990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-

		the Treasury ue Service	do to www.ns.go	ior mistractions and the i	iatest iiii	or mution.		Inspection
			ılendar year, or tax year beginni	ng 10-01-2023 , and ending 09-30-20	124			
		pplicable:	C Name of organization	, and changes 50 20	, <u>,</u>	D Emplo	yer identi	fication number
A	ddress	change	BibleProject			46-42	77592	
	ame ch iitial re	-	Doing business as				.,, 552	
Fi	nal rn/termi		Doing business us					
		d return	Number and street (or P.O. box if r	nail is not delivered to street address) Room/s	suite	E Telepho	ne number	-
A	pplicati	ion pending	1302 SE Ankeny Street			(503)	753-56	74
			City or town, state or province, cou Portland, OR 97214	ntry, and ZIP or foreign postal code				
					T	G Gross re	eceipts \$ 3	1,015,600
			F Name and address of princi Jonathan Collins	pal officer:	H(a)	Is this a group r	eturn for	
			1302 SE Ankeny Street		H(b)	subordinates? Are all subordin	ates	Yes No
			Portland, OR 97214		⊣ `´	included?		
I la	ıx-exeı	mpt status	: 🔽 501(c)(3) 🔲 501(c)()(ins	ert no.) 4947(a)(1) or 527		If "No," attach a		
J W	/ebsit	te: wv	w.bibleproject.com		n(c)	Group exemptio	n numbe	r
V =					I Voar	of formation: 2013	M State	of legal domicile:
K For	m of o	rganizatioi	n: Corporation Trust Associa	tion Uther	L rear (or formation. 2013	OR	or legal dofffiche.
P	art I	Sun	nmary					
			escribe the organization's mission	on or most significant activities:				
	(CREATIO	ON OF VIDEOS FOR PEOPLE W	HO HAVE A RELIGIOUS OR NON-RI			І ТНЕ ВІ	BLE AND WANT
Ce	-	TO UND	ERSTAND ITS CONTENT, THEM	ES, AND STORYLINE BETTER. (conti	nued on	Schedule O).		
a	-							
E								
Governance	_	Check t	his hox if the organization di	scontinued its operations or disposed (of more t	han 25% of its r	net asset	5
5	_			ning body (Part VI, line 1a)			3	5
S				of the governing body (Part VI, line 1b)			4	3
Activities &			,	calendar year 2023 (Part V, line 2a)	•		5	149
€		Total nu	6	6 0				
ď			•	Part VIII, column (C), line 12 · · ·			7a	0
				from Form 990-T, Part I, line 11			7b	0
		• •		,		Prior Year		Current Year
	8	Contrib	itions and grants (Part VIII, line :	1h)		26,310,4	408	29,958,926
une			service revenue (Part VIII, line	,		, ,		0
Revenue			ent income (Part VIII, column (A	3,		504,6	512	795,437
Œ			evenue (Part VIII, column (A), lin	• • • • • • • • • • • • • • • • • • • •		-58,3	346	-125,863
				must equal Part VIII, column (A), line 1	.2)	26,756,6		30,628,500
			`	(, column (A), lines 1-3)	,			0
	14	Benefits	paid to or for members (Part IX,	column (A), line 4)				0
42	15	Salaries	, other compensation, employee	benefits (Part IX, column (A), lines 5-	-10)	15,684,5	511	17,160,207
Expenses	16a	Profess	ional fundraising fees (Part IX, c	olumn (A), line 11e)				0
p e	b	Total fund	Iraising expenses (Part IX, column (D)	, line 25) 750,392				
ă	17	Other e	xpenses (Part IX, column (A), lii	nes 11a-11d, 11f-24e)		7,190,4	468	9,008,955
	18	Total ex	penses. Add lines 13-17 (must	equal Part IX, column (A), line 25)		22,874,9	979	26,169,162
	19	Revenu	e less expenses. Subtract line 1	8 from line 12		3,881,6	595	4,459,338
or or					Ве	eginning of Currer	nt	End of Year
an		.	Operat V. W. 180			Year	-10	22
Net Assets or Fund Balances			sets (Part X, line 16)			26,312,5		30,575,405
det und	8		bilities (Part X, line 26)			1,790,2		1,596,571
			ets or fund balances. Subtract li	ne 21 from line 20		24,522,3	307	28,978,834
	art II		nature Block			L - dl d		
				amined this return, including accompa mplete. Declaration of preparer (other				
•		-	nowledge.	riproteir Deciaration of proparer (ourse)				
Sig	n	Signatu	re of officer			2025-01-28 Date		
Her		Jonatha	n Collins Director					
			print name and title Print/Type preparer's name	Preparer's signature	Date		PTIN	
Pai	Ч			-	2025-01-2	Check if self-employed	P0070582	7
	u par	or	Firm's name CRI Capin Crouse Advis	ors LLC		Firm's EIN 33-2	2621854	
	-	_	Firm's address 345 Massachusetts Ave S	suite 300		Db - (505)	\ E02 2740	:
US	e On	пу		uite 300		Phone no. (505)	, 502-2/46	1
			Indianapolis, IN 46204				_	
NA	tha TI	DC diccur	e this raturn with the preparer	shown above? See Instructions				Yes No

