foreign organizations Tax paid or withheld at source (see instructions)	53 54 55 56 ns) r other a	to file
d e f g 52 53 54 55 56	Foreign organizations Tax paid or withheld at source (see instructions)	53 54 55 56 ns) r other a	to file
d e f g 52 53 54 55 56 Par	Foreign organizations Tax paid or withheld at source (see instructions)	53 54 55 56 ns) r other and any have foreign	to file country
d e f g 52 53 54 55 56	Foreign organizations Tax paid or withheld at source (see instructions)	53 54 55 56 ns) r other and any have foreign	to file country
d e f g 52 53 54 55 56 Par 57	Foreign organizations Tax paid or withheld at source (see instructions)	53 54 55 56 ns) r other and any have foreign	to file country
d e f g 52 53 54 55 56 Par	Foreign organizations Tax paid or withheld at source (see instructions)	53 54 55 56 ns) r other analy have foreign	to file country X
d e f g 52 53 54 55 56 Par 57	Foreign organizations Tax paid or withheld at source (see instructions)	53 54 55 56 ns) r other analy have foreign	to file country X
d e f g 52 53 54 55 56 Par 57	Foreign organizations Tax paid or withheld at source (see instructions)	53 54 55 56 ns) r other analy have foreign trust?	to file country X X X knowledge and belief, it is
d e f g 52 53 54 55 56 Par 57	Foreign organizations Tax paid or withheld at source (see instructions)	53 54 55 56 ns) r other and any have foreign trust?	to file country X  X  knowledge and belief, it is
d e f g 52 53 54 55 56 Par 57	Foreign organizations Tax paid or withheld at source (see instructions)	53 54 55 56 ns) r other and any have foreign trust?	to file country X  X  knowledge and belief, it is steparer shown below
d e f g 52 53 54 55 56 Par 57	Foreign organizations Tax paid or withheld at source (see instructions).  Backup withholding (see instructions).  Credit for small employer health insurance premiums (attach Form 8941).  Other credits, adjustments, and payments Form 2439  Other  Total payments. Add lines 51a through 51g.  Estimated tax penalty (see instructions) Check if Form 2220 is attached.  Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed.  Overpayment If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid.  Enter the amount of line 55 you want  Credited to 2020 estimated tax  Refunded  VI Statements Regarding Certain Activities and Other Information (see instruction over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization mercial account (bank, securities, or other) in a foreign country? If "Yes," enter the name of the here  During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign the tax year, did the organization may have to file Enter the amount of tax-exempt interest received or accrued during the tax year  Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge  Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge  Signature of officer  Date  Title	53 54 55 56 ns) r other and any have foreign trust?	to file country X  X  knowledge and belief, it is 88 discuss this return reparer shown below is) 2 X Yes No
6 e f g 52 53 54 55 56 Par 57 58 59 Sign Here	Foreign organizations Tax paid or withheld at source (see instructions)	53 54 55 56 asy have foreign trust? best of my ay the IR th the peeinstruction	to file country X  X  knowledge and belief, it is  SS discuss this return reparer shown below is) <sup>2</sup> X Yes No
6 e f g 52 53 54 55 56 Par 57 58 59 Sign Hero	Foreign organizations Tax paid or withheld at source (see instructions).  Backup withholding (see instructions).  Credit for small employer health insurance premiums (attach Form 8941).  Other credits, adjustments, and payments Form 2439  Other Total Form 4136  Total payments. Add lines 51a through 51g.  Estimated tax penalty (see instructions) Check if Form 2220 is attached.  Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed  Overpayment If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid.  Particle amount of line 55 you want Credited to 2020 estimated tax ►  Refunded ►  Statements Regarding Certain Activities and Other Information (see instruction At any time during the 2019 calendar year, did the organization have an interest in or a signature or over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization me FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the here ►  During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore if "Yes," see instructions for other forms the organization may have to file  Enter the amount of tax-exempt interest received or accrued during the tax year ►  Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge  Print/Type preparer's name	53 54 55 56 asy have foreign trust? best of my ay the IR the per instruction the instruction that is not instruction the instruction that is not instruction that it is not in	to file country X  X  knowledge and belief, it is is is setum reparer shown below is 2 No  PTIN  P00422601
6 e f g 52 53 54 55 56 Par 57 58 59 Sign Here	Foreign organizations Tax paid or withheld at source (see instructions).  Backup withholding (see instructions).  Credit for small employer health insurance premiums (attach Form 8941).  Other credits, adjustments, and payments Form 2439  Other  Total ▶ 51g  Total payments. Add lines 51a through 51g  Estimated tax penalty (see instructions) Check if Form 2220 is attached.  Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed .  Overpayment If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid .  Enter the amount of line 55 you want Credited to 2020 estimated tax ▶ Refunded ▶  Statements Regarding Certain Activities and Other Information (see instruction over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization me finCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the here ▶  During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign the amount of tax-exempt interest received or accrued during the tax year ▶  Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge  Signature of officer  Date  Print/Type preparer's name  Prepare's signature  Print/Type preparer's name  BRIAN D TODD  Check Self-all Accounts If Title  Print/Type preparer's name  Prepare's signature  Prepare's signature  Prepare's signature  Odd/10/2021 self-all Accounts If Title  Check Self-all Accounts Interest received or account of the form than taxpayer) is based on all information of which preparer has any knowledge	53 54 55 56 asy have foreign trust? best of my ay the IR the per instruction the instruction that is not instruction the instruction that is not instruction that it is not in	to file country X  X  knowledge and belief, it is  SS discuss this return reparer shown below is) <sup>2</sup> X Yes No

