(Rev January 2020)

Department of the Treasury

EXTENDED TO NOVEMBER 16, 2020

eturn of Organization Exempt From Income Tax

Heturn of Organization Exempt 1 1011 11001 ► 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.

		enue Service Go to www.irs.gov/Form990 for instructions an		stimornation: \ \	
<u>A</u>	For th	e 2019 calendar year, or tax year beginning and	lending	-	
В	Check if applicat	C Name of organization		D Employer identif	ication number
	Addr chan Name	BIBLEPROJECT			.00
닏	L _chan	Doing business as		46-42775	92
	Initia returi	Number and street (or P.O. box if mail is not delivered to street address)	Room/suit		
	Final returi	, 1302 SE ANKENY		503 753	5674
	termi	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	9,507,572.
	Amer	ded DODMINIO OD 0721/			_
늗	— returi □ Appli			H(a) Is this a group r	
L	tion pend	F Name and address of principal officer O ONATTIAN CODDING		for subordinate	s? Yes X No
		* 1302 SE ANKENY STREET, PORTLAND, OR 9	7214	H(b) Are all subordinates i	included? Yes No
		empt status X 501(c)(3) 501(c) () ((insert no.) 4947(a)(1)	or(52	7 7 If "No," attach a	list (see instructions)
J	Webs	te: ► WWW.BIBLEPROJECT.COM		H(c) Group exemption	on number
		forganization: X Corporation Trust Association Other	ı Yea		M State of legal domicile OR
	art I	Summary	1 2 1 1 2		
<u></u>		ann.	SCHED	IILE O	
မွ	1	Briefly describe the organization's mission or most significant activities SEE	DCILLD	ODE O	
Governance					
Ę	2	Check this box if the organization discontinued its operations or disposition.	sed of mo	re than 25% of its net a	ssets
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	3
	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	`3.
S	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		, 5	40
Iţi	6	Total number of volunteers (estimate if necessary)		6	8
Activities &	1	•		—	0.
ě	1	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
	b	Net unrelated business taxable income from Form 990-T, line 39		7b	
			_	Prior Year	Current Year
<u>_</u>	8	Contributions and grants (Part VIII, line 1h)	L	7,101,375.	9,003,973.
֝֟֝֟֝֝֟֝ <u>֚</u>	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		9,316.	41,144.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	· [-27,782.	-80,560.
ა ა	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,082,909.	8,964,557.
`—	13			0.	133,000.
	l	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<u></u>		
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,436,755.	3,600,622.
Sue	16a	Professional fundraising fees (Part IX, column (A), line 11e)	ハトロ	0.	0.
ă	b	Total fundraising expenses (Part IX, column (D), line 25)	6'4' <u>- LY</u>		1
ш	1 17	Other expenses (Part IX, column (A), lines 11a-11d, 11f 24e)		[92, 237, 657.	3,802,408.
	18	Total expenses Add lines 13-17 (must equal Part IX, column A) line 25, P 28	2020	03,674,412.	7,536,030.
		Revenue less expenses Subtract line 18 from line 12		(£) 3,408,497.	1,428,527.
es				eginning of Current Year	End of Year
Net Assets o Fund Balance	200	Total assets (Part X, line 16)		6,190,967.	7,628,446.
SSE	20	(, ,	12	190,599.	363,950.
of A	21	Total liabilities (Part X, line 26)	⊢		
		Net assets or fund balances Subtract line 21 from line 20		6,000,368.	7,264,496.
$\overline{}$	art II	Signature Block			
Und	er pena	ilties of perjury, I declare that I have examined this return, including accompanying schedule	es and state	ments, and to the best of m	y knowledge and belief, it is
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of w	hich prepare	er has any knowledge.	
		6/1/1/		9-17	-20
Sig	n	Signature of officer		Date	
_		JONATHAN COLLINS, DIRECTOR			•
Her	е	Type or print name and title			
				Data	I DTIN
		Print/Type preparer's name Preparer's signature	<i>)</i>	Date Check	PTIN
Paid	t	MELISSA WALL, CPA MELISSA WALL, CPA MELISSA WALL, CPA	r a	9/1/2020 If self-employ	_{red} 1200803979
Pre	parer	Firm's name DELAP LLP		Firm's EIN	93-0418710
Use	Only	Firm's address 5885 MEADOWS ROAD, NO. 200			
	•	LAKE OSWEGO, OR 97035		Phone no 50	3-697-4118
N4~:	, the !			1. 110110 110 3 0	X Yes No
<u>ıvıa</u> \	, me II	RS discuss this return with the preparer shown above? (see instructions)			NO لـــا Tes لـد∡ا

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Forn	n 990 (2019)	BIBLEPROJECT		46-4277	592 Page 2
Pa	rt III Statement	of Program Service Ac	complishments		
	Check if Sched	ule O contains a response or	note to any line in this Part III		X
1	Briefly describe the of SEE SCHEDUL	rganization's mission		·	
					
2	·		ram services during the year which were not	isted on the	
	prior Form 990 or 990)-EZ? se new services on Schedule	0	L	Yes X No
3			o. Inificant changes in how it conducts, any prog	ram services?	Yes X No
•	-	se changes on Schedule O	, mount on angeom now it contacts, any prog	,	
4	_		plishments for each of its three largest progra		
			quired to report the amount of grants and allo	cations to others, the total ex	penses, and
4a		ch program service reported penses \$ 3,954,55	15. including grants of \$ 133,0	00 •) (Revenue \$	
74			IT ANIMATION STUDIO THA		T-FORM,
			MAKE THE BIBLICAL STORY		
			CREATE VIDEOS, PODCASTS	, AND STUDY GUI	DES THAT
	EXPLORE THE	BIBLE'S UNIFI	ED STORY.		
				-	· · · · · · · · · · · · · · · · · · ·
4b	(Cada) (Eva	enses \$ 2,143,28	34 • including grants of \$	\ /Bayanya \$	```
40			OUR YOUTUBE CHANNEL W	HERE WE HAVE AC	CRUED
			ROSS 229 COUNTRIES, AND		
	YOUTUBE SUB		ERSHIP IS PRIMARILY CON		EN AGES
			THE NEXT GENERATION TO		
	TECHNOLOGY.		THEY HAVE BEEN RAISED,	VISUAL STORYTEL	LING AND
	TECHNOLOGI.				
				- <u> </u>	
4c	(Code) (Exp	enses \$	including grants of \$) (Revenue \$	<u></u>
	/ (====				
			 		