Form	990 (2023)				Page 2
Pa	rt III Statement of Progra	m Service Accomp	lishments		
	Check if Schedule O contai	ns a response or note to	any line in this Part III		🗆
1	Briefly describe the organization's	s mission:			
ACH:	EPROJECT'S MISSION IS TO HE IEVED BY CREATING BIBLICAL V O COVERS A PORTION OR AREA tinued on Schedule O)	/IDEOS TO BE REGULA	RLY RELEASED ON A	NEWLY-CREATED YOUTUBE (CHANNEL. EACH
2	Did the organization undertake ar the prior Form 990 or 990-EZ?		rvices during the year w	which were not listed on	☐Yes 🔽 No
	If "Yes," describe these new serv	ices on Schedule O.			
3	Did the organization cease conduc	cting, or make significan	t changes in how it cond	ducts, any program	
	services?				Yes No
	If "Yes," describe these changes	on Schedule O.			
4	Describe the organization's progrexpenses. Section 501(c)(3) and the total expenses, and revenue,	501(c)(4) organizations	are required to report t		•
4a	(Code:) (Expe	nses \$ 11,910,971	including grants of \$) (Revenue \$)
	BIBLEPROJECT IS A NON-PROFIT ANIM ALL VIDEOS ARE AVAILABLE ON OUR YO CHANNELS. VIEWERSHIP IS PRIMARILY MEDIUMS IN WHICH THEY HAVE BEEN	ATION AND TECHNOLOGY STU DUTUBE CHANNELS WHERE WE CONCENTRATED BETWEEN A	DIO THAT CREATES CONTEN HAVE OVER 688 MILLION VI GES 18 TO 45. WE ARE INSPI	T TO MAKE THE BIBLE ACCESSIBLE TO EWS ALL TIME AND SIX MILLION SUBSO	CRIBERS ACROSS ALL
	(2)				
4b	(Code:) (Expe WE OFFER VIDEOS, PODCASTS, STUDY APP, GROWING CLASSROOM TO MORE	GUIDES, CLASSES AND AN AF	including grants of \$ PP THAT EXPLORE THE BIBLE' OMPLETED IN JUST TWO YEA) (Revenue \$ S UNIFIED STORY. IN 2023, WE LAUNC RS.) CHED CLASSROOM IN THE
4c	(Code:) (Expe	nses \$	including grants of \$) (Revenue \$)
4d	Other program services (Descri	,			
	(Expenses \$	including grants of	of \$) (Revenue \$)
4e	Total program service expenses	20,594,004			Form 990 (2023)

VIII, IX, or X, as applicable.

16

Pa	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)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🐒	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
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? <i>If "Yes," complete Schedule C, Part II</i>	4		No
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 Rev. Proc. 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

Did the organization receive or hold a conservation easement, including easements to preserve open space,

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII,

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete

its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c 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 d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that

b Was the organization included in consolidated, independent audited financial statements for the tax year?

14a Did the organization maintain an office, employees, or agents outside of the United States?

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions. 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

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

12a ᠮᢅᠨᡥᠮᠲᢅ ᠬᡏᠻᠯᠯᢂᡛᠮᡮᡳᢒᢅᠻᡟᡈᠻᠠ᠙ᡷᡛᢧᠯᠮᡮᡄ, independent audited financial statements for the tax year? If "Yes," complete

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

b 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

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of

addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

any foreign organization? If "Yes," complete Schedule F, Parts II and IV

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"

Page 3

Νo

Nο

Nο

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Form **990** (2023)

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12a

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14a

14b

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20a

20b

21

Yes

Yes

Yes

"Yes," complete Schedule L, Part I

If "Yes," completeSchedule L,Part III

conservation contributions?

and Part V, line 1 . .

Part V

sections 301.7701-2 and 301.7701-3?

entity or family member of any of these persons?

Form 990 (2023) Page 4 Checklist of Required Schedules (continued) Yes No

23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . .

