Department of the Treasury Internal Revenue Service

A For the 2019 calendar year, or tax year beginning

Return of Organization Exempt From Income Tax

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

and ending

OMB No. 1545-0047

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.

В	Check if a	pplicable:	C Name of organization Chicago Bible Society	D Employer	identificat	ion number
	Address c	hange	Doing business as			
\Box			Number and street (or P.O. box if mail is not delivered to street address) Room/suite	36-24953		
Ш	Name cha	ange	4300 N Hermitage Room 109	E Telephone	number	
	nitial retu	rn	City or town State ZIP code	312-573-	0000	
			CHICAGO IL 60613	312-373-	0009	
Ш	inal return/	terminated	Foreign country name Foreign province/state/county Foreign postal of	code		
	Amended	return		G Gross rece	ipts\$	196292.
\equiv			F Name and address of principal officer: Kenneth Oliver	II/a) la thia a mann sahura far	a hardinataa	? Yes X No
\Box	Applicatio	n pending		H(a) Is this a group return for		
			4300 N Hermita CHICAGO IL 60613	H(b) Are all subordinate		toward of
ı	Tax-exer	mpt status:	X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527	If "No," attach a lis	t. (see inst	ructions)
				H(c) Group exemption r	umber >	
						CL LL LU TT
K	Form of o	organizatio	n: X Corporation	of formation: 1840	M State	of legal domicile: IL
SE.	art .	Su	nmary			
	1			Chicago Bibl	e Soci	ety is a
e			ry that distributes Bibles to prisons hospitals			
ano		cholt	ers and promotes increased reading of the Bible			
ern		211616	his box ▶ ☐ if the organization discontinued its operations or disposed	l of mare than 250/	of ito no	t accete
ò	2	Check t	his box If the organization discontinued its operations of disposed	1 01 more than 25%		
Ö	3	Number	of voting members of the governing body (Part VI, line 1a)		3	9
S S	4		of independent voting members of the governing body (Part VI, line 1b)		4	8
Activities & Governance	5		mber of individuals employed in calendar year 2019 (Part V, line 2a)		5	
Ę	6		imber of volunteers (estimate if necessary)		6	12
Ac	7a	Total ur	related business revenue from Part VIII, column (C), line 12		7a	
	b	Net unr	elated business taxable income from Form 990-T, line 39		7b	
				Prior Year		Current Year
4	8	Contrib	utions and grants (Part VIII, line 1h)	1761	62.	196516.
Revenue	9		n service revenue (Part VIII, line 2g)			-233.
Vel	10		ent income (Part VIII, column (A), lines 3, 4, and 7d)			9.
Re	11		evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
			venue—add lines 8 through 11 (must equal Part VIII, column (A), line 12).	1763	60	196292.
_	12	Total rev	renue—add lines o through 11 (must equal Fart VIII, column (A), line 12).	1/0.	102.	130232.
	13		and similar amounts paid (Part IX, column (A), lines 1–3)			
	14		Benefits paid to or for members (Part IX, column (A), line 4)			120017
es	15					132817.
Expenses	16a				198.	3500.
χρ	- b		ndraising expenses (Part IX, column (D), line 25) ► 27250.			
ú	17	Other e	xpenses (Part IX, column (A), lines 11a-11d, 11f-24e)		374.	56245.
	18	Total ex	penses. Add lines 13–17 (must equal Part IX, column (A), line 25).	183	168.	192562.
	19	Revenu	e less expenses. Subtract line 18 from line 12	-7:	306.	3730.
or	ses			Beginning of Current	Year	End of Year
et Assets or	20	Total as	ssets (Part X, line 16)	41	542.	45272.
Ass	21		abilities (Part X, line 26)			
Net	22	Net ass	ets or fund balances. Subtract line 21 from line 20	4.1	542.	45272.
	art II	6-	gnature Block		3 12 1	
Llo	dor popul		griature Block rry, I declare that I have examined this return, including accompanying schedules and statement	ents, and to the hest of r	ny knowled	Ine
an	der periar	is true cor	rect, and complete. Declaration of preparer (other than officer) is based on all information of w	hich preparer has any k	nowledge.	.90
dil	a belief, it	10 (1 (0), 00)	1 41EN/2		4/2020)
Si	gn	₩	- July COX	Date		
Н	ere	'	Signature of officer			
				cutive Direct	or	
			Type or print name and title	Data		PTIN
_		Pri	nt/Type preparer's name Preparer's signature	Date	Check X	
	aid	D ~	lph A Land		self-employ	-
	repare			Firm's EIN ▶		
U	se Onl	V -	m's name ▶R A Land & Company Incorpora			
_		Fir	m's address ▶ 10417 S Karlov Ave OAK LAWN IL 6	60453 Phone no.	113-9	41-5415
	ov tha I	RS discu	iss this return with the preparer shown above? (see instructions)			Yes X No
IVI	ay the r					

