Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

BCA

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. 2020 Open to Public Inspection

Α	For the	2020 cal	endar year, or tax year begi	inning		, and ei	nding				
В	Check if a	applicable:	C Name of organization Cl	hicago E	Bible Society			D Employ	ver identification	on number	r
	Address c	change	Doing business as								
	Name cha	2000	Number and street (or P.O. b	ox if mail is no	t delivered to street address)	Room/suite		36-2495			
		ange	4300 N Hermitage	Room 10				E Telepho	one number		
	Initial retu	ırn	City or town		State	ZIP code		312-573	8-8809		
T	Final return/	/terminated	CHICAGO IL 60613					JIZ J/3	0000		
			Foreign country name	Foreign	province/state/county	Foreign postal	code				
	Amended	return						G Gross re	eceipts \$	228	8221.
	Applicatio	on pending	F Name and address of principa	al officer:Ker	neth Oliver		H(a) Is th	is a group returi	n for subordinates?		Yes X No
			4300 N Hermita CH	ICAGO	IL 60613		H(b) Are	e all subordin	ates included?		Yes No
		npt status:	X 501(c)(3) 501(c)		(insert no.) 4947(a)(1)) or 527	lf "	No," attach a	list. See instru	uctions	
		-		. ,		, <u> </u>					
			.ChicagoBibleSoci					oup exemption			
κ	Form of c	organization	n: X Corporation Trust	Associa	tion Other ►	L Yea	ar of forma	ation: 184	0 M State	of legal dor	micile: IL
	Part I	Su	nmary								
	1	Briefly d	escribe the organization's	mission or	most significant activit	ies: The	Chic	aqo Bik	ole Socie	ety is	3 a
Se		-	ry that distribut		-						
nan			ers and promotes i								
Activities & Governance			nis box 🕨 🗌 if the organ				d of mo	re than 24	5% of its not	accote	
ő			of voting members of the							000010.	9
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			of independent voting me	• •	• •				4		8
es			mber of individuals emplo		•				5		3
vit			mber of volunteers (estim	-					6		12
<b>Vcti</b>			related business revenue						7a		12
4			elated business taxable in						7a 7b		
	U	INEL UITE	elated busilless taxable ini		Fuill 990-1, Fail 1, Ille	;		Prior Year		Current	t Voar
	8	Contribu	itions and grants (Part VII	l lina 1h)					6516.	Curren	200260.
Revenue	9		service revenue (Part VI								
ver	9 10	-							-233.		4160.
Re	10		ent income (Part VIII, colu		-				9.		1.
			venue (Part VIII, column (					1.0	<u></u>		23800.
	12		enue—add lines 8 through 1					19	6292.		228221.
			and similar amounts paid (								
			paid to or for members (F					1.0	001 -		1 4 0 4 5 0
ses	15		other compensation, employ	•		,			2817.		140450.
ens	16a		onal fundraising fees (Par						3500.		
Expenses	b		ndraising expenses (Part I						6045		41520
	11		kpenses (Part IX, column (		-				6245.		41532.
			penses. Add lines 13–17	·		-			2562.		181982.
<u> </u>		Revenue	e less expenses. Subtract				Paging	ing of Curre	3730.	End of	46239.
Net Assets or	20	Total aa	sets (Part X, line 16) .				Beginn	-	5272.	Life of	89261.
Asse	20 21		bilities (Part X, line 16).					4	5272.		09201.
Vet /	22		ets or fund balances. Subt					4	5 3 7 3		89261.
								4	5272.		89261.
	art II		nature Block y, I declare that I have examined	this roturn in	luding accompanying achadu	los and stateme	onto ond	to the heat o	fmyknowloda		
			ect, and complete. Declaration of							5	
			····						13/2021		
Si			Signature of officer					Date			
He	ere		Kenneth Oliver			Exec	nut i v	e Direc			
			Type or print name and title			Писс	SUCIV	C DIICC			
			t/Type preparer's name		Preparer's signature		Date	e		PTIN	
Ра	id								Check X if	f	
	eparer	Ral	ph A Land				03/	13/2021	self-employed	P006	28297
	e Only		'sname ▶R A Land &	. Compan	y Incorpora			Firm's EIN	▶84-3225	5981	
03	S Only		's address ▶10417 S Ka	arlov Av	e OAK LAWN	IL 6	50453	Phone no.	773-943	1-5415	;
Ma	v the IR		ss this return with the prep							Ye	
	-										
101	Paperw	/orκ κedι	uction Act Notice, see the s	eparate insi	ructions.					Forn	m <b>990</b> (2020)