					
			-		
		·			
					_
4-1	Othor programs	on (December on California)			
4d	Other program service (Expenses \$	es (Describe on Schedule O)	ats of \$) (Revenue \$		١
<u></u>	Total program service	expenses • 6	097.799.		<u></u>

Form **990** (2019)

Form 990 (2019) BIBLEPROJECT Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		X	
	If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	-
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		<u>^</u>	
3	public office? If "Yes," complete Schedule C, Part I	3	ŀ	Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		1
7	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	<u> </u>		 ^^
Ŭ	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
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		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? If "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			
	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	_	X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets 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	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	
	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		X
	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, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4.4%		v
	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		X
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	45		X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	- ''		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
	To and ou 100, complete concount of the th	13		41
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII. line 9a2 If "Ves."			
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		x
19	complete Schedule G, Part III	19 20a		X
19 20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
19 20a b	complete Schedule G, Part III			

Form 990 (2019)
BIBLEPROJECT
Part 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			l
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	-	<u>X</u>
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	
24 a	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 24b through 24d and complete			٠,,
	Schedule K If "No," go to line 25a	24a		<u>X</u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		х_
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	258		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			ĺ
	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	230		
20	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		x
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			ĺ
	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, 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			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			l
	Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		'	
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
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		<u>X</u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			I
	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 organization?			v
	If "Yes," complete Schedule R, Part V, line 2	36		<u>x</u> _
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	0.7		х
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	х	ı
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	_ 30	42	
<u> </u>	Check if Schedule O contains a response or note to any line in this Part V			
	Chiest in Contradict Contradict of the Contradic		Yes	No
12	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b. 0	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

Part V	Statements Regarding	ı Other IRS Filings a	and Tax Complianc	e (continued)
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			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 40		_ :	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
`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		X
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
С	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).			
a	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	Х	•
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	_
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
٥	to file Form 8282?	7с		Х
ч	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
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		
9 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			
Ŭ	sponsoring organizations maintaining donor advised rands. Sid a donor advised rand maintaining donor advised rands. Sid a donor advised rands sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		-
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	_	
10	Section 501(c)(7) organizations. Enter	35_		
`	Initiation fees and capital contributions included on Part VIII, line 12			
a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
ы 11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
a			i	
O	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12~	amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		-
		ıZa		
	• • • • • • • • • • • • • • • • • • • •			
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		
1.	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 That the property of records and health plans			
	Enter the amount of reserves on hand	4.6 -		v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	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			٦,
	excess parachute payment(s) during the year?	15		<u>X</u>
	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_		<u> </u>
	If "Yes," complete Form 4720, Schedule O		990	

BIBLEPROJECT 46-4277592 Page 6 Form 990 (2019) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section 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 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 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a Х b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No Х 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х in Schedule O how this was done 12c Х Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a 15b Other officers or key employees of the organization 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 with a X taxable entity during the year? 16a b 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 the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶OR, AK, NH, SC, VA, UT Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, and 990 T (Section 501(c)(3)s only) available 18 for public inspection. Indicate how you made these available. Check all that apply Own website X Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 19 statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records

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JOEL PAUL - 971-241-0286

SE ANKENY, PORTLAND, OR

			_
46-	1 27	7592	Page 7

Form 990 (2019) BIBLEPROJECT

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 in	or any related	orga	anıza	ition	cor	mpei	nsat	ed any current officer, o	director, or trustee	
(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	(do		Pos		than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	-	Ceran	laaa	recic	ctor/trustee)		from	from related	other
	(list any hours for	irecto	i			_		the organization ´	organizations (W-2/1099-MISC)	compensation from the
	related	60.0	tee			sated		(W-2/1099-MISC)	(**-271099-141130)	organization
	organizations	truste	al trus		yee	mper		(17 2) 1000 111100)		and related
	below	Individual trustee or director	nstitutional trustee	 ₁₅	Key employee	est co oyee	<u>5</u>			organizations
	line)	lag.	Instit	Officer	, g	Highest compensated employee	Former			
(1) JONATHAN COLLINS	40.00							:		
BOARD CHAIR/DIRECTOR		X		X				140,562.	0.	26,673.
(2) GERRY E BRESHEARS	5.00									_
DIRECTOR		X						10,000.	0.	0.
(3) TIM MACKIE	40.00								_	
SECRETARY/DIRECTOR		X		Х	_			140,562.	0.	26,613.
(4) STEVE ATKINSON	40.00							444 040	•	00 000
EXECUTIVE DIRECTOR	40.00			X	_			144,910.	0.	23,922.
(5) JOEL PAUL	40.00							00 007	0	6 200
FINANCE DIRECTOR	40.00			X				99,887.	0.	6,390.
(6) JOSH EDDLEMAN	40.00							101 510	0	25 207
SENIOR DIRECTOR OF OPERATIONS	40.00	<u> </u>		X		-		121,518.	0.	25,387.
(7) KEN WEIGEL	40.00					٠,		125 576	0	27 120
STRATEGIC ADVISOR						X		135,576.	0.	27,139.
			١. ١		l					
)		
•								-		
,					,					
	-									
]					L				