Form **990** (Rev. January 2020)

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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OMB No. 1545-0047

2019

Open to Public Inspection

Α	For the	2019 cal	lendar year, or tax year beginning		, and e	nding			
В	Check if	applicable:	C Name of organization Chicago E	Bible Society			D Employer	identificat	ion number
	Address	change	Doing business as						
一		J	Number and street (or P.O. box if mail is no	t delivered to street address)	Room/suite		36-24953	01	
Ш	Name ch	ange	4300 N Hermitage Room 10	9			E Telephone		
П	nitial retu	ırn	City or town		ZIP code		•		
=	ililiai ieli	uiii	CHICAGO IL 60613				<u> 312-573-</u>	8809	
Ш	inal return	n/terminated		province/state/county I	Foreign postal	code			
П	Amended	d return	r oroigir country flame	province, etato, ecunity	oroigii pootai	0000	G Gross rece	eints \$	196292.
=	unonace	a return					0.000.000	σιριο ψ	
\sqcup	Application	on pending	F Name and address of principal officer: Ker	neth Oliver		H(a) Is thi	is a group return fo	r subordinates	? Yes X No
			4300 N Hermita CHICAGO	IL 60613		H(b) Are	all subordinate	es included	? Yes No
	Tay-aya	mpt status:	X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1) d	or 527	If "I	No," attach a lis	st. (see inst	ructions)
-				(IIISEIT IIO.) 4347 (a)(1) C	321				,
<u>J</u>	Website	e: Nww	w.ChicagoBibleSociety.org			H(c) Gro	up exemption	number P	
K	Form of	organizatio	n: X Corporation Trust Associa	tion Other ▶	L Yea	ar of forma	ation: 1840	M State	e of legal domicile: IL
	art I	Sui	mmary						
_	1		describe the organization's mission or	most significant activitie	c. The	Chia	ago Pibl	o Sogi	lety is a
æ	'	-		~			ago bibi	e 5001	ecy is a
ũ			try that distributes Bibl			and			
Governance			ers and promotes increase						
Š	2	Check to	his box 🕨 🔛 if the organization dis	continued its operations	or disposed	d of mo	re than 25%	of its ne	et assets.
	3	Number	r of voting members of the governing	body (Part VI, line 1a).				3	9
∞ಶ	4		r of independent voting members of the					4	8
<u>ië</u>	5		umber of individuals employed in cale	0 , (. ,			5	
₹	6		umber of volunteers (estimate if neces		,			6	12
Activities &	7a		nrelated business revenue from Part \		7a				
_	I _							7b	
	b	net unit	elated business taxable income from	Form 990-1, line 39		<u></u>		70	0
		0 ("					Prior Year		Current Year
ē	8		utions and grants (Part VIII, line 1h).				1761	162.	196516.
Revenue	9	-	n service revenue (Part VIII, line 2g) .						-233.
ě	10		nent income (Part VIII, column (A), line						9.
Œ	11		evenue (Part VIII, column (A), lines 5,		•				
	12	Total rev	enue—add lines 8 through 11 (must equ	al Part VIII, column (A), line	e 12) . .		1761	L62.	196292.
	13	Grants a	and similar amounts paid (Part IX, co	lumn (A), lines 1-3)					
	14	Benefits	s paid to or for members (Part IX, colu	ımn (A), line 4)					
S	15		, other compensation, employee benefits				1315	596.	132817.
se	16a		ional fundraising fees (Part IX, colum	. ,	,			198.	3500.
ě	b		ndraising expenses (Part IX, column				<u> </u>	150.	3300.
Expenses	17		xpenses (Part IX, column (A), lines 1				163	374.	56245.
	18								
			openses. Add lines 13–17 (must equa		-		1834		192562.
	19	Revenu	e less expenses. Subtract line 18 from	nine iz		B	-73		3730.
Net Assets or Fund Balances						Beginn	ing of Current		End of Year
sse	20		ssets (Part X, line 16)				415	542.	45272.
a t	21		abilities (Part X, line 26)						
		Net ass	ets or fund balances. Subtract line 21	from line 20			415	542.	45272.
Pa	art II	Sig	gnature Block						
Und	er penalt	ies of perjui	ry, I declare that I have examined this return, inc	cluding accompanying schedule	s and stateme	ents, and	to the best of m	ny knowled	ge
and	belief, it	is true, corre	rect, and complete. Declaration of preparer (other	er than officer) is based on all in	formation of w	vhich prep	arer has any k	nowledge.	
Sig	ın						07/1	4/2020	ł .
_			Signature of officer				Date		
Here			Kenneth Oliver		Exec	cutive	e Direct	or	
			Type or print name and title						
		Prin		Preparer's signature		Date	,		PTIN
Pa	id		2					heck X	
		. Ral	lph A Land			07/	14/2020 S	elf-employe	P00628297
	eparer		n's name ▶R A Land & Compan	y Incorpora			Firm's EIN ▶	84-322	25981
US	e Only	y	n's address ▶ 10417 S Karlov Av		тт. 6				11-5415
		•							
Ma	v the IF	RS discus	ss this return with the preparer showr	above? (see instruction	s)				Yes X No