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Pa	rt III	Statement of Program Service Accomplishments	
		Check if Schedule O contains a response or note to any line in this Part III	
1		escribe the organization's mission:	
		nicago Bible Society is a non-denominational Christian ministry	
	that o	listributes Bibles to prisons, hospitals, and shelters.	
2	Did tho	organization undertake any significant program services during the year which were not listed on	
2		· Form 990 or 990-EZ?	. Yes X No
	•	describe these new services on Schedule O.	
3		organization cease conducting, or make significant changes in how it conducts, any program	
-		?	Yes X No
		describe these changes on Schedule O.	
4	Describ	e the organization's program service accomplishments for each of its three largest program service	s, as measured by
		es. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and a	llocations to others,
	the tota	expenses, and revenue, if any, for each program service reported.	
4a	(Code:	) (Expenses \$ 96245. including grants of \$ ) (Revenue	\$)
	Progra	am A - Scripture Provision - Chicago Bible Society distributes	
		scripture portions/Study Guides to jails, hospitals, shelters, nurches.	
	(0.1		<u> </u>
4b	(Code:	) (Expenses \$ 30187. including grants of \$ ) (Revenue am B - Scripture Encouragement - Chicago Bible Society sponsors	\$)
	hible	study and education programs to encourage reading &	
		standing.	
		standing.	
4c	(Code:	) (Expenses \$ including grants of \$) (Revenue	(\$)
40	(0000.		Ψ
4d	Other p	ogram services (Describe on Schedule O.)	
	(Expens		)
4e	Total pr	ogram service expenses  126432.	

Form 990 (2020) Chicago Bible Society

Pari	Checklist of Required Schedules			<del>.</del>
	$\int dt = \frac{1}{2} \int dt$	<u> </u>	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	4	х	
2	complete Schedule A	1	x X	<u> </u>
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	24	<u> </u>
Ŭ	candidates for public office? If "Yes," complete Schedule C, Part 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? If			
-	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		v
8	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		X
0	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	0		- 21
•	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			
	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			37
<b>h</b>	Schedule D, Part VI	11a		X
D	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	110		- 73
Ŭ	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			<u> </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
f	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		Х
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
a	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	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,			<u> </u>
	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		Х
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			
47	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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? <i>If "Yes," complete Schedule G, Part I</i> See instructions.	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
.0	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			<u> </u>
-	If "Yes," complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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

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Form 990 (2020)

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i>	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? If "Yes," complete Schedule J.	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			1
	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		1
Ь	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			1
	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%			1
	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			l.
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			1
	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,			
	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? If			1
	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
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			1
	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			1
	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?			I
	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	~~		37
24	sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		X
34		34		х
350	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	33a		
D	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	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	1
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		. [	
			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	Х	

Form 990 (2020)
Part V

			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 3								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)								
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,								
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х					
b	If "Yes," enter the name of the foreign country ►								
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х					
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
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?	70		Х					
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		Λ					
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70							
С		7c		х					
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		Х					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Х					
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 10b								
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders								
b	Gross income from other sources (Do not net amounts due or paid to other sources								
4-	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		<u> </u>					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
h	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which								
b	the organization is licensed to issue qualified health plans								
с	Enter the amount of reserves on hand								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		l						
	excess parachute payment(s) during the year	15		х					
	If "Yes," see instructions and file Form 4720, Schedule N.	15		- 22					
16		40		v					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X					
	If "Yes," complete Form 4720, Schedule O.								