Did the organization maintain an escrow account other than a refunding escrow at any time during the year

25a 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

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If

Did the organization report any amount on Part X; line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled

ਲੀਂਕੇ⁷ਉੱਜਦਾ ਨਿਊਸ਼ੀਓਊਓ ਰਿਊਸ਼ੀਊਊਊ ਰਿਊਸ਼ੀ or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member,

or to a 35% controlled entity (including an employee thereof) or family member of any of these persons?

Was the organization a party to a business transaction with one of the following parties (see the Schedule L,

c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes,"

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . .

Hid He Granketation field to Me, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete

Wasen Granditz เอก Chedule R. Part II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

Check if Schedule O contains a response or note to any line in this Part V .

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable

a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes,"

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

Part IV instructions for applicable filing thresholds, conditions, and exceptions):

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Note. All Form 990 filers are required to complete Schedule O. Statements Regarding Other IRS Filings and Tax Compliance

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 on line 1a. Enter -0- if not applicable

b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," 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 24b through 24d

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? If "Yes," complete Schedule I, Parts I and III

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24a

24b

24c

24d

25a

25b

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28a

28b

28c

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35a

35b

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85 0

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1b

Yes

Yes

Form 990 (2023)

Yes

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Nο

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Nο

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Νo

Νo

Nο

Νo

Nο

Νo

No

Νo

Form **990** (2023)

Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νο
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	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	4a		No
b	Brctvoes,t)enter the name of the foreign country:			
5a	WESATIVE organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
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		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	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	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
а	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in 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 excess parachute payment(s) during the year?	15		No
16	IS 't'Meso'r gææizhtionstruetiooztæmæfilæsFituntio472@bjSchedulleeNsection 4968 excise tax on net investment income?	16		No
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		

independent

year by the following: **a** The governing body? . .

Section C. Disclosure

apply.

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7b

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10a

10b

11a

12a

12b

12c

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15a

15b

16a

16h

CO, GA, AL, HI, AK, MA, MN, MS, NH, ND, SC, UT,

VA,WA,WI

Yes

Νo

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Govern	nce, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" i	respons	e to	lines	S
8a, 8b, c Check	10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Schedule O contains a response or note to any line in this Part VI				

1b

Par	Governance, Management, and Disclosure. For each "Yes" response to lines 2 this	rough .	7b below, and for a "N	o" re	spons	e to lines	5
	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedu Check if Schedule O contains a response or note to any line in this Part VI	le 0. S	ee instructions.				
Se	ction A. Governing Body and Management						
						Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax	1a		5			
	YFAMere are material differences in voting rights among members of the governing						
	body, or if the governing body delegated broad authority to an executive committee $% \left(1\right) =\left(1\right) \left(1\right$						
	or similar committee, explain in Schedule O.						

Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any

supervision of officers, directors or trustees, or key employees to a management company or other person? .

Did the organization delegate control over management duties customarily performed by or under the direct

Did the organization make any significant changes to its governing documents since the prior Form 990 was file the organization become aware during the year of a significant diversion of the organization's assets? .

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or

Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders,

Did the organization contemporaneously document the meetings held or written actions undertaken during the

Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code

organization's mailing address? If "Yes," provide the names and addresses in Schedule O $\,\cdot\,\,\cdot\,\,\cdot\,\,\cdot\,\,$.

b 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe

Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that

State the name, address, and telephone number of the person who possesses the organization's books and records:

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

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?

b Describe on 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

Did the organization have a written document retention and destruction policy? . . .

a The organization's CEO, Executive Director, or top management official

Own website Another's website Volon request Other (explain in Schedule O)

interest policy, and financial statements available to the public during the tax year.

b Other officers or key employees of the organization

List the states with which a copy of this Form 990 is required to be filed

Joel Paul 1302 SE Ankeny St Portland, OR 97214 (971) 241-0286

If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.

b Enter the number of voting members included in line 1a, above, who are

b Each committee with authority to act on behalf of the governing body?

Did the organization have a written whistleblower policy? .

10a Did the organization have local chapters, branches, or affiliates?