137399.

Total program service expenses

4e

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		Х
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? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	3		21
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a		Х
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		Х
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		Х
Ч	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		Λ
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		Х
	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)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
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	426		v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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? If "Yes," complete Schedule F, Parts I and IV	14b		X
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? If "Yes," complete Schedule F, Parts II and IV	15		Х
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? <i>If "Yes," complete Schedule F, Parts III and IV </i>	16		Х
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		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	10	v	
19	Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	Х	
	If "Yes," complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		
21	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	21		Х

Par	t 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			
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		Х
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		
24 a	\$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		Х
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		
	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		Х
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		Х
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? If "Yes," complete Schedule L, Part II	26		Х
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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21		\triangle
20	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>			
_	If"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	If"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
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		v
352	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	JJa		- 21
	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	200		
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
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? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance		-	
	Check if Schedule O contains a response or note to any line in this Part V			Ш
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	X	1

Form 9	990 (2019) Chicago Bible Society 36-249	9530	1 F	age 🕻
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			1
		_	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		
20	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions)	20		v
3a h	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		X
b 4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	30		
₹a	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country •	Tu		
-	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		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
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).			
а	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		Х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a 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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	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? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1		
	excess parachute payment(s) during the year	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

Part VI

<u>Sect</u>	ion A. Governing Body and Management			-	
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 9	-		
	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.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b 8	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation				
	any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under				
	supervision of officers, directors, trustees, or key employees to a management company or other		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w	as filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization'	s assets?	5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect	or appoint			
	one or more members of the governing body?		7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) member	ers,			
	stockholders, or persons other than the governing body?		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions underta				
	the year by the following:	-			
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot b	e reached			
	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule	0	9		X
Sect	ion B. Policies (This Section B requests information about policies not required by the	Internal Revenue C	ode.	١ .	
				Yes	No
	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of suc				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt		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	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	1 7 7		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy?				
	describe in Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review and application and applications and applications and applications and applications and applications and applications are applications.				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation		45		
a	The organization's CEO, Executive Director, or top management official		15a	X	37
b	Other officers or key employees of the organization		15b		X
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	ngomor t			
тоа	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arra	_	10-		37
h	with a taxable entity during the year?		16a		X
b	participation in joint venture arrangements under applicable federal tax law, and take steps to sa				
	the organization's exempt status with respect to such arrangements?		16b		
Sect	ion C. Disclosure		עטין		
<u> 3eci</u> 17	List the states with which a copy of this Form 000 is required to be filed.				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 9	90. and 990-T (Secti			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that a		00	. (0)	
		αρμή. αplain on Schedule C)		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documen	-	•		
-	and financial statements available to the public during the tax year.	,	, - y	•	
20	State the name, address, and telephone number of the person who possesses the organization'	s books and records	•		
	Deborah Renaud				
	4300 N Hermitag CHICAGO IL 60613				