Form 990 (2020) Chicago Bible Society 36-2495301 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management Yes No 9 **1a** Enter the number of voting members of the governing body at the end of the tax year . . . 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent . . 8 1b b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 2 Х 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . 3 Х 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Х Did the organization become aware during the year of a significant diversion of the organization's assets? . . . 5 5 Х 6 6 Х Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a 7a Х Are any governance decisions of the organization reserved to (or subject to approval by) members. b 7b Х 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a Х 8b Х b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached 9 at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O . . . . 9 Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. No Yes **10a** Did the organization have local chapters, branches, or affiliates? 10a Х h If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . 10b **11a** Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?. 11a Х **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13..... 12a Х **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Х С Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c Х 13 Х 13 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? а The organization's CEO, Executive Director, or top management official. 15a Х 15b х If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a Х h If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Upon request Another's website Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records Deborah Renaud 773-857-0741 4300 N Hermitag CHICAGO IL 60613

Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	
	Check if Schedule O contains a response or note to any line in this Part VII	🔲
	Employees, and Independent Contractors	
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated	d
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**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 any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos neck ss pe	rson irect	e tha both is or/trust or/trust employee	n an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) M Renetzky	1					đ				
President		Х		Х				0	0	0
(2) Jeffrey Schwab VP - Secretary	1	x		х				0	0	0
(3) Marion Ostrega	1									
Treasurer		Х		Х				0	0	0
(4) Kenneth Oliver	26									
Executive Dir		Х		Х	Х			51100.	0	0
<b>(5)</b> James Brooks	1									
Director		Х						0	0	0
(6) David Dault	1								_	
Director		Х						0	0	0
(7) Jesus Nunez Director	1	x						0	0	0
(8) Lydia Talbot	1	~						0	0	0
Director	<i>*</i> .	х						0	0	0
(9) Carolyn Vessel	1							-	-	
Director		х						0	0	0
(10)										
(11)										
(12)										
(13)										
(14)										
	1							1	1	

	990 (2020) Chicago Bible Societ									36-249		Page <b>8</b>
P	art VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee			High	est	Compensated	Employees (co	ntinuec	1)
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	neck ss pe	ition more rson lirect	e tha off the bott Highest compensated or/truemployee	n an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	Estimati of comp froi organiz	(F) ed amount other ensation m the tation and rganizations
(15)												
(16)												
(17)												
(18)												
(19)												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1b	Subtotal								51100.			
C	Total from continuation sheets to Part VII, S								51100.			
<u>d</u> 2	Total (add lines 1b and 1c)	imited to those I						► eive		00,000 of		
3	Did the organization list any <b>former</b> officer, dir employee on line 1a? <i>If</i> "Yes," <i>complete Sche</i>										Y 3	Yes No X
4	For any individual listed on line 1a, is the sum the organization and related organizations gre <i>individual</i>										4	X
5	Did any person listed on line 1a receive or acc for services rendered to the organization? If "	•							•		5	X
Sec	tion B. Independent Contractors				_		-	_				
1	Complete this table for your five highest composition from the organization. Report composition from the organization.										n's tax y	ear.
	(A) Name and business add	ress							(B) Description of ser	vices (	<b>(C)</b> Compensa	ation
2	Total number of independent contractors (inclu	uding but not lim	ited	to th	nose	e list	ted at	200	e) who received			

more than \$100,000	of compensation fr	om the organization
$11010$ $11011$ $\psi$ 100,000	or componication in	on and organization P

	990 (20			ıety					36-2	2495301 Page <b>9</b>
Par	t VIII									<u>г</u>
		Check if Schedule O co	ontain	s a respor	ise o	r note to any line	in this Part VIII.			
							<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
	· ·									sections 512-514
nts Its	1a	Federated campaigns			1a					
Gran	b	Membership dues			1b	E0100				
Am, C	С С	Fundraising events Related organizations			1c 1d	50100. 7977.				
Contributions, Gifts, Grants and Other Similar Amounts	d	Government grants (contril			1u 1e	1911.				
ini, îs	f	All other contributions, gifts			10					
er S	· ·	similar amounts not include			1f	142183.				
C the	q	Noncash contributions incl								
ontio		lines 1a–1f			1g	\$				
ភីបី	h	Total. Add lines 1a-1f .					200260.			
						Business Code				
ice	2a	Program Service				813110	4160.	4160.		
ue C	b									
n S en	C									
Program Service Revenue	d									
5 D	e f	All other program service r								
ā	g	Total. Add lines 2a–2f					4160.			
	3	Investment income (includi	ina di	vidends, ir	ntere	st. and	1100.			
		other similar amounts)	•				1.	1.		
	4	Income from investment of								
	5	Royalties								
				(i) Rea	al	(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses .	6b							
	c	Rental income or (loss)	6c			<b>`</b>				
	d 7a	Net rental income or (loss) Gross amount from	· ·	(i) Securi		►				
	10	sales of assets			100					
		other than inventory	7a							
e	b	Less: cost or other basis	. u							
enue		and sales expenses	7b							
	с	Gain or (loss)	7c							
re F	d	Net gain or (loss)				•				
Other Rev	8a	Gross income from fundrai	sing							
0		events (not including \$								
		of contributions reported of See Part IV, line 18			0.0					
	b	Less: direct expenses			8a 8b					
	c	Net income or (loss) from f				• • • • •				
		Gross income from gaming		-						
		See Part IV, line 19			9a					
	b	Less: direct expenses			9b					
		Net income or (loss) from g		g activitie	s	•				
	10a	Gross sales of inventory, le								
		returns and allowances .								
		Less: cost of goods sold .			10b					
	C	Net income or (loss) from s	sales	ot invento	ry.					
Miscellaneous Revenue	112	Other program inco	m			Business Code 813110	23800.	23800.		
cellaneo	b					010110	23000.	23000.		+
ver	C D							1		1
Sce	d	All other revenue								
Ĭ		Total. Add lines 11a–11d .					23800.			
	12	Total revenue. See instruc					228221.	27961.		