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, or 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 the 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	uı	(C) tion (do not check more nless person is both an director/truste	offic		and a	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other	
	any hours for related organizations below dotted line)	Individual trustae or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099- MISC/1099- NEC)	organizations (W-2/1099- MISC/1099- NEC)	compensation from the organization and related organizations
(1) Jonathan Collins	40.0	Х		Х				205,708	0	32,043
President/Director									_	
(2) Tim Mackie	40.0	Х		Х				206,988	0	42,923
Secretary/Director								•		
(3) Greg Baumer	5.0	X						0	0	0
Director										
(4) Janice Munemitsu	2.0	Х						0	0	0
Director	2.0									
(5) Karen Howells	2.0	Х						0	0	0
Director	40.0									
(6) Joel Paul	40.0			Х				165,903	0	30,578
CFO	40.0									
(7) Rudy Bellani	40.0			Х				204,915	0	32,428
C00	40.0									
(8) Steve Atkinson				Х				201,172	0	25,319
CEO	40.0									
(9) Joel Worrall Chief Product Officer					х			180,368	0	27,942
(10) Adam Braly	40.0									
Lead Product Developer						Χ		155,531	0	38,354
(11) Adam Putinski	40.0									
Engineering Manager						Х		152,145	0	38,351
(12) Colin Wilson	40.0									
VP of Content						Х		156,202	0	17,027
(13) Jonathan Dobson	40.0									
Chief Technology Officer						Х		180,790	0	42,355
(14) Nathan Sinsabaugh	40.0									
UX Director						Х		152,615	0	31,040
-					<u> </u>					Form 990 (2023)
										101111 330 (2023)

	(A) Name and title	(B) Average	Posi	(C) tion (do not check more	tha	an o	ne box	х,	(D) Reportable	(E) Reportable		(F) Estima	
		hours per week (list	uı	unless person is both an officer and a compensation compensatio from the from related								amount o	
		any hours for related	organization organization						5	from organiz	the		
		organizations	Individual trustee or director		Officer	y en	ghes	Former	MISC/1099-	MISC/1099-		and rel	lated
		below dotted line)	ual t	Institutional Trustee; Officer of director representation of the state								organiza	ations
			nust	n per									
			6	ns at-									
							ed						
	Sub-Total												
_	Γotal from continuatio Γotal (add lines 1b and		-	ection A			l		1,962,337		0		358,360
2		/iduals (includin	g but r	not limited to those liste n the organization 55	d al	00V	e) who	rec	eived more than		•		
												Yes	No
3	Did the organization on line 1a? If "Yes," o			, director or trustee, ke	y er	nplo -	yee, o	r hi -	ghest compensate	d employee			N 1
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such									3		No		
	individual										4	Yes	
5				accrue compensation fr						ndividual for			
		I to the organization? If "Yes," complete Schedule J for such person									5		Νo
Se	cction B. Indepen			ompensated independer	nt c	ontr	actors	tha	at received more t	han \$100 000 o	of		
-				t compensation for the								tay year	

(B)

Description of services

(C) Compensation

Form 990 (2023)

(A)

Name and business address

\$100,000 of compensation from the organization 0

2 Total number of independent contractors (including but not limited to those listed above) who received more than

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

		0 (2023)									Page 9
Par	t VI		nt of Revenue thedule O contains a re	cnonco or no	to to	any line in this Da	rt \/III				Г
		CHECK II 30	medule o contains a re	3,01136 01 110	te to	(A) Total revenue	(B) Related exem functi reven	d or pt on	(C) Unrelated business revenue	tax	(D) Revenue cluded from under sections 512 - 514
Contr	ibu	tions, Gifts, Gra	nts, and OtherAmt Sim	ilar Amounts	b N c F d F e C f A a g N	Membership dues Fundraising events Related organizatio Government grants (co All other contributions, or and similar amounts no above Noncash contributions is ines 1a - 1f:\$	ons ntributions) gifts, grants, it included included in	1a 1b 1c 1d 1e 1f	29,958,926		
	Π			Business (٠.,	otal. Add lines 1a	-11			29,95	8,926
Program Service Revenue	2a	d	am service revenue.			0		0		0	0
			es 2a-2f		0						
Other Revenue		Total. Add line	3 Investment income other 4 incident afrom the set of a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) c Net rental income or other basis and sales expenses c Gain or (loss) d Net gain or (loss) see Part IV, line 18 b Less: direct exper c Net income or (loss) 9a Gross income from activities. See Part IV, line 19 b Less: direct exper c Net income or (loss) 10a Gross sales of inverteurns and allowed b Less: cost of good c Net income or (loss)	ment of tax-or (i) R 6a 6b 6c e or (loss). 7b 7c	viden exem deal raising g g g 10 10	ds, interest, and pt bond proceeds	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	795,437			-152,633
Oth	erR	evenueMiscAmt	11a b			Business Cod	e	26,770 26,770	0	0	26,770
			12 Total revenue. See	e instructions	· .	<u> </u>	30	,628,500	0	0	669,574
			-		_					Е.	*** 000 (2022)