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st (Compensated Employe	es (continued)	······			
(A)	(B)	(C)						(D)	(E)			(F)	
Name and title	Average	(do			ition more than one			Reportable	Reportable		Ε	stıma	ted
	hours per	box	box, unless pers			ıs bot	h an	compensation	compensation	'n	а	moun	
	week	$\overline{}$	cer an	dad	T	irector/trustee		-	from related			othe	
	(list any	recto						the	organization			npens	
	hours for related	5	رو ا			ated		organization	(W-2/1099-MIS	3C)		from t	
	organizations	ustee	truste		یو ا	Sued		(W-2/1099-MISC)				ganıza	
	below	ual tr	onal	İ	Ploye	25 8						nd rela janiza:	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				org	jai iiza	10115
<u></u>	<u> </u>	┝┺	=	۴	¥	Ξ &	<u> </u>						
		<u> </u>											
		<u> </u>						 					
		<u> </u>				L							
											_		•
					ļ			<u></u>	·				
1b Subtotal						لـــــا ا	<u> </u>	793,015.		0.	13	6,1	24.
c Total from continuation sheets to Part VI	I. Section A					i	•	0.		0.			0.
d Total (add lines 1b and 1c)	.,					i	•	793,015.		0.	13	6.1	24.
Total number of individuals (including but n	ot limited to th	ose	liste	d at	oove	e) wh	o r		,000 of reportabl				
compensation from the organization									·				6
										Г		Yes	No
3 Did the organization list any former officer,		ee, k	ey e	mpl	oye	e, or	hıg	hest compensated emp	loyee on				1,,
line 1a? If "Yes," complete Schedule J for s										-	3_	-	X
4 For any individual listed on line 1a, is the su	•							•	he organization				
and related organizations greater than \$150											4	X	
5 Did any person listed on line 1a receive or a							elat	ed organization or indivi	dual for services				
rendered to the organization? If "Yes," com	plete Schedule	J f	or su	ıch j	oers	on					5		X
Section B. Independent Contractors 1 Complete this table for your five highest contractors	mnensated ind	lene	nde	nt c	ontr	acto	rs t	hat received more than	\$100,000 of com	nenss	ation :	from	
the organization. Report compensation for t	·									Polise			
(A)							Ī	(B)			((C)	
Name and business	address						Description of services			Co		nsatio	nn
CLEVER.LY							1	WEB DESIGN,					

DEVELOPMENT, MAINTEN PO BOX 3115, CENTRAL POINT, OR 97502 296,372. SUPERHUIT LOCALIZATION RUE MERCERIE 1, 1003, LAUSANNE, SWITZERLANDCONTRACTOR 222,467. CENTREX CONSTRUCTION 8250 SW HUNZIKER ROAD, TIGARD, OR 97223 196,690. CONSTRUCTION ROSENOW LLC 5748 SE 87TH AVE, PORTLAND, OR 97266 VIDEO PRODUCTION 186,485. JEREMY SPINGATH, 1780 SOUTHEAST RIPPLEWOOD AVE., HILLSBORO, OR 97123 107,352. WEB UX DESIGNER 2 Total number of independent contractors (including but not limited to those listed above) who received more than

6

\$100,000 of compensation from the organization

Form 990 (2019) BIBLEPROJECT
Part VIII Statement of Revenue

		Check if Schedule O	cont	ains a r	esponse	or note to any li	ne 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
ts ts	1 2	Federated campaigns			1a					
an		Membership dues		r	1b	-	1			
ي ق		Fundraising events		F	1c		†			,
ifts Ir A		Related organizations			1d		1			
nia G		Government grants (cont	ributi		1e		-			
Sir		All other contributions, gifts,		· -	ie .		1			
돌칠		similar amounts not included	_		ıf 9,	003,973.				
Į į		Noncash contributions included in			1g \$.003,313.	†			
Contributions, Gifts, Grants and Other Similar Amounts		Total. Add lines 1a-1f	1 111163	1a-1, _	<u>'9</u> *	•	9,003,973.			ſ
	•					Business Code				
ي ا	2 a	l								
١٤	b									
Se	c									
Program Service Revenue	d									
P. B.	е									
4	f	All other program service	reve	nue						
	g	Total. Add lines 2a-2f				•				
	3	Investment income (includ	ding	dıvıden	ds, inter	est, and				
		other similar amounts)				>	41,144.			41,144.
i	4	Income from investment of	of tax	k-exemp	t bond p	oroceeds >				
	5	Royalties		ı 		<u> </u>			1	
				(1)	Real	(II) Personal				,
	6 a		6a				_			'
		Less rental expenses	6b			ļ	_	•		
		Rental income or (loss)	6c	<u> </u>		L				
1		Net rental income or (loss)	1 () Co.		(v) Other				
	7 a	Gross amount from sales of		(I) Sec	curities	(II) Other	_			!
	-	assets other than inventory	7a				-			'
a l	b	Less cost or other basis	l				;			
ᇎ		and sales expenses	7b				1			,
ě		Gain or (loss) Net gain or (loss)	7с	ļ		.				
Other Revenue		Gross income from fundraisi	00 00	ante (no		· ·				
Ě	Оа	including \$,			·
		contributions reported on								
- 1		Part IV, line 18		.0, 00	8a					
	b	Less direct expenses			8b		1			į į
		Net income or (loss) from	fund	raising	events	<u> </u>				
		Gross income from gamin								
		Part IV, line 19			9a] ,			1
- 1	b	Less direct expenses			9b					
	С	Net income or (loss) from	gamı	ing acti	vities					
	10 a	Gross sales of inventory,	ess i	returns	Ì					Į t
		and allowances				462,455.				• !
	b	Less cost of goods sold			10b	543,015.				<u> </u>
	С	Net income or (loss) from	sales	s of inve	ntory	<u> </u>	-80,560.			<u>-80,560.</u>
ς				•		Business Code				
e e	11 a									-
llan /en	b									
Miscellaneous Revenue	C	All								
Ξ		All other revenue								1
i		Total Add lines 11a-11d				<u> </u>	8,964,557.	0.		-39,416.
	12	Total revenue. See instruction	1115			<u> </u>	0,304,33/.	<u> </u>	U • J	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) X Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) Program service (**D)** Fundraising Do not include amounts reported on lines 6b, Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations 133,000 133,000 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 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 Compensation of current officers, directors, 766,423. 653,820. 112,603. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 2,112,157. 1,814,648. 297,509 Other salaries and wages 7 Pension plan accruals and contributions (include 52,371. 45,015 7,356. section 401(k) and 403(b) employer contributions) 82,595. 423,634. 341,039. 9 Other employee benefits 246,037 34,574. 211,463 10 Payroll taxes Fees for services (nonemployees) Management 98,035 98,035. **b** Legal 27,961 27,961. c Accounting d Lobbyina e Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, 1,129,428 1,164,153. 34,725. column (A) amount, list line 11g expenses on Sch O.) 15,564 15,564. 12 Advertising and promotion 7,845. 338,979. 331,134 Office expenses 13 Information technology 817,116. 683,735. 133,381 14 Royalties 15 171,376. 98,773. 72,603. Occupancy 16 170,302 179,664. 9.362. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 99,467. 99,467. Conferences, conventions, and meetings 19 Interest 20 21 Payments to affiliates 112,310807,688. 695,378 Depreciation, depletion, and amortization 22 22,235. 22,235 Insurance 23 Other expenses. Itemize expenses not covered 24 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.) 13,519. GIFTS 17,850. 4,331. STAFF EQUIPPING 16,039. 16,039. 13,729 13,729 BOARD 12,552. 367 d OTHER 12,185 e All other expenses 7,536,030. 1,422,667 6,097,799. 15,564. Total functional expenses. Add lines 1 through 24e 25 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 following SOP 98-2 (ASC 958-720)

