

# Short Form Return of Organization Exempt From Income Tax

## 2018

**Open to Public Inspection**

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/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

|  |  |
|--|--|
| <b>A</b> For the 2018 calendar year, or tax year beginning _____, and ending _____ |  |
| <b>B</b> Check if applicable:  | <b>C</b> Name of organization<br><b>Chicago Bible Society</b>  |
| <input type="checkbox"/> Address change  | Number and street (or P.O. box, if mail is not delivered to street address) Room/suite<br><b>4300 N Hermitage Room 109</b> |
| <input type="checkbox"/> Name change   | City or town State ZIP code<br><b>CHICAGO IL 60613</b>   |
| <input type="checkbox"/> Initial return  | Foreign country name Foreign province/state/county Foreign postal code   |
| <input type="checkbox"/> Final return/terminated                                   |  |
| <input type="checkbox"/> Amended return  |  |
| <input type="checkbox"/> Application pending                                       |  |
|  | <b>D</b> Employer identification number<br><b>36-2495301</b>   |
|  | <b>E</b> Telephone number<br><b>312-573-8809</b>   |
|  | <b>F</b> Group Exemption Number ▶  |

|  |   |
|--|---|
| <b>G</b> Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶ _____  | <b>H</b> Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF). |
| <b>I</b> Website: ▶ <a href="http://www.ChicagoBibleSociety.org">www.ChicagoBibleSociety.org</a>   |   |
| <b>J</b> Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 |   |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other _____                            |   |

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ \$ **176,162.**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)  
Check if the organization used Schedule O to respond to any question in this Part I . . . . .

|   |  |                    |
|---|--|--------------------|
| <b>Revenue</b>  | <b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .  | <b>1</b> 171,399.  |
|   | <b>2</b> Program service revenue including government fees and contracts . . . . .   | <b>2</b> 4,753.    |
|   | <b>3</b> Membership dues and assessments . . . . .   | <b>3</b>           |
|   | <b>4</b> Investment income . . . . .   | <b>4</b> 10.       |
|   | <b>5a</b> Gross amount from sale of assets other than inventory . . . . .  | <b>5a</b>          |
|   | <b>b</b> Less: cost or other basis and sales expenses . . . . .  | <b>5b</b>          |
|   | <b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .   | <b>5c</b>          |
|   | <b>6</b> Gaming and fundraising events   |                    |
|   | <b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .   | <b>6a</b>          |
| <b>b</b> Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . . | <b>6b</b>  |                    |
| <b>c</b> Less: direct expenses from gaming and fundraising events . . . . .   | <b>6c</b>  |                    |
| <b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .   | <b>6d</b>  |                    |
| <b>7a</b> Gross sales of inventory, less returns and allowances . . . . .   | <b>7a</b>  |                    |
| <b>b</b> Less: cost of goods sold . . . . .   | <b>7b</b>  |                    |
| <b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .   | <b>7c</b>  |                    |
| <b>8</b> Other revenue (describe in Schedule O) . . . . .   | <b>8</b>   |                    |
| <b>9</b> <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶  | <b>9</b> 176,162.  |                    |
| <b>Expenses</b>   | <b>10</b> Grants and similar amounts paid (list in Schedule O) . . . . .   | <b>10</b>          |
|   | <b>11</b> Benefits paid to or for members . . . . .  | <b>11</b>          |
|   | <b>12</b> Salaries, other compensation, and employee benefits . . . . .  | <b>12</b> 131,596. |
|   | <b>13</b> Professional fees and other payments to independent contractors . . . . .  | <b>13</b> 5,498.   |
|   | <b>14</b> Occupancy, rent, utilities, and maintenance . . . . .  | <b>14</b> 6,475.   |
|   | <b>15</b> Printing, publications, postage, and shipping . . . . .  | <b>15</b> 2,421.   |
|   | <b>16</b> Other expenses (describe in Schedule O) . . . . .  | <b>16</b> 37,478.  |
| <b>17</b> <b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶  | <b>17</b> 183,468.   |                    |
| <b>Net Assets</b>   | <b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .  | <b>18</b> (7,306.) |
|   | <b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . . | <b>19</b> 48,848.  |
|   | <b>20</b> Other changes in net assets or fund balances (explain in Schedule O) . . . . .   | <b>20</b>          |
|   | <b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ▶  | <b>21</b> 41,542.  |

For Paperwork Reduction Act Notice, see the separate instructions.