Check if Schedule O contains a response or note to	any line in this Par			<u>L</u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to domestic organizations and 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.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,359,049	1,079,803	245,194	34,052
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	45,108	45,108		
7 Other salaries and wages	11,718,014	9,583,445	1,786,177	348,392
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	351,256	277,042	64,594	9,620
O Other employee herefits	2,650,606	1,936,605	648,126	65,875
9 Other employee benefits	1,036,174	844,460	162,025	29,689
11 Fees for services (non-employees):	=,555,21	21.,100	/	
a Management				
b Legal	44,784		44,784	
c Accounting	42,170		42,170	
d Lobbying	,		,	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,285,887	2,136,666	136,335	12,886
12 Advertising and promotion	571,471	534,166	34,084	3,221
13 Office expenses	630,614	84,822	541,895	3,897
14 Information technology	1,183,251	920,304	262,588	359
15 Royalties				
16 Occupancy	612,323	404,841	193,797	13,685
17 Travel	440,420	328,450	54,769	57,201
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	279,526	92,040	85,870	101,616
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,768,913	1,412,531	356,382	
23 Insurance	46,696		46,696	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Communications	696,366	696,366		
b Publishing	124,341	70,963		53,378
c				
d				
e All other expenses	282,193	146,392	119,280	16,521
25 Total functional expenses. Add lines 1 through 24e	26,169,162	20,594,004	4,824,766	750,392
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).				

		(2023)					Page 11
Р	art X	Balance Sheet					_
		Check if Schedule O contains a response or	note to any	line in this Part IX .			<u> </u>
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			2,310,834	1	2,446,463
	2	Savings and temporary cash investments			1,725,705	2	5,829,622
		Pledges and grants receivable, net		_	1,250,000	3	750,000
		Accounts receivable, net			3,683	4	37,682
		Loans and other receivables from any current		officer director	3,003	4	37,002
		trustee, key employee, creator or founder, su controlled entity or family member of any of t	bstantial co	ontributor, or 35%	0	5	0
	6	Loans and other receivables from other disquunder section $4958(f)(1)$, and persons described.		`	0	6	0
Assets	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			259,750	8	133,595
As	9	Prepaid expenses and deferred charges .			197,175	9	339,553
-	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	2,437,170			
	b	Less: accumulated depreciation	10b	1,519,334	1,232,410	10c	917,836
	11	Investments—publicly traded securities .	<u> </u>		15,144,375	11	15,799,638
	12	Investments—other securities. See Part IV, Ii		0	12		
	13	Investments—program-related. See Part IV, I		0	13		
	14	Intangible assets			3,568,368	14	3,888,709
	15	Other assets. See Part IV, line 11			620,210	15	432,307
		Total assets: Add lines 1 through 15 (must e	gual line 3	3)	26,312,510	16	30,575,405
	17	Accounts payable and accrued expenses .	-		1,169,993	17	1,164,264
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability. Complet	te Part IV o	f Schedule D		21	
Liabilities	22	Loans and other payables to any current or for	rmer office	r, director, trustee,			
0		key employee, creator or founder, substantial					
.00		controlled entity or family member of any of t	•	_	0	22	0
_	23	Secured mortgages and notes payable to unre	elated third	I parties		23	
	24	Unsecured notes and loans payable to unrela	ted third pa	arties		24	
	25	Other liabilities (including federal income tax parties, and other liabilities not included on li Complete Part X of Schedule D			620,210	25	432,307
	26	Total liabilities. Add lines 17 through 25 .			1,790,203	26	1,596,571
es		Organizations that follow FASB ASC 958, che	ck here	and complete			
n		lines 27, 28, 32, and 33.			04 004 740		00.054.447
ala	27	Net assets without donor restrictions			21,001,718	27	28,054,147
Assets or Fund Balances	28	Net assets with donor restrictions			3,520,589	28	924,687
		Organizations that do not follow FASB ASC 9	58, check h	ere 🕨 🗌 and			
		complete lines 29 through 33. Capital stock or trust principal, or current fun				29	
ets		Paid-in or capital surplus, or land, building or		fund		30	
SS		Retained earnings, endowment, accumulated i				31	

32

33

28,978,834

30,575,405 Form **990** (2023)

24,522,307

26,312,510

32

Total net assets or fund balances

Total liabilities and het assets/fund balances

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 Yes 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

c 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 Yes

If the organization changed either its oversight process or selection process during the tax year, explain in

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

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 in Schedule O and describe any steps taken to undergo such audits.