7

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to a	ny line in this Part X			
		,	· ·		(A) Beginning of year		(B) End of year
	1	Cash - non interest-bearing			1,549,235.	1	1,535,386.
	2	Savings and temporary cash investments			2,033,246.	2	3,418,086.
	3	Pledges and grants receivable, net			3	`	
	4	Accounts receivable, net			0.	4	77,387.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	tantıal	contributor, or 35%			
		controlled entity or family member of any of thes	se pers	sons		5	
	6	Loans and other receivables from other disquali	fied pe	ersons (as defined			
		under section 4958(f)(1)), and persons described	d in se	ction 4958(c)(3)(B)		6	
sts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use		278,257.	8	180,824. 247,421.	
⋖	9	Prepaid expenses and deferred charges			187,494.	9	247,421.
	10a	Land, buildings, and equipment cost or other			•		
		basis Complete Part VI of Schedule D	10a 10b	853,869. 192,260.			
	b	Less accumulated depreciation	576,816.		661,609.		
	11	Investments - publicly traded securities			11		
	12	Investments other securities See Part IV, line 1		12			
	13	Investments - program-related See Part IV, line	11		4 565 040	13	4 508 822
	14	Intangible assets			1,565,919:	14	1,507,733.
	15	Other assets See Part IV, line 11			6 100 067	15	7 620 446
	16	Total assets. Add lines 1 through 15 (must equa	al line	33)	6,190,967.	16	7,628,446.
	17	Accounts payable and accrued expenses		190,599.	17	363,950.	
	18	Grants payable		18			
	19	Deferred revenue				19	<u> </u>
	20	Tax-exempt bond liabilities	7a-t 1\	of Cobodulo D		20	
	21	Escrow or custodial account liability Complete F		ľ		21	
Liabilities	22	Loans and other payables to any current or form					
iig		trustee, key employee, creator or founder, subst			-	22	
Ë	23	controlled entity or family member of any of thes Secured mortgages and notes payable to unrela		The state of the s		23	
	24	Unsecured notes and loans payable to unrelated		· ·		24	
	25	Other liabilities (including federal income tax, pa		i i		27	
	23	parties, and other liabilities not included on lines					
		of Schedule D		, complete rarr x		25	
	26	Total liabilities. Add lines 17 through 25			190,599.	26	363,950.
		Organizations that follow FASB ASC 958, che	ck he	re 🕨 X			
Ses		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			6,000,368.	27	7,264,496.
Bal	28	Net assets with donor restrictions				28	
nd		Organizations that do not follow FASB ASC 9	58. ch	eck here 🕨 🗀	<u> </u>		
F.	`	and complete lines 29 through 33.	,				
S of	29	Capital stock or trust principal, or current funds				29	
sets	30	Paid-in or capital surplus, or land, building, or eq	uipme	nt fund	· •·	30	
As	31	Retained earnings, endowment, accumulated in				31	-
Net Assets or Fund Balances	32	Total net assets or fund balances	1		6,000,368.	32	7,264,496.
_							7,628,446.
`	33	Total liabilities and net assets/fund balances			6,190,967.	33	7,628,

orn	n 990 (2019) BIBLEPROJECT 4	<u>6-427759</u>	2 <u>P</u>	age 12
Pa	rt 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)			<u>557.</u>
2	Total expenses (must equal Part IX, column (A), line 25)			<u>030.</u>
3	Revenue less expenses Subtract line 2 from line 1	1,4	28,	<u>527.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	6,0	00,	<u>368.</u>
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities 6			
7	Investment expenses 7			
8	Prior period adjustments	-1	64,	<u> 399.</u>
9	Other changes in net assets or fund balances (explain on Schedule O)			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32,			
	column (B))	7,2	64,	<u> 496.</u>
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			X
		_	Yes	No
1	Accounting method used to prepare the Form 990 CashX 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?	2	1	X_
	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		1	1
b	Were the organization's financial statements audited by an independent accountant?		<u> X</u>	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate base	sis,		
	consolidated basis, or both .	į		
	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 au	dıt,		
	review, or compilation of its financial statements and selection of an independent accountant?	20	: X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedul	le O		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single	Audıt		
	Act and OMB Circular A-133?	38	1	<u> X</u>
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required a	audit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3t		<u> </u>
		For	m 99 0	(2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2019

Open to Public Inspection

Employer identification number

46-4277592 BIBLEPROJECT Part I Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 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, 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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) Я An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or university 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 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 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 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. 🔟 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. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s). that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization listed (III) Type of organization (v) Amount of monetary (vi) Amount of other (i) Name of supported in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