orm 990 (2019)	Chicago	Bible	Society

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 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 and/or Box 7 of Form 1099-MISC) 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 instructions for the order in which to list the persons above.

Check this box if neither the organization nor ar	ny related organ	ızatıo	n co	omp	ens	sated	any	current officer,	director, or trus	tee.
(A)	(P)	(C) Position (do not check more than one					n.c	(D)	(5)	(5)
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er an	ss pe	erson	e is or employee	an	Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) M Renetzky President	1	37		Х				0	0	0
(2) Jeffrey Schwab	1	Х		Λ				U	0	0
VP Secretary		Х		Х				0	0	0
(3) Marion Ostrega	1									
Treasurer		Х		Х				0	0	0
(4) Kenneth Oliver	26									
Executive Dir		Х		Х				0	0	0
(5) James Brooks Director		Х						0	0	0
(6) David Dault										
Director		X						0	0	0
(7) Jesus Nunez										
Director		Χ						0	0	0
(8) Lydia Talbot										
Director		X						0	0	0
(9) Carolyn Vessel Director		X						0	0	0
(10)										
(11)										
(12)										
(13)										
(14)										

36-2495301

P	Section A. Officers, Directors, Ir	ustees, Key Er	npio	yee	s, a	na	Hign	est	Compensated	Employees (co	ntinue	a)
	(A) Name and title	(B) Average hours per week	box,	unle: er an	Pos neck ss pe d a c	erson lirect	e than is both	h an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related	Estima of comp	(F) ted amount other pensation
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	organi	om the zation and organizations
(15)												
(16)												
(17)												
(18)												
(19)												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1b c d	Subtotal	Section A						* * *				
2	Total number of individuals (including but not I reportable compensation from the organization	imited to those I							ed more than \$1	00,000 of		
3	Did the organization list any former officer, diremployee on line 1a? If "Yes," complete Sche	rector, trustee, k	•		•		_		•		3	res No
4	For any individual listed on line 1a, is the sum the organization and related organizations gre individual	of reportable coater than \$150,0	mpe 000?	nsa	tion	and	d othe	er c	ompensation fro	m	4	X
5	Did any person listed on line 1a receive or acc for services rendered to the organization? <i>If</i> "	rue compensati	on fr								5	X
Sec	tion B. Independent Contractors	roo, complete (30110	aure	, , ,	0, 0	uon p	,0,0			_ J _	21
1	Complete this table for your five highest components compensation from the organization. Report of										n's tax v	/ear.
	(A) Name and business add			-		<u> , , , , , , , , , , , , , , , , , , </u>	<u> </u>		(B) Description of ser		(C) Compens	
2	Total number of independent contractors (inclumore than \$100,000 of compensation from the	-		to th	nose	e lis	ted a	bov	e) who received			