За

3b

Νo

Form 990 (2023)

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

Form 990 (2023) **Additional Data** Return to Form **Software ID:** 23017437 Software Version: 2023v6.0 Form 990, Special Condition Description: **Special Condition Description**

(Form 990) Department of the Treasury

Internal Revenue Service

SCHEDULE A

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

Inspection

	e of th	ne organization			Employer identification number					
Dibler	roject						46-4277592			
Pa	rt I	Reason for Publi	c Charity S	t atus (All organiza	tions must co	mplete this pa	art.) See instructio	ns.		
The o	organiz	zation is not a private fo	oundation beca	use it is: (For lines 1	through 12, che	eck only one box	x.)			
1		A church, convention	of churches, or	association of churc	hes described in	section 170(b)(1)(A)(i).			
2		A school described in	section 170(b)	(1)(A)(ii). (Attach S	chedule E (Forn	າ 990).)				
3		A hospital or a cooper	ative hospital	service organization o	described in sec	tion 170(b)(1)((A)(iii).			
4		A medical research org hospital's name, city,	•	rated in conjunction w	vith a hospital d	escribed in sect	ion 170(b)(1)(A)(iii). Enter the		
5		An organization operat			versity owned o	r operated by a	governmental unit d	escribed in section		
6		A federal, state, or loc	al government	or governmental unit	described in se	ction 170(b)(1)(A)(v).			
7		An organization that n described in section 1		·		m a governmen	ital unit or from the g	general public		
8		A community trust des	scribed in sect i	ion 170(b)(1)(A)(vi)	(Complete Par	t II.)				
9		An agricultural researd university or a non-lar								
10	•	An organization that n receipts from activitie from gross investment organization after June	s related to its income and u	exempt functions—sunrelated business tax	ubject to certair able income (le	exceptions, an ss section 511	d (2) no more than 3	33 1/3% of its support		
11		An organization organ			-	-	509(a)(4).			
12		An organization organi one or more publicly s the box on lines 12a tl	upported orgai	nizations described in	section 509(a)	(1) or section 5	09(a)(2). See section	1 509(a)(3). Check		
а		Type I. A supporting o supported organization organization. You mus	n(s) the power	to regularly appoint o	r elect a majori					
b		Type II. A supporting management of the su must complete Part IV	pporting organ	ization vested in the			•			
С		Type III functionally i supported organization						grated with, its		
d		Type III non-function not functionally integr (see instructions). You	ated. The orga	nization generally mu	st satisfy a dist	ribution require		` '		
е		Check this box if the o	-				a Type I, Type II, Ty	ype III functionally		
f	Ento	integrated, or Type III r the number of support		, -	-					
g	Liitei	Provide the following i	3				· · · · · · · · · <u> </u>			
	(i) N	lame of supported				organization	(v) Amount of	(vi) Amount of		
		organization		organization	listed in you	ır governing	monetary support	other support (see		
				(described on lines 1- 10 above (see	docur	nent?	(see instructions)	instructions)		
				instructions))	Yes	No				
								_		
							_			
Tota										
Ec- F		vark Daduction Act Nati	co coo the T	tructions for	Ca+ No 1120	_	Cabadul	A /Earm 000\ 2022		

Schedule A (Form 990) 2023 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 failed to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total (or fiscal year beginning in) 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge.. Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total (or fiscal year beginning in) 7 Amounts from line 4. . 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, 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.). . Total support. Add lines 7 through 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

Section C. Computation of Public Support Percentage

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	14

14

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Schedule A (Form 990) 2023

14	Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2022 Schedule A, Part II, line 14	15	
16a	33 1/3% support test-2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or	more,	check this box

Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f))

33 1/3% support test—2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 17a 10%-facts-and-circumstances test-2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990) 2023 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 u

If the organization fails to qualify under the tests listed below Se

C-1	
Calendar year	

Calendar	year			
(or fiscal	vear	heainnina	in)	-

.

persons

Cal	and	ar v	ear					
Cai	enu	aı y	Cai					
						•	_	

109,298,685

1,636,530

110.935.215

3.551.330

3,551,330

107,383,885

110,935,215

1.330.248

1,330,248

58,140

112,323,603

95.60 %

96.96 %

Schedule A (Form 990) 2023

1 %

1 %

(f) Total

II. If the organization	n raiis to quaiir	y under the tes	sts listed below	, piease compi	ete Part II.)	
Section A. Public Support						
endar year	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Tot

- - membership fees received. (Do not
 - 15,800,269

381,139

16,181,408

1,090,450

1,090,450

16,181,408

28,302

28,302

0

Public support percentage for 2023 (line 8, column (f) divided by line 13, column (f))

Investment income percentage for 2023 (line 10c, column (f) divided by line 13, column (f))

Public support percentage from 2022 Schedule A, Part III, line 15

Investment income percentage from 2022 Schedule A, Part III, line 17

(a) 2019

- 26,310,408

- 1 Gifts, grants, contributions, and

include any "unusual grants.") . 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 3 Gross receipts from activities that are not an unrelated trade or business under section 513

Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge

Total. Add lines 1 through 5 7a Amounts included on lines 1, 2,

c Add lines 7a and 7b. .