following SOP 98-2 (ASC 958-720) . .

#### Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX . (C) (D) (A) (B) Do not include amounts reported on lines 6b, 7b, Total expenses Management and Fundraising Program service 8b. 9b. and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations 1 domestic governments. See Part IV. line 21. . . . 2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . . Benefits paid to or for members . . . . . . . . . 4 5 Compensation of current officers, directors, trustees, and key employees . . . . . . . . . . . . 51100. 25550. 20440 5110. Compensation not included above to disgualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . . 7 Other salaries and wages . . . . . . . . . . . . . 71746 57225 6015 8506. Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) . . 9 8206 6975. 1589 -358. 10 9398 6332. 1821 1245. 11 Fees for services (nonemployees): b . Accounting . . . . . . . . . . . . . 1090 761 211 118. С Professional fundraising services. See Part IV, line 17. е f Investment management fees . . . . . . . . . . . Other. (If line 11g amount exceeds 10% of line 25, column g (A) amount, list line 11g expenses on Schedule O.) . . . . . . . Advertising and promotion . . . . . . . . . . . . 12 13 1020 425 510 85. 14 2439 1703. 472. 264. 15 7000 16 2919 3500 581. 17 914 638. 177 99. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . 19 Conferences, conventions, and meetings . . . . 20 89 62 17. 10. 21 22 Depreciation, depletion, and amortization . . . . 23 3302 2306. 639 357. 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 793. 555 a Printing & Mailings 1586. 238. **b** Bibles 12292 12292. C Contractors 6600. 6600. **d** See details e All other expenses 5200 1850 3350 -----Total functional expenses. Add lines 1 through 24e . 181982 126431. 35946 19605. 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here 🕨 if

Part X **Balance Sheet** (A) (B) Beginning of year End of year 29522. 1 75761. 1 2 2 2250. 3 3 4 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 Loans and other receivables from other disgualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Assets 7 7 13000. 8 13000. 8 500. 9 500. 9 Prepaid expenses and deferred charges . . . Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation . . . . 10b 10c 11 11 12 Investments-other securities. See Part IV, line 11 . . . . . . . . . . 12 13 Investments—program-related. See Part IV, line 11. . . . . . . 13 14 14 15 15 45272. 89261 16 Total assets. Add lines 1 through 15 (must equal line 33) . . . . 16 17 17 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . . 22 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 25 26 Total liabilities. Add lines 17 through 25 . . . . . . 26 Organizations that follow FASB ASC 958, check her Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions . . . . . 9955. 27 49971. 35317. 28 39290. 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 29 30 30 Paid-in or capital surplus, or land, building, or equipment fund . . . . 31 Retained earnings, endowment, accumulated income, or other funds . . 31 89261. 32 45272. 32 Total liabilities and net assets/fund balances . . . . 33 45272. 33 89261.