_	edule A (Form 990 or 990 EZ) 2019 Bart II Support Schedule for			Sections 170)(b)(1)(A)(iv) an		7592 Page 2				
<u></u>	(Complete only if you checke	_					• /				
	fails to qualify under the tests	s listed below, plea	ase complete Part	: III)							
Se	Section A. Public Support										
Cale	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total				
1	Gifts, grants, contributions, and				;	- /					
	membership fees received (Do not										
	include any "unusual grants ")										
2	Tax revenues levied for the organ-										
	ization's benefit and either paid to										
	or expended on its behalf	ļ					•				
3	The value of services or facilities										
	furnished by a governmental unit to		'								
	the organization without charge										
4	Total. Add lines 1 through 3		1								
5	The portion of total contributions										
_	by each person (other than a	<u> </u>									
	governmental unit or publicly										
	supported organization) included		ļ								
	on line 1 that exceeds 2% of the										
	amount shown on line 11,				 ,						
	column (f)	,									
6	Public support. Subtract line 5 from line 4			1	 		-				
_	ction B. Total Support	<u> </u>	/	ı	·	 					
_	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total				
	Amounts from line 4	19/	(2)-	(6) ==	19/2002	37					
8	Gross income from interest,										
•	dividends, payments received on										
	securities loans, rents, royalties,	,									
	and income from similar sources		/								
9	Net income from unrelated business										
_	activities, 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											
12	Gross receipts from related activities,	/	ons)			12					
	First five years. If the Form 990 is for	•	·	rd, fourth, or fifth to	ax vear as a sectio						
.5	organization, check this box and stop	_	c., cocona, an	,	, 40 4 000110	(-)(-)	ightharpoons				
Sec	ction C. Computation of Publ		rcentage		,,	-	<u> </u>				
	Public support percentage for 2019 (I			column (f))		14	%				
15	Public support percentage from 2018	t		\ <i>''</i>		15	%				
	33 1/3% support test 2019. If the c			on line 13, and line	14 is 33 1/3% or n	nore, check this bo					
	stop here. The organization qualifies					,	▶□				
h	33 1/3% support test - 2018. If the c				d line 15 is 33 1/3%	or more, check th	nis box				
-	and stop here. The organization qual					•	ightharpoons				
17a	10% -facts-and-circumstances tes	•	· · · · · ·		e 13, 16a, or 16b. a	and line 14 is 10%	or more,				
	and if the organization meets the "fac	1									
	meets the "facts-and circumstances"						▶				
h	10% -facts-and-circumstances test	-	•	• • •	-	17a. and line 15 is	10% or				
N	more, and if the organization meets the										
	organization meets the "facts-and-circ										
18	Private foundation. If the organization		=				s 🖟				
	/					dule A (Form 990					

Schedule A (Form 990 or 990-EZ) 2019 BIBLEPROJECT Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	ciow, picase comp	Siete Fait II j						
Cale	endar 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								
	include any "unusual grants ")	891,539.	1,694,827.	3,500,195.	7,101,375.	9,003,974.	22,191,910.		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		35,091.				1,569,937.		
3	Gross receipts from activities that								
	are not an unrelated trade or bus- iness under section 513								
4	Tax revenues levied for the organ ization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities	_		****					
J	furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1 through 5	891,539.	1,729,918.	3,897,215.	7,776,746.	9,466,429.	23,761,847.		
78	Amounts included on lines 1, 2, and 3 received from disqualified persons	250,000.			400,047.	120.	650,167.		
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.		
	Add lines 7a and 7b	250,000.			400,047.	120.	650,167.		
8	Public support. (Subtract line 7c from line 6)		-				23 111 680		
	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
9	Amounts from line 6	891,539.	1,729,918.	3,897,215.	7,776,746.	9,466,429.	23,761,847.		
10 <i>a</i>	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	20.	1,485.	4,262.	9,316.	41,144.	56,227.		
t	Unrelated business taxable income								
	(less section 511 taxes) from businesses acquired after June 30, 1975								
_	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	20.	1,485.	4,262.	9,316,	41,144.	56,227.		
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)								
13	Total support (Add lines 9, 10c, 11, and 12)	891,559.	1,731,403.	3,901, <u>4</u> 77.	7,786,062.	9,507,573.	23,818,074.		
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectior	n 501(c)(3) organız	ation,		
	check this box and stop here						<u> </u>		
Sec	tion C. Computation of Publi	c Support Per	centage						
	Public support percentage for 2019 (In			column (f))	1	15	97.03 %		
	Public support percentage from 2018		_			16	%		
Sec	ction D. Computation of Inves	tment Income	e Percentage						
17	Investment income percentage for 20	19 (line 10c, colum	nn (f), divided by lir	ne 13, column (f))	_	17	.24_%		
18	Investment income percentage from 2	018 Schedule A, F	Part III, line 17			18	%		
19a	33 1/3% support tests - 2019. If the	=							
	more than 33 1/3%, check this box an	•	•	•			_ ►LXJ		
b	33 1/3% support tests - 2018. If the	•					ind		
00	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions								

in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.

supporting organizations)? If "Yes," answer 10b below

determine whether the organization had excess business holdings)

the supporting organization had an interest? If "Yes," provide detail in Part VI.

b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which

c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

				Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing				
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by				
	class or purpose, describe the designation. If historic and continuing relationship, explain		1		
2	Did the organization have any supported organization that does not have an IRS determination of status				
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	-			
	organization was described in section 509(a)(1) or (2)	·	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer				
	(b) and (c) below		3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and				
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the		1		
	organization made the determination	,	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)				_
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use		3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If		_		
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below		4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign				
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion				
	despite being controlled or supervised by or in connection with its supported organizations		4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination				
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used				
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)				
	purposes		4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"				
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN				
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,				
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action				_
	was accomplished (such as by amendment to the organizing document)		5a		_
b	Type I or Type II only. Was any added or substituted supported organization part of a class already				
	designated in the organization's organizing document?		5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?		5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to				
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class				
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also				
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in				
	Part VI.		6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor				_
-	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with				
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)		7	-	•
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			\sqcap	
_	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)		8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more		T-		
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described				1