(or fiscal year beginning in)

June 30, 1975.

11, and 12.). .

16

17

c Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. 12 Other income. Do not include gain or loss from the sale of capital

9 Amounts from line 6. . . Gross income from interest, dividends, payments received on

Section B. Total Support

from line 6.)

Calendar year

and 3 received from disqualified

b 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.

Public support. (Subtract line 7c

securities loans, rents, royalties and income from similar sources

Unrelated business taxable income (less section 511 taxes) from businesses acquired after

assets (Explain in Part VI.) . . 13 Total support. (Add lines 9, 10c,

Section C. Computation of Public Support Percentage

Section D. Computation of Investment Income Percentage

- - 22,546,925

492,268

23,039,193

160,300

160.300

23,039,193

19,300

19,300

23,058,493

19a 33 1/3% support tests-2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization b 33 1/3% support tests-2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and 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

First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

(c) 2021

14,917,121

37,218

37,218

14,954,339

(b) 2020

- 14,682,157

234,964

14,917,121

0

293,692

26,604,100

901,190

901,190

26,604,100

449,991

449,991

31,370

27,085,461

(d) 2022

- 29,958,926

234,467

30,193,393

1.399.390

1,399,390

30,193,393

795,437

795,437

26,770

31,015,600

15

16

17

(e) 2023

(f) Total

	Page
ınder	Part

1

2

За

3b

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b Schedule A (Form 990) 2023

Page 4

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you

box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you

12d, of Part I, complete Sections A and D, and complete Part V.)

checked checked box

Section A. All Supporting Organizations Yes No 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.

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).

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.

made the determination.

amendment to the organizing document).

organization's organizing document?

"Yes," complete Part I of Schedule L (Form 990).

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

organizations)? If "Yes," answer line 10b below.

whether the organization had excess business holdings).

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 organization 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 Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.

4a 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

4b or supervised by or in connection with its supported organizations. 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 4c all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

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

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with

Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)

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

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 supporting

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

Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from,

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

Substitutions only. Was the substitution the result of an event beyond the organization's control?

the filing organization's supported organizations? If "Yes," provide detail in Part VI.

regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).

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

organization's involvement.

Parent of Supported Organizations. Answer lines 3a and 3b below.

each of the supported organizations? If "Yes" or "No", provide details in Part VI.

Supporting Organizations (continued)

Page 5

а						
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c					
	below, the governing body of a supported organization?	11a				
b	A family member of a person described on 11a above?	11b				
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in	11c				
S	Part VI. ection B. Type I Supporting Organizations					
			Yes	No		
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to 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 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				
S	ection 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 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	1				
	ection 7. All Type III Supporting Organizations					
	ection b. Air Type 111 Supporting Organizations		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	. 65			
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 the organization maintained a close and continuous working relationship with the supported organization(s).	2				
3	By reason of the relationship described in line 2 above, 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 supported organizations	3				
	ection E. Type III Functionally-Integrated Supporting Organizations					
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	tructio	ns)·			
	The organization satisfied the Activities Test. Complete line 2 below.	uctio				
	b The organization is the parent of each of its supported organizations. Complete line 3 below.					
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see				
	instructions)					
2	Activities Test. Answer lines 2a and 2b below.		Yes	No		
	 a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of 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. b Did the activities described on line 2a, above 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 	2a				

reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.

2b

За

3b

instructions)

Page 6

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

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

excess of income from activity

Section D^{Or} อารูปาลิปาก

organizations, in

3j and 4c.

8 Breakdown of line 7:

a Excess from 2019. . .

b Excess from 2020. . .

c Excess from 2021. . .

d Excess from 2022. . .

e Excess from 2023. . .

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting

2 Amounts paid to perform activity that directly furthers exempt purposes of supported

1 Amounts paid to supported organizations to accomplish exempt purposes

1

2

3 Administrative expenses paid to accomplish exempt	nizations 3						
4 Amounts paid to acquire exempt-use assets	4						
5 Qualified set-aside amounts (prior IRS approval requir	71) 5						
6 Other distributions (describe in Part VI). See instruc	6						
7 Total annual distributions. Add lines 1 through 6.	7						
8 Distributions to attentive supported organizations to (provide	which the organization is re	sponsive 8					
-	details in Part VI). See instructions						
9 Distributable amount for 2023 from Section C, line 6		9		_			
10 Line 8 amount divided by Line 9 amount		10					
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributi Pre-2023	ions	(iii) Distributable Amount for 2023			
1 Distributable amount for 2023 from Section C, line 6							
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required explain in Part VI).							
See instructions.							
3 Excess distributions carryover, if any, to 2023:							
a From 2018							
b From 2019							
c From 2020							
d From 2021							
e From 2022							
g Applied to underdistributions of prior years							
h Applied to 2023 distributable amount							
i Carryover from 2018 not applied (see							
instructions)							
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4 Distributions for 2023 from Section D, line 7:							
<u> </u>							
a Applied to underdistributions of prior years							
b Applied to 2023 distributable amount							
c Remainder. Subtract lines 4a and 4b from line 4.							
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> .							
See instructions.							
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.							
7 Excess distributions carryover to 2024. Add lines							