Form 990 (2020)

Chicago Bible Society

Form **990** (2020)

36-2495301

Page 11

Form 9	990(2020) Chicago Bible Society	36-2	495301	Page	<u>12</u>
Part	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			. [	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		22822	1.
2	Total expenses (must equal Part IX, column (A), line 25)	2		18198	2.
3	Revenue less expenses. Subtract line 2 from line 1	3		4623	9.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		4527	2.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		-225	0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10		8926	1.
Part	XII Financial Statements and Reporting			-	-1
	Check if Schedule O contains a response or note to any line in this Part XII	• •		· _	
				Yes N	No
1	Accounting method used to prepare the Form 990: X Cash Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
0-	Schedule O.		0-		-
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Σ	<u>{</u>
	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	Σ	ζ
	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 or	ו			
	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	Σ	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** (2020)

SCHEDULE A (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

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.

Open to Public Department of the Treasury Inspection Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service 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. Part I 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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 university: 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 а 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. С 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 II, Type III е functionally integrated, or Type III non-functionally integrated supporting organization. f Provide the following information about the supported organization(s). g (i) Name of supported organization (iii) Type of organization (ii) EIN (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)

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. BCA

Total

OMB No. 1545-0047

2020

 

 Schedule A (Form 990 or 990-EZ) 2020
 Chicago Bible Society
 36-24

 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.)

	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	<b>(e)</b> 2020	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	194134.	159797.	176152.	196292.	228221.	954596.
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						
4	Total. Add lines 1 through 3	194134.	159797.	176152.	196292.	228221.	954596.
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						954596.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	<b>(d)</b> 2019	(e) 2020	<b>(f)</b> Total
7	Amounts from line 4	194134.	159797.	176152.	196292.	228221.	954596.
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources		21.	10.			31.
9	Net income from unrelated business						
	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.)						
11	Total support. Add lines 7 through 10						954627.
12	Gross receipts from related activities, etc. (se	,				12	
13	First 5 years. If the Form 990 is for the org						. —
	organization, check this box and stop here .						· · · •
Sec	tion C. Computation of Public Sup	oport Percenta	ige				
14	Public support percentage for 2020 (line 6, c	olumn (f), divided b	y line 11, column (	f))		14	100.00%
15	Public support percentage from 2019 Sched	ule A, Part II, line 1	4			15	100.00%
16a	33 1/3% support test-2020. If the organization						
	and stop here. The organization qualifies as	a publicly support	ed organization .				🕨 🗙
b	33 1/3% support test-2019. If the organization	ation did not check	a box on line 13 or	16a, and line 15 is	33 1/3% or more	check this	
	box and stop here. The organization qualified	es as a publicly sup	ported organizatior	η			🕨
17a	10%-facts-and-circumstances test-2020.	If the organization	did not check a bo	x on line 13, 16a, o	or 16b, and line 14		
	10% or more, and if the organization meets						
	Part VI how the organization meets the facts		-	•			
	organization						· · · •
b	10%-facts-and-circumstances test—2019.	•					
	15 is 10% or more, and if the organization r in Part VI how the organization meets the fac						
	organization		•	•			
10	5						
18	Private foundation. If the organization did n						
	instructions						
						Schedule A (Form	990 or 990-E7) 2020

Schedule A (Form 990 or 990-EZ) 2020

Schedule B	Schedule of Contributors		OMB No. 1545-00
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	<ul> <li>Attach to Form 990, Form 990-EZ, or Form 990-PI</li> <li>Go to www.irs.gov/Form990 for the latest information</li> </ul>		2020
Name of the organization		Employer iden	tification number
Chicago Bible	e Society	36-249530	)1
Organization type (ch	neck one):		
Filers of:	Section:		
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization		
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a p	private foundation	
	527 political organization		
Form 990-PF	501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a privation	te 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

**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).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

### Schedule G (Form 990 or 990-EZ) 2020 Chicago Bible Society

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported 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