9b

9с

10a

10b

		<u> </u>	74 P	age 5
Ра	rt IV Supporting Organizations (continued)		T	1
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-	}	
	below, the governing body of a supported organization?	11a	+	1
	A family member of a person described in (a) above?	11b	╁──	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	.l	
	Alon 5. Type I supporting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		103	110
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			1
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			1
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		
Sec	tion D. All Type III Supporting Organizations	-		ı
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	ļ	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		-	1
_	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's	}		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
200	supported organizations played in this regard tion E. Type III Functionally Integrated Supporting Organizations			L
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instruc	ations)		
1 a	The organization satisfied the Activities Test. Complete line 2 below	cuonsj.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
C	The organization supported a governmental entity Describe in Part VI how you supported a government entity (s	see instruction	c)	
2	Activities Test Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			1,10
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	. 2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
-	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		<u> </u>	
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		_	1
	of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard	36		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

1

2

3

4

5

Schedule	A (Form	990 or	ggn.	.F71	2019

Current Year

Section C - Distributable Amount

Enter greater of line 2 or line 3

instructions)

Income tax imposed in prior year

Enter 85% of line 1

Adjusted net income for prior year (from Section A, line 8, Column A)

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

c	Remainder Subtract lines 4a and 4b from 4		
5	Remaining underdistributions for years prior to 2019, if		
	any Subtract lines 3g and 4a from line 2 For result greater		
	than zero, explain in Part VI. See instructions	 	
6	Remaining underdistributions for 2019 Subtract lines 3h		
	and 4b from line 1 For result greater than zero, explain in		
	Part VI See instructions		
7	Excess distributions carryover to 2020. Add lines 3j		
	and 4c	 	
8	Breakdown of line 7		
а	Excess from 2015		
b	Excess from 2016		
С	Excess from 2017		
d	Excess from 2018		
е	Excess from 2019		
		Cahadu	la A /Farm 000 at 000 EZ\ 2019

a Applied to underdistributions of prior yearsb Applied to 2019 distributable amount

Schedule A	(Form 990 or 990-EZ) 2019 BIBLEPROJECT	46-42 ⁷ 7592 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a of Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	I and 2, Part IV, Section C, V, Section B, line 1e, Part V,
		 -
		· · · · · · · · · · · · · · · · · · ·
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	1	
•		

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete If the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

Schedule D (Form 990) 2019

Do	BIBLEPROJECT	Funda au Othau Similau Funda	- A	46-42//592
Pa			or Accou	Ints. Complete if the
	organization answered "Yes" on Form 990, Part IV, line			
	_	(a) Donor advised funds	(b) Fun	ds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in wr	iting that the assets held in donor advise	ed funds	
	are the organization's property, subject to the organization's ex	clusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor adv	risors in writing that grant funds can be u	used only	
	for charitable purposes and not for the benefit of the donor or o	donor advisor, or for any other purpose o	conferring	
	impermissible private benefit?			Yes No_
Pa	rt II Conservation Easements. Complete if the organ	nization answered "Yes" on Form 990, P	art IV, line 7	
1	Purpose(s) of conservation easements held by the organization	ı (check all that apply)		
	Preservation of land for public use (for example, recreation		a historically	important land area
	Protection of natural habitat	Preservation of a		
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in the form of	f a conserva	ation easement on the last
_	day of the tax year			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
c	Number of conservation easements on a certified historic struc	ture included in (a)	2c	
d	Number of conservation easements included in (c) acquired aft	• •		
<u> </u>	listed in the National Register	or 7720,00, and not on a motorio bridge	2d	
3	Number of conservation easements modified, transferred, relea	seed extinguished or terminated by the		during the tay
3	year	ised, extinguished, or terminated by the	organization	rading the tax
4	Number of states where property subject to conservation ease	ment is located		
4	· · · · ·			
5	Does the organization have a written policy regarding the period	• •		Yes No
_	violations, and enforcement of the conservation easements it h			
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	anding of violations, and emorcing const	ervation eas	ements during the year
-	Amount of auropass insured in monitoring insured bandling	a of welsting and enforcing concerns		ata durina tha waar
7	Amount of expenses incurred in monitoring, inspecting, handling	ig of violations, and emorcing conservati	on easemer	its during the year
_	> \$		-)(4)(D)(;)	
8	Does each conservation easement reported on line 2(d) above	satisty the requirements of section 170(r	1)(4)(B)(I)	
_	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	•		
	balance sheet, and include, if applicable, the text of the footnot	e to the organization's financial stateme	nts that des	cribes the
Da	organization's accounting for conservation easements t III Organizations Maintaining Collections of A	Aut. Historical Transcurse, or Ot	har Cimil	ar Appeto
Pai			ner Simil	ar Assets.
	Complete if the organization answered "Yes" on Form 99			-
1a	If the organization elected, as permitted under FASB ASC 958,			
	of art, historical treasures, or other similar assets held for public			public
	service, provide in Part XIII the text of the footnote to its financi	al statements that describes these items	3	
b	If the organization elected, as permitted under FASB ASC 958,	•		
	art, historical treasures, or other similar assets held for public ex	xhibition, education, or research in furthe	erance of pu	iblic service,
	provide the following amounts relating to these items			
	(i) Revenue included on Form 990, Part VIII, line 1		> :	\$
	(ii) Assets included in Form 990, Part X		> :	\$
2	If the organization received or held works of art, historical treasures	ures, or other similar assets for financial		
	the following amounts required to be reported under FASB ASC	958 relating to these items		
а	Revenue included on Form 990, Part VIII, line 1		> :	\$
b	Assets included in Form 990, Part X		> :	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Sche	edule D (Form 990) 2019 BIBLEPR							46-42			<u>ge 2</u>
. Pa	rt III Organizations Maintaining (Collections of A	rt, His	torical Tr	easures,	or Othe	er Simil	<u>ar Asse</u>	ts (contini	ıed)	
3	Using the organization's acquisition, access	ion, and other recor	ds, chec	k any of the	following that	at make s	ignificant	use of its			
	collection items (check all that apply)										
а	Public exhibition	•	a 🖳	Loan or exc	hange progr	am					
b	Scholarly research		e 🔲	Other							
С	Preservation for future generations										
4	Provide a description of the organization's c	ollections and expla	un how tl	hey fu r ther t	he organızat	ion's exe	mpt purp	ose in Par	XIII		
5	During the year, did the organization solicit of	or receive donations	of art, h	istorical trea	sures, or oth	ıer sımılar	assets	_	_		
_	to be sold to raise funds rather than to be m								Yes		No_
Ра	rt IV Escrow and Custodial Arran		lete if the	e organizatio	n answered	"Yes" on	Form 99	0, Part IV,	line 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod	lian or other interme	diary for	contribution	ns or other as	ssets not	included	F	٦		
	on Form 990, Part X?							١	」Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the to	ollowing	table			[A A A		
	Decree to below								Amount		
C	Beginning balance						1c				—
a	Additions during the year Distributions during the year						1d		·		·
•	Ending balance						1e 1f		-		
2a	Did the organization include an amount on F	orm 990 Part X line	21 for	escrow or ci	istodial acco	nunt liabil			Yes	\Box	No
	If "Yes," explain the arrangement in Part XIII								1103	一	
$\overline{}$	rt V Endowment Funds. Complete						10				
		(a) Current year	1	rior year	(c) Two yea	- 1		ears back	(e) Four	ears b	ack
1a	Beginning of year balance										
b	Contributions		1								
С	Net investment earnings, gains, and losses		1			1			_		
d	Grants or scholarships										
е	Other expenditures for facilities	· · · ·									
	and programs		<u> </u>								
f	Administrative expenses										
g	End of year balance		ļ		<u> </u>						
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a	ı)) held as						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С		%									
	The percentages on lines 2a, 2b, and 2c sho	•									
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	nd administe	ered for th	ne organiz	zation	r-		
	by									/es l	No_
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)	-+	—
b	If "Yes" on line 3a(ii), are the related organiza	•							3b		—
Pai	t VI Land, Buildings, and Equipm		owment	<u>runas</u>							
ı aı	Complete if the organization answere		n Part IV	/ line 11a S	See Form 990) Part Y	line 10				
	Description of property	(a) Cost or o			or other		cumulate	ad I	(d) Book	value	
	pescription of property	basis (investi		basis			reciation	- 1	(u) BOOK	valut	
12	Land	223.5 (11.7001)	,								
	Buildings			59	3,179.	1	10,3	21.	482	,85	8 -
	Leasehold improvements				~ <i></i>				102	<u>, , , , , , , , , , , , , , , , , , , </u>	<u></u>
	Equipment			2.6	0,690.		81,9	39.	178	,75	1.
	Other			=-4			,-				
	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line 1	0c)				661	,60	9.