Part VIII Statement of Revenue

		Check if Schedule O co	ntains a re	esponse o	r note to any line	in this Part VIII.			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
9 40	1a	Federated campaigns		. 1a					000000000000000000000000000000000000000
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues							
Gra		Fundraising events			35820.				
ts, An	d	Related organizations			14130.				
Gif İlar	e	Government grants (contrib							
ns, imi	f	All other contributions, gifts	•						
tio r S	•	similar amounts not include			146566.				
ibu	а	Noncash contributions inclu			110300.				
ntr d O	g	lines 1a–1f		1g	\$ 19130.				
Co an	h	Total. Add lines 1a–1f				196516.			
	- !!	Total. Add lines Ta-TT .	· · · ·	<u> </u>	Business Code	190310.			
ė	2a	Program Service			813110	-233.	-233.		
vic	b				013110	255.	233.		
ser Jue	C								
n S	d								
Irai Re	u								
Program Service Revenue	•	All other program convice re							
P	۱ م	All other program service re				-233.			
	<u>g</u> 3	Total. Add lines 2a–2f Investment income (includi				-233.			
	3	other similar amounts)				9.	9.		
	4	Income from investment of				<u> </u>	٥.		
	5	Royalties							
	,	Royalles		(i) Real	(ii) Personal				
	6a	Gross rents	6a	()	()				
	b	Less: rental expenses .	6b						
		Rental income or (loss)	6c						
	c d	Net rental income or (loss)							
	7a	Gross amount from		Securities	(ii) Other				
	<i>r</i> u	sales of assets			(-/				
		other than inventory	7a						
<u>e</u>	b	Less: cost or other basis	74						
Revenue		and sales expenses	7b						
eve	С	Gain or (loss)	7c						
Ŗ		Net gain or (loss)			•				
Othe		Gross income from fundrais		· · <u>· · · · · · · · · · · · · · · · · </u>					
ŏ		events (not including \$	9						
		of contributions reported or	line 1c).						
		See Part IV, line 18		. 8a					
	b	Less: direct expenses		. 8b					
		Net income or (loss) from for			▶				
	9a	Gross income from gaming	activities						
		See Part IV, line 19							
	b	Less: direct expenses		. 9b					
	С	Net income or (loss) from g	aming act	tivities	•				
	10a	Gross sales of inventory, le	SS						
		returns and allowances		. 10a					
	b	Less: cost of goods sold .		. 10b					
	С	Net income or (loss) from s	ales of inv	entory.					
2					Business Code				
Miscellaneous Revenue	11a								
scellaneo Revenue	b								
eve	С								
lisc R	d	All other revenue							
Σ		Total. Add lines 11a-11d.							
	12	Total revenue. See instruc	tions		🕨	196292.	-224.		

	90 (2019) Chicago Bible Society t IX Statement of Functional Expenses			36-249	5301 Page 10
	on 501(c)(3) and 501(c)(4) organizations must complete all	columns. All other	organizations mus	t complete column ((A).
	Check if Schedule O contains a response or note				
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 2	Grants and other assistance to domestic organizations domestic governments. See Part IV, line 21 Grants and other assistance to domestic		·		·
3	individuals. See Part IV, line 22				
4 5	Benefits paid to or for members	45627.	22814.	18250.	4563.
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	70783.	56522.	5830.	8431.
9 10 11	Other employee benefits	7651. 8756.	6503. 5942.	1423. 1628.	-275. 1186.
a b c	Management	2260.	1595.	420.	245.
d e f	Lobbying	3500.			3500.
g 12	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
13 14 15	Office expenses	1540. 280.	642. 198.	770. 52.	128. 30.
16 17	Occupancy	6775. 1193	2825.	3388.	562. 129

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X	(
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	25792.	1	29522.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	2250.	3	2250.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
its	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	13000.	8	13000.
Ä	9	Prepaid expenses and deferred charges	500.	9	500.
	-	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	41542.	16	45272.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Se	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons		22	
Ξ	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17–24). Complete			
		Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	
S		Organizations that follow FASB ASC 958, check her▶ X			
nce		and complete lines 27, 28, 32, and 33.			
ala	27	Net assets without donor restrictions	2262.	27	9955.
l B	28	Net assets with donor restrictions	39280.	28	35317.
nr		Organizations that do not follow FASB ASC 958, check here▶			
·F		and complete lines 29 through 33.			
0.5	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
\ss	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	41542.	32	45272.
ž	33	Total liabilities and net assets/fund balances	41542.	33	45272.