**Part II Balance Sheets.** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II.

|  | (A) Beginning of year | (B) End of year |
|--|-----------------------|-----------------|
| 22 Cash, savings, and investments . . . . .  | 33,098.               | 22 25,792.      |
| 23 Land and buildings . . . . .  |                       | 23              |
| 24 Other assets (describe in Schedule O) . . . . .                                       | 15,750.               | 24 15,750.      |
| 25 Total assets . . . . .  | 48,848.               | 25 41,542.      |
| 26 Total liabilities (describe in Schedule O) . . . . .                                  |                       | 26              |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . . | 48,848.               | 27 41,542.      |

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III.

What is the organization's primary exempt purpose? Christian Ministry  
 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
 (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

|  |     |          |
|--|-----|----------|
| 28 Program A - Scripture Provision-Chicago Bible Society distributes Bibles Scripture Portions/Study Guides to jails, hopitals, shelters, & churches<br>(Grants \$ ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/> | 28a | 101,486. |
| 29 Program B - Scripture Encouragement-Chicago Bible Society sponsors bible study and education programs to encourage reading & understanding<br>(Grants \$ ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>        | 29a | 25,994.  |
| 30<br>.....<br>(Grants \$ ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>  | 30a |          |
| 31 Other program services (describe in Schedule O) . . . . .<br>(Grants \$ ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>   | 31a |          |
| 32 Total program service expenses. (add lines 28a through 31a) . . . . . <input type="checkbox"/>  | 32  | 127,480. |

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

| (a) Name and title                     | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|--|--|--|---|--|
| Jeffrey M Schwab<br>President          | Hr/WK 1  |  | 0   |  |
| Allen Stryczek<br>Vice President       | Hr/WK 1  |  | 0   |  |
| Michael Renetzky<br>Secretary          | Hr/WK 1  |  | 0   |  |
| Marion Ostrega<br>Treasurer            | Hr/WK 1  |  | 0   |  |
| Kenneth C Oliver<br>Executive Director | Hr/WK 24                                       | 42,000.  |   |  |
| Berlean Burris<br>Director             | Hr/WK 1  |  | 0   |  |
| David Dault<br>Director                | Hr/WK 1  |  | 0   |  |
| Eugene Lyman<br>Director               | Hr/WK 1  | 0  | 0   |  |
| Jesus Nunez<br>Director                | Hr/WK 1  |  | 0   |  |
| Lydia Talbot<br>Director               | Hr/WK 1  |  |   |  |
| .....<br>Hr/WK                         |  |  |   |  |
| .....<br>Hr/WK                         |  |  |   |  |

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V.

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O. 34 Were any significant changes made to the organizing or governing documents? 35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities... 35 b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? 35 c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization... 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37 b Did the organization file Form 1120-POL for this year? 38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee... 38 b If "Yes," complete Schedule L, Part II and enter the total amount involved. 39 Section 501(c)(7) organizations. Enter: 39 a Initiation fees and capital contributions included on line 9. 39 b Gross receipts, included on line 9, for public use of club facilities. 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955. 40 b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year... 40 c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. 40 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. 40 e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? 41 List the states with which a copy of this return is filed. 42 a The organization's books are in care of Deborah Renaud Telephone no. 773-857-0741 Located at 4300 N Hermitage City CHICAGO ST IL ZIP + 4 60613 42 b 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... 42 c At any time during the calendar year, did the organization maintain an office outside the United States? 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year. 44 a Did the organization maintain any donor advised funds during the year? 44 b Did the organization operate one or more hospital facilities during the year? 44 c Did the organization receive any payments for indoor tanning services during the year? 44 d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45 b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

|   |            |           |
|---|------------|-----------|
|   | <b>Yes</b> | <b>No</b> |
| <b>46</b> Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. . . . . | 46         | X         |

**Part VI Section 501(c)(3) Organizations Only**  
 All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.  
 Check if the organization used Schedule O to respond to any question in this Part VI . . . . .

|   |            |           |
|---|------------|-----------|
|   | <b>Yes</b> | <b>No</b> |
| <b>47</b> Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II. . . . . | 47         | X         |
| <b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .  | 48         | X         |
| <b>49 a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .   | 49a        | X         |
| <b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .   | 49b        |           |

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------|--|---|---|--|
| Name <u>NONE</u><br>Title           | Hr/WK  |   |   |  |
| Name<br>Title                       | Hr/WK  |   |   |  |
| Name<br>Title                       | Hr/WK  |   |   |  |
| Name<br>Title                       | Hr/WK  |   |   |  |
| Name<br>Title                       | Hr/WK  |   |   |  |

**f** Total number of other employees paid over \$100,000 . . . . . ▶ \_\_\_\_\_

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| Name <u>NONE</u> Str<br>City ST ZIP                          |                     |                  |
| Name<br>City ST ZIP  |                     |                  |
| Name<br>City ST ZIP  |                     |                  |
| Name<br>City ST ZIP  |                     |                  |
| Name<br>City ST ZIP  |                     |                  |