Schedule D (Form 990) 2019 BIBLEPROJEC	<u>'T</u>		46-4277592 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	\ 		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost of	r end of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)		,	
(D)		,	
(E)			
<u>(F)</u>			
(G)			
(H)	-		
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		<u> </u>	
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"		11c See Form 990, Part X, line 13 (c) Method of valuation Cost or	and of year market value
(a) Description of investment	(b) Book value	(c) Method of Valuation Cost of	end-or-year market value
(1)			
(2)			
(3)	<u> </u>		
(4)			
(5)	<u> </u>		
(6)			
(7)			
(8)			
(9)			
Total (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶ Part IX Other Assets.	L	<u> </u>	
Complete if the organization answered "Yes"	on Form 990 Part IV line	11d See Form 990 Part Y line 15	
	Description	Tra oce Form 550; Far X; Illie To	(b) Book value
(1)			(-,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)	-		
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line	e 15)		>
Part X Other Liabilities.	/		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f See Form 990, Part X, line	e 25
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) **>** 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740 Check here if the text of the footnote has been provided in Part XIII

(7) (8) (9)

lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

PART X, LINE 2:

INCOME TAX POSITIONS THAT MEET A "MORE-LIKELY-THAN-NOT" RECOGNITION THRESHOLD ARE MEASURED AT THE LARGEST AMOUNT OF INCOME TAX BENEFIT THAT IS MORE THAN 50 PERCENT LIKELY OF BEING REALIZED UPON SETTLEMENT WITH THE APPLICABLE TAXING AUTHORITY. THE PORTION OF THE BENEFITS ASSOCIATED WITH INCOME TAX POSITIONS TAKEN THAT EXCEEDS THE AMOUNT MEASURED AS DESCRIBED ABOVE WOULD BE REFLECTED AS A LIABILITY FOR UNRECOGNIZED INCOME TAX BENEFITS IN THE ACCOMPANYING STATEMENT OF FINANCIAL POSITION ALONG WITH ANY ASSOCIATED INTEREST AND PENALTIES THAT WOULD BE PAYABLE TO THE TAXING AUTHORITIES UPON EXAMINATION. INTEREST AND PENALTIES ASSOCIATED WITH UNRECOGNIZED INCOME TAX BENEFITS WOULD BE CLASSIFIED AS ADDITIONAL INCOME TAXES IN THE STATEMENT OF ACTIVITIES. THERE WERE NO UNRECOGNIZED INCOME

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

2019

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990.

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

Open to Public Inspection

Schedule I (Form 990) (2019)

Name of the organization BIBLEPROJ							Employer identification number 46-4277592
Part I General Information on Grants a	nd Assistance						
Does the organization maintain records to criteria used to award the grants or assistance. Describe in Part IV the organization's process.	stance?	-			y for the grants or ass	sistance, and the selec	Yes X No
Part II Grants and Other Assistance to	Domestic Organ	izations and Domest	ic Governments. C	omplete if the orga	anization answered "\	es" on Form 990, Par	t IV, line 21, for any
recipient that received more than S 1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant - or assistance
CRAZY LOVE MINISTRIES 107 SAGAMORE ST							
SAN FRANCISCO, CA 94112	47-1182550	501(C)(3)	133,000.	0.			GENERAL SUPPORT
-							
2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization	-	=	l he line 1 table	<u> </u>		1	>

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

BIBLEPROJECT

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Employer identification number 46-4277592