		evento with gross recei	pis greater than \$5,00	0.		
			(a) Event #1 Dinner	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add col. (a) through
-			(event type)	(event type)	(total number)	col. (c))
Revenue		1 Gross receipts	50,100.			50,100.
Ř		<b>2</b> Less: Contributions	46,750.			46,750.
		<b>3</b> Gross income (line 1 minus line 2)	3,350.			3,350.
		<b>4</b> Cash prizes				
	:	5 Noncash prizes				
Direct Expenses		6 Rent/facility costs				
t Expe		7 Food and beverages				
Direc		8 Entertainment				
	1	9 Other direct expenses	3,350.			3,350.
		10 Direct expense summary. Ad 11 Net income summary. Subtra				3,350.
Pa		Gaming. Complete if the	e organization answere	d "Yes" on Form 990.	Part IV. line 19. or repo	orted more than
		than \$15,000 on Form			· · · · · · · · · · · · · · · · · · ·	
Revenue			<b>(a)</b> Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve	1	1 Gross revenue				
ses	2	<b>2</b> Cash prizes				
Direct Expenses	3	3 Noncash prizes				
irect F	4	4 Rent/facility costs				
		5 Other direct expenses				
	e	6 Volunteer labor	☐ Yes _ 0 . 0% ☐ No	Yes 0.0%	☐ Yes00% ☐ No	
	7	7 Direct expense summary. Ad	d lines 2 through 5 in col	umn (d)		
	8	8 Net gaming income summary	v. Subtract line 7 from line	e 1, column (d)		
g	)	Enter the state(s) in which the or	rganization conducts gan	ning activities:		
-	а	Is the organization licensed to co If "No," explain:	onduct gaming activities	in each of these states?		. Yes No
10		Were any of the organization's g	aming licenses revoked,	suspended, or terminate	ed during the tax year?.	. Yes No
		If "Yes," explain:				

Schedule G (Form 990 or 990-EZ) 2020

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990		OMB No. 1545-0047
	Complete to provide information for responses to specific question Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.	is on	<b>2020</b> Open to Public
Department of the Treasury Internal Revenue Service Name of the organization	Go to www.irs.gov/Form990 for the latest information.	Employer identi	Inspection
Chicago Bible	Society	36-24953	
Part VI 6 Chic	ago Bible Society has members however m	embers	
have no voting	g rights nor any other privileges or ben	efits.	
Members do not	pay dues.		
Part VI 11b Ch	nicago Bible Society has the Form 990 re	viewed	
by the Executi	ve Committee prior to submission to the	IRS.	
A copy of the	submitted 990 is provided to all board	members	
Part VI 12b By	vlaws of the organization contain a conf	lict of	
interest claus	e prohibiting actions/attempts to influ	ence	
which result i	n a material or financial gain for offi.	cers,	
key employees	or their immediate family.		
All officers of	lirectors and key employees are required	to	
disclose annua	ally any interest that may represent a		
potential conf	lict.		
Part VI 6 19			
All public doc	cuments are available upon request. The	990 is	
on our website	e and is available upon request.		
Part VI Sectio	on B 15a The Exec Committee holds an ann	ual	
performance re	eview with Exec Director, salary adjustm	ents	
and bonuses ar	e made by the Board of Directors upon t	he	
recommendation	n of the committee following the annual	review.	

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization	Employer identification number
Chicago Bible Society	36-2495301
Part VI, Sec. B continued, Before making any recommen	ndation,
the results of the review are presented to the Execut	tive
Director, with opportunity for comment and discussion	n.
The committee is composed entirely of independent dir	rectors.