**d** Total number of other independent contractors each receiving over \$100,000 . . . . . ▶ \_\_\_\_\_

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A . . . . . ▶  **Yes**  **No**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

|                  |  |                    |
|------------------|--|--------------------|
| <b>Sign Here</b> | Signature of officer                           | Date               |
|                  | Kenneth Oliver<br>Type or print name and title | Executive Director |

|                               |                                  |                         |            |  |           |
|-------------------------------|----------------------------------|-------------------------|------------|--|-----------|
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name       | Preparer's signature    | Date       | Check <input checked="" type="checkbox"/> if self-employed | PTIN      |
|                               | Ralph A Land                     |                         | 09/27/2019 |  | P00628297 |
|                               | Firm's name ▶ LAND & COMPANY CPA | Firm's EIN ▶ 36-4115344 |            | Phone no. 773-941-5415                                     |           |

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶  **Yes**  **No**

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

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](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization: **Chicago Bible Society** Employer identification number: **36-2495301**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: .....
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
  - g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1–10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
|                                    |          |   | Yes   | No |   |   |
| (A)                                |          |   |   |    |   |   |
| (B)                                |          |   |   |    |   |   |
| (C)                                |          |   |   |    |   |   |
| (D)                                |          |   |   |    |   |   |
| (E)                                |          |   |   |    |   |   |
| <b>Total</b>                       |          |   |   |    |   |   |

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(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

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2018 (100.00%); 15 Public support percentage from 2017 Schedule A, Part II, line 14 (99.98%); 16a 33 1/3% support test—2018 (checked); 16b 33 1/3% support test—2017; 17a 10%-facts-and-circumstances test—2018; 17b 10%-facts-and-circumstances test—2017; 18 Private foundation.

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

OMB No. 1545-0047

**2018**

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Chicago Bible Society

Employer identification number

36-2495301

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

|  |   |
|--|---|
| Name of organization<br><b>Chicago Bible Society</b> | Employer identification number<br><b>36-2495301</b> |
|--|---|

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br><small>(See instructions.)</small> | (d)<br>Date received |
|---------------------------|--|--|----------------------|
| 1                         | Bibles<br>.....<br>.....<br>.....            | \$ ..... 6,786.  | 01/01/2018           |
| 2                         | Bibles<br>.....<br>.....<br>.....            | \$ ..... 5,333.  | 01/01/2018           |
| .....                     | .....<br>.....<br>.....                      | \$ .....   | .....                |
| .....                     | .....<br>.....<br>.....                      | \$ .....   | .....                |
| .....                     | .....<br>.....<br>.....                      | \$ .....   | .....                |
| .....                     | .....<br>.....<br>.....                      | \$ .....   | .....                |



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

Chicago Bible Society

Employer identification number

36-2495301

Part I line 126

office expense 779 Information technology 164 travel 1,089

conferences and meetings 388 interest 134 insurance 1,811

telephone 1,783 education events 2,540 bibles 22,419

gutenberg dinner 6,371

# IRS e-file Signature Authorization for an Exempt Organization

Department of the Treasury  
Internal Revenue Service

For calendar year 2018, or fiscal year beginning \_\_\_\_\_, 2018, and ending \_\_\_\_\_, 20\_\_\_\_\_

▶ Do not send to the IRS. Keep for your records.  
▶ Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.

# 2018

Name of exempt organization: Chicago Bible Society Employer identification number: 36-2495301

Name and title of officer: Kenneth Oliver Executive Director

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

|    |                          |                                     |   |  |    |                |
|----|--------------------------|-------------------------------------|---|--|----|----------------|
| 1a | Form 990 check here      | <input type="checkbox"/>            | b | Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b | _____          |
| 2a | Form 990-EZ check here   | <input checked="" type="checkbox"/> | b | Total revenue, if any (Form 990-EZ, line 9)                      | 2b | <u>176,162</u> |
| 3a | Form 1120-POL check here | <input type="checkbox"/>            | b | Total tax (Form 1120-POL, line 22)                               | 3b | _____          |
| 4a | Form 990-PF check here   | <input type="checkbox"/>            | b | Tax based on investment income (Form 990-PF, Part VI, line 5)    | 4b | _____          |
| 5a | Form 8868 check here     | <input type="checkbox"/>            | b | Balance Due (Form 8868, line 3c)                                 | 5b | _____          |

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

#### Officer's PIN: check one box only

I authorize D R Accounting Firm to enter my PIN 81677 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature: Kenneth C. Oliver Exec. Dir. Date: 09/27/2019

### Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 15807481677  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature: \_\_\_\_\_ Date: 09/27/2019

**ERO Must Retain This Form—See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**