			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both:			
	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 oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on			
	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 Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2019)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

OMB No. 1545-0047
2019

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

Employer identification number Name of the organization Chicago Bible Society 36-2495301 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).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 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. 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. **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.** C Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing other support (see support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

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** Calendar year (or fiscal year beginning in) (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Gifts, grants, contributions, and membership fees received. (Do not 201520. 194134. 159797. 176152. 196292. 927895. include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 201520. 194134. 159797. 176152. 196292. 927895. Total. Add lines 1 through 3 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) 6 Public support. Subtract line 5 from line 4 927895 Section B. Total Support (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Calendar year (or fiscal year beginning in) 201520. 194134. 159797 176152. 196292. 927895. Amounts from line 4 Gross income from interest, dividends. payments received on securities loans, rents, royalties, and income from similar sources 21 10 31. Net income from unrelated husiness 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.) 927926. **11 Total support.** Add lines 7 through 10... 12 First five 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** 100.00% 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 14 100.00% 15 16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 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—2018. 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 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization

Chicago Bible Society

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2019

Employer identification number

36-2495301

Organization type (check one): Filers of: Section: X 501(c)(3 Form 990 or 990-EZ) (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** X 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, 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

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).

Chicago Bible Society 36-2495301 Page **2** Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported Part II more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events Dinner (add col. (a) through col. (c)) (event type) (event type) (total number) Revenue Gross receipts 2 Less: Contributions . . . 3 Gross income (line 1 minus line 2) Cash prizes Noncash prizes Direct Expenses Rent/facility costs Food and beverages . . . Entertainment Other direct expenses . . Direct expense summary. Add lines 4 through 9 in column (d) Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming col. (a) through col. (c)) bingo/progressive bingo Gross revenue Direct Expenses Cash prizes Noncash prizes Rent/facility costs Other direct expenses . . Yes 0.0% Yes 0.0% Yes 0.0% Volunteer labor Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities:

If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . .

b If "Yes," explain:

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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 for the latest information.

OMB No. 1545-0047 Open to Public

Inspection Employer identification number

Name of the organization

36-2495301 Chicago Bible Society Part VI 6 Chicago Bible Society has members however members have no voting rights nor any other privileges or benefits Members do not pay dues Part VI 11b Chicago Bible Society has the Form 990 reviewed by the Executive Committee prior to submission to the IRS A copy of the submitted 990 is provided to all board members Part VI 12b Bylaws of the organization contain a conflict of interest clause prohibiting actions/attempts to influence which result in a material or financial gain for officers di key employees or their immediate family All officers directors and key employees are required to disclose annually any interest that may represent a potential conflict Part VI 6 19 All public documents are available upon request. The 990 is on our website and is available upon request. Part VI Section B 15a The Exec Committee holds an annual Performance review with Exec Director, salary adjustments and bonuses are made by the Board of Directors upon the recommendation of the committee following the annual review.

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization	Employer identification number
Chicago Bible Society	36-2495301
Part VI, Sec. B continued, Before making any recommen	dation,
the results of the review are presented to the Execut	ive
Director, with opportunity for comment and discussion	1.
The committee is composed entirely of independent dir	ectors.

Form 8879-FC

IRS e-file Signature Authorization for an Exempt Organization

OMB	No.	1545-	187	8

Department of the Treasury

For calendar year 2019, or fiscal year beginning ______, 2019, and ending ______, 20_____ ▶ Do not send to the IRS. Keep for your records.

Internal Revenue Service

► Go to www.irs.gov/Form8879EO for the latest information. Employer identification number

Name of exempt organization 36-2495301 Chicago Bible Society Name and title of officer Kenneth Oliver Executive Director Type of Return and Return Information (Whole Dollars Only) Part I 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 ► X **b Total revenue,** if any (Form 990, Part VIII, column (A), line 12). 2a Form 990-EZ check here ▶ **b Total revenue**, if any (Form 990-EZ, line 9) 3a Form 1120-POL check here ► **b** Total tax (Form 1120-POL, line 22). Form 990-PF check here ▶ b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 5a Form 8868 check here ► **b Balance Due** (Form 8868, line 3c) **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 2019 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 11550 lauthorize D R Accounting Firm to enter my PIN as my signature ERO firm name Enter five numbers, but do not enter all zeros on the organization's tax year 2019 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 2019 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.

Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

15807411550

Date $\triangleright 07/14/2020$

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 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.

Date ► 08/07/2020 ERO's signature

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

Officer's signature