Schedule J (Form 990) 2019

Pa	art I Questions Regarding Compensation			
	, ,		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use	l		
	Travel for companions Payments for business use of personal residence	l		,
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	l	'	İ
	Discretionary spending account Personal services (such as maid, chauffeur, chef)	l		
		l		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	1	_	_
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		L
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III	l		
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study	l		
	Form 990 of other organizations X Approval by the board or compensation committee	l		1
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization		. !	
а	Receive a severance payment or change-of-control payment?	4a		_X_
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	,	X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
				Ι,
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			·
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III			Ι,
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of			اً!
а	The organization?	6a		_X_
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			ر ا
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			Ī .
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	_	X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			<u> </u>
_	Pagulations section 53 4058 6(n)?	`	- 1	' '

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990. Part VII

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and		(E) Total of columns	
		(i) Base compensation	(II) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)·(D)	in column (B) reported as deferred on prior Form 990
(1) JONATHAN COLLINS	(1)	140,562.	0.	0.	5,622.	21,051.	167,235.	0.
BOARD CHAIR/DIRECTOR	(11)	0.	0.	· ·	0.	0.	0.	0.
(2) TIM MACKIE	(0)	140,562.	0.	0.	5,622.	20,991.	167,175.	0.
SECRETARY/DIRECTOR	(11)	0.	0.	0.	0.	0.	0.	0.
(3) STEVE ATKINSON	(0)	144,910.	0.	0.	2,814.	21,108.	168,832.	0.
EXECUTIVE DIRECTOR	(11)	0.	0.	0.	0.	0.	0.	0.
(4) KEN WEIGEL	(1)	135,576.	0.	0.	5,423.	21,716.		0.
STRATEGIC ADVISOR	(11)	0.	0.	0.	0.	0.	0.	0.
	(1)	_						
	(11)							
	(1)		,					
	(ri)							
	(1)							
	(ii)							
	(i)							
	(ii)_							
	(1)							
	(ii)_	_		_				
	(1)							
	(11)							
	(1)							
	(ii)			_				
	(1)							
	(ii)							4
	(i)							
	(ii)_							
	(i)							
	<u>(ii)</u>	_						
	(1)			_				
	(11)							
	(1)							
	(n)							

Schedule J (Form 990) 2019	BIBLEPROJECT		46-4277592	Page 3
Part III Supplemental Informat	on			·
Provide the information, explanation	n, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6	3a, 6b, 7, and 8, and for Part II Also complete	this part for any additional informa	tion
PART I, LINE 3:				
COMPENSATION IS C	OMPARED TO SIMILAR ORGANIZATIONS AND	APPROVED BY THE		
30111 211 25 0				
BOARD.		<u> </u>		
		~		
	,			
			. 1	
			· · · · · · · · · · · · · · · · · · ·	
				
			, <u>-</u>	
				

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

Name of the organization

BIBLEPROJECT

Employer identification number 46-4277592

FORM 990, PART 1, LINE 1 - ORGANIZATION MISSION OR SIGNIFICANT ACTIVITIES				
THE INTENDED AUDIENCE FOR THE VIDEOS ARE PEOPLE WHO HAVE A RELIGIOUS OR				
NON-RELIGIOUS INTEREST IN THE BIBLE AND WANT TO UNDERSTAND ITS CONTENT,				
THEMES, AND STORYLINE BETTER. THESE VIDEOS ARE USEFUL IN A VARIETY OF				
SETTINGS, INCLUDING INDIVIDUALS SPENDING TIME WATCHING ON THE INTERNET				
FOR THEIR OWN EDUCATION, CHURCHES IN VARIOUS GATHERINGS, STUDY GROUPS,				
AND SCHOOLS THAT HAVE BIBLE LITERATURE CLASSES.				
FORM 990, PART III, LINE-1 - ORGANIZATION MISSION				
BIBLEPROJECT'S MISSION IS TO HELP PEOPLE EXPERIENCE THE BIBLE AS A				
UNIFIED STORY THAT LEADS TO JESUS. THIS IS ACHIEVED BY CREATING				
BIBLICAL VIDEOS TO BE REGULARLY RELEASED ON A NEWLY-CREATED YOUTUBE				
CHANNEL. EACH VIDEO COVERS A PORTION OR AREA OF THE BIBLE, EXPLAINING				
THE CONTENT AND RELATED COMMON THEMES/NARRATIVES. THE VIDEOS ARE				
SUCCINCT, AROUND 5 MINUTES, AND HAVE A CREATIVE COMMONS LICENSE SO THEY				
CAN BE USED WITHOUT SUBSTANTIAL RESTRICTION.				
-				
THE VIDEOS ARE CREATED USING HIGH-QUALITY ANIMATION AND DOCTORATE-LEVEL				
CONTENT SO THAT THEY (1) ENGAGE THE MOST AMOUNT OF PEOPLE POSSIBLE WITH				
THE STORY OF THE BIBLE, (2) ARE TRUSTED AS THE BEST WAY TO BEGIN				
UNDERSTANDING THE BIBLE, AND (3) ARE KNOWN FOR INNOVATIVE AND ACCURATE				
INFORMATION RELATED TO THE BIBLE.				
FORM 990, PART VI, SECTION A, LINE 8B:				

NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY EXIST.

PROGRAM SERVICE EXPENSES

MANAGEMENT AND GENERAL EXPENSES

665,913.

34,725.

0.

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization BIBLEPROJECT	Employer identification number 46-4277592
TOTAL EXPENSES	700,638.
CREATIVE PRODUCTION SERVICES:	,
PROGRAM SERVICE EXPENSES	463,515.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	463,515.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,164,153.
FORM 990, PART XII, LINE 2C EXPLANATION)
THERE IS A COMMITTEE RESPONSIBLE FOR THE OVERSIGHT OF THE	AUDIT,
REVIEW, AND SELECTION OF AN INDEPENDENT AUDIT FIRM. THE C	ONTRACT WITH
THE SELECTED AUDIT FIRM IS APPROVED ON AN ANNUAL BASIS. A	UDITED ^
FINANCIAL STATEMENTS ARE PRESENTED TO THE BOARD, WHO ARE	GIVEN
OPPORTUNITY TO ASK ANY QUESTIONS WITHOUT MANAGEMENT PRESE	NT. THE
MANAGEMENT LETTER RECOMMENDATIONS ARE PROVIDED DIRECTLY T	O THE BOARD
EACH YEAR AS REQUIRED.	
·	
,	