Form **990-T** (2019)

Enter here and on page 1,

Part I, line 7, column (B)

47,411.

Total dividends-received deductions included in column 8 . . . . .

Enter here and on page 1,

Part I, line 7, column (A)

43,525.

Schedule F - Interest, Ann	uities, Royaitie			ntrolled Or			ations (se	e manucu	una)	
1 Name`of controlled organization			3 Net unrelated income 4		4 Total	of specifi ints made	ed included	5 Part of column 4 that is included in the controlling organization's gross income		6 Deductions directly connected with income in column 5
(1)										
(2)	- <del>-</del>									
(3)				_						
(4)	<del></del>				l					
Nonexempt Controlled Organia	zations					44	2	0.00		Dadistan desarts
7 Taxable Income	8 Net unrelated ii (loss) (see instruc	<b>I</b>		Total of specific ayments made		incl	Part of column uded in the co nization's gros	ntrolling		Deductions directly inected with income in column 10
(1)	<u> </u>						•			
(2)										
(3)										
(4)							d columns 5 a			id columns 6 and 11
Totals			c)(7),	 (9), or (17	▶ ) Orga	Pai	er here and on t I, line 8, colu On (see ins	mn (A)		er here and on page 1, rt I, line 8, column (B)
1 Description of income	2 Amount of			3. Deduction directly cor (attach sch	tions inected		4 Se	t-asides schedule)		5 Total deductions and set-asides (col 3 plus col 4)
(1)			4						ļ	
(2)										_
(3)										. <u>.</u>
(4)										
Totals ▶ Schedule I – Exploited Exe	Enter here and Part I, line 9, c	column (A)	ner Th	an Adverti	sing Ir	come	(see instru	ctions)		Enter here and on page 1 Part I, line 9, column (B)
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3. Expension directly connected production unrelated business in	y with on of ed	4. Net incon from unrelat or business 2 minus col If a gain, co	ed tradé (column umn 3) ompute	from IS no	ross income activity that of unrelated less income	6. Expe attributa colum	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2)				<del></del>						
(3)				<u> </u>						<del></del>
(4)										
Totals	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, Pa line 10, col	art I,					ı		Enter here and on page 1, Part II, line 25
Schedule J- Advertising In	ICOME (See Instr	uctions)		L						<u></u>
Part I Income From Per			oneoli	idated Bac	ie					<del></del>
raitt illicome i folii Fei		leu on a C	OHSOH	ualeu Das	913			Γ		<del></del>
1 Name of periodical	2 Gross advertising income	3 Directions		4 Advertigain or (los 2 minus co a gain, coi cols 5 thro	s) (col ol 3) If npute		Circulation ncome	6 Read		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)					-					
(2)					,					
(3)										
(4)								1	•	
Totals (carry to Part II, line (5))									•	

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line 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)						
(4)				<del></del>		
Totals from Part I ▶						
	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 26
Totals, Part II (lines 1-5) ▶						<u> </u>
Schedule K - Compensatio	n of Officers, D	Directors, and Tr	ustees (see instri	uctions)		
				3 Percent of		

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

Form **990-T** (2019)

EVANGEL UNIVERSITY 44-0589787 ATŢACHMENT TO 990-T 4/30/2020

Average Adjusted Basis

STRAIGHT LINE DEPRECIATION SCHEDULE E, LINE 3(A)

SCHEDULE E, LINE 3(A)	
BUILDING	17,839
OTHER DEDUCTIONS SCHEDULE E, LINE 3(B)	
Salaries R&M Interest Utilities Insurance	2,806 18,861 2,388
Taxes & Licenses Miscellaneous Total	5,517 29,572
AVERAGE ACQUISITION DEBT SCHEDULE E, LINE 4	
MAY JUNE JULY AUGUST SEPTEMBER OCTOBER NOVEMBER DECEMBER JANUARY FEBRUARY MARCH APRIL AVERAGE	644,691 642,861 641,022 639,173 637,313 635,443 633,564 631,674 629,774 627,864 625,943 624,012 634,445
AVERAGE ADJUSTED BASIS SCHEDULE E, LINE 5	
BOY Fixed Asset Value EOY Fixed Asset Value	305,499 287,660

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