Form 8879-EO	IRS <i>e-file</i> Signature Authorization for an Exempt Organization	1	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	For calendar year 2020, or fiscal year beginning, 2020, and ending, 2020, and ending, Do not send to the IRS. Keep for your records. ► Go to www.irs.gov/Form8879EO for the latest information.		2020
Name of exempt organization		xpayer identification n	umber
Chicago Bible Sc Name and title of officer or per	*	-2495301	
Kenneth Oliver	Executive Directo	r	
	eturn and Return Information (Whole Dollars Only)	·	
If you check the box on form was blank, then lea	eturn for which you are using this Form 8879-EO and enter the applicable a line <b>1a, 2a, 3a, 4a, 5a, 6a</b> , or <b>7a</b> below, and the amount on that line for th ave line <b>1b, 2b, 3b, 4b, 5b, 6b</b> , or <b>7b</b> , whichever is applicable, blank (do r nter -0- on the applicable line below. <b>Do not</b> complete more than one line	e return being filed not enter -0-). But,	l with this
1a Form 990 check he			228,221
2a Form 990-EZ check	there ► <b>bTotal revenue,</b> if any (Form 990-EZ, line 9)	<b>2b</b>	
3a Form 1120-POL ch	eck here <b>b</b> Total tax (Form 1120-POL, line 22)	<b>3b</b>	
4a Form 990-PF check	chere ▶ b Tax based on investment income (Form 990-PF, Par	t VI, line 5) 4b	
5a Form 8868 check h	ere 🕨 🔄 b Balance due (Form 8868, line 3c)		
6a Form 990-T check	nere 🕨 🔄 b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check h	ere ► b Total tax (Form 4720, Part III, line 1)	<b>7b</b>	
Part II Declarati	on and Signature Authorization of Officer or Person Subject to	o Tax	
I consent to allow my inter to receive from the IRS (a processing the return or re Agent to initiate an electron software for payment of the a payment, I must contact (settlement) date. I also au confidential information ne identification number (PIN) <b>PIN: check one box or</b> X I authorize R on the tax yea a state agency enter my PIN As an officer of electronically f	A Land & Company Incorpor to enter my PIN ERO firm name to enter my PIN r 2020 electronically filed return. If I have indicated within this return that a v(ies) regulating charities as part of the IRS Fed/State program, I also auth on the return's disclosure consent screen. In person subject to tax with respect to the organization, I will enter my PIN iled return. If I have indicated within this return that a copy of the return is rities as part of the IRS Fed/State program, I will enter my PIN on the return	of the electronic return he return to the IRS a he reason for any del nd its designated Fini in the tax preparation this account. To revolu- s prior to the payment t of taxes to receive ted a personal ic funds withdrawal. 11550 Enter five numbers, b do not enter all zeros a copy of the return horize the aforement l as my signature of being filed with a s	Irrn. and ay in lancial n ke t t as my signature is being filed with ntioned ERO to on the tax year 202 state agency(ies) sent screen.
	ion and Authentication	00, 11, 10	
ERO's EFIN/PIN. Enter number (EFIN) followed	your six-digit electronic filing identification		d above. I confirm
IRS <i>e-file</i> Providers for	Business Returns.		
ERO's signature	Date ▶ <u>0</u> 9	/03/2021	
	ERO Must Retain This Form—See Instructions Do Not Submit This Form to the IRS Unless Requested To	Do So	
For Paperwork Reduction	n Act Notice, see back of form.		rm 8879-EO (2020)

	IRS <i>e-file</i> Signature Authorizat for an Exempt Organization	tion	OMB No. 1545-0047
	For calendar year 2020, or fiscal year beginning, 2020, and ending	, 20	
epartment of the Treasury ernal Revenue Service	<ul> <li>Do not send to the IRS. Keep for your records.</li> <li>Go to www.irs.gov/Form8879EO for the latest inform</li> </ul>		2020
ame of exempt organization		Taxpayer identification	number
nicago Bible S		36-2495301	
ame and title of officer or pe			
enneth Oliver	Executive Dir	ector	
Part I Type of	Return and Return Information (Whole Dollars Only)		
you check the box or	eturn for which you are using this Form 8879-EO and enter the applic n line <b>1a, 2a, 3a, 4a, 5a, 6a</b> , or <b>7a</b> below, and the amount on that line eave line <b>1b, 2b, 3b, 4b, 5b, 6b,</b> or <b>7b,</b> whichever is applicable, blank enter -0- on the applicable line below. <b>Do not</b> complete more than or	tor the return being file ( (do not enter -0-). But he line in Part I.	, if you entered
a Form 990 check h	ere <b>b</b> Total revenue, if any (Form 990, Part VIII, column (A	,, , ,	228,22
a Form 990-EZ cheo	k here ▶ 🔄 b Total revenue, if any (Form 990-EZ, line 9)		
a Form 1120-POL c	heck here <b>b</b> Total tax (Form 1120-POL, line 22).	<b>3</b> b	
a Form 990-PF che		F, Part VI, line 5) 4b	
a Form 8868 check		5b	
a Form 990-T check			)
a Form 4720 check			)
	tion and Signature Authorization of Officer or Person Subj		
Part II Declarat		corto rax	h respect to
navment I must contai	ot the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 busine	entry to this account. To ress days prior to the payment	ent
a payment, I must contain settlement) date. I also confidential information re dentification number (PI	ot the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 busine authorize the financial institutions involved in the processing of the electronic p necessary to answer inquiries and resolve issues related to the payment. I hav N) as my signature for the electronic return and, if applicable, the consent to e	ayment of taxes to receiv e selected a personal	re
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