Schedule A (Form 990) 2023 Page 8 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part VI 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 and 2; Part IV, Section C, 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 B, line 1e; 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 additional information. (See instructions). Facts And Circumstances Test Return Reference Per the instructions public support is measured using a 5-year computation period that includes the Schedule A, Part III Columns (A) -(E): current and four prior tax years (including short years). The organization had a short year in 2020. The below chart clarifies the information represented in Schedule A, Part II: Column (a) - Fiscal year ending 12/31/20 Column (b) - Fiscal year ending 12/31/21 Column (c) - 9 month period ending 9/30/22 Column (d) - Fiscal year ending 9/30/2023 Column (e) - Fiscal year ending 9/30/2024 Schedule A, Part III The organization is a public charity under section 509(a)(2) and completes Schedule A (Form 990), Part III. The organization has analyzed Schedule A (Form 990), Part II and established that it meets the 33 1/3% public support requirements under sections 509(a)(1) and 170(b)(1)(A)(vi), thus it qualifies to use the first listed special rule for Schedule B (Form 990) reporting. DESCRIPTION - MISC REVENUE, COLUMN A - , COLUMN B - , COLUMN C - , COLUMN D -Schedule A, Part III, Line 12 Other 31370.0, COLUMN E - 26770.0, COLUMN F - 58140.0; Income

Schedule B OMB No. 1545-0047 Schedule of Contributors (Form 990) Attach to Form 990, 990-EZ, or 990-PF. 2023 Department of the Treasury Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Name of the organization **Employer identification number** BibleProject 46-4277592 Organization type (check one): Filers of: Section: Form 990 or 990-F7 ☐ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the **General Rule** or a **Special Rule**. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other 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 33¹/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively

or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

(a) Νo.

Schedule B (Form	990) (2023)	Page 2	
Name of organizat BibleProject	ion	Employer id 46-427759	entification number 2
Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED	,	\$ RESTRICTED	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$_	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$_	Person Payroll Noncash (Complete Part II for noncash contributions.)

(b)

Name, address, and ZIP + 4

contributions.)

(d) Type of contribution

Person Payroll

Noncash (Complete Part II for noncash

(c) Total contributions

\$

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	-		

Schedule I	B (Form 990) (2023)			Page 4
Name of o BibleProje	rganization			Employer identification number
				46-4277592
Part III	total more than \$1,000 for the year fro	om any one conti ng Part III, enter his information o	ributor. Complete col the total of exclusive	bed in section 501(c)(7), (8), or (10) that umns (a) through (e) and the following by religious, charitable, etc., contributions s.) \$
(a) No. from Part I	(b) Purpose of gift	((c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, and		Transfer of gift	onship of transferor to transferee
	- Transfered France, address, and		- Troidin	only of transfer to transfer to
(a) No. from Part I	(b) Purpose of gift	- (c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, and	, ,	Transfer of gift Relation	onship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	- (c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, and	, ,	Transfer of gift Relation	onship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	((c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, and		Transfer of gift Relation	onship of transferor to transferee
		-		

Schedule B (Form 990) (2023)

SCHEDULE D (Form 990)

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.

2022
Open to Public

	tment of the Treasury	Co to www.inc.com/For	Attach to Form 9		-		Open to Public
	al Revenue Service	► Go to <u>www.irs.gov/For</u>	m990 for instruction	ons and the latest infor	_		Inspection
	i me of the organi lleProject	Zauun			Emp	noyer identif	ication number
				011		4277592	
Pa		izations Maintaining Donor A ete if the organization answered '			inas	or Accoun	its.
	СОПРІС	ste ii the organization anowered		advised funds		(b) Funds an	nd 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	e at end of year					
5	-	ation inform all donors and donor adv n's property, subject to the organizat	-				e Yes No
6	charitable purp	ation inform all grantees, donors, and oses and not for the benefit of the dor private benefit?	nor or donor advisor	, or for any other purpo	se con	ferring	or Yes No
Pa		rvation Easements.					
	•	ete if the organization answered '		•			
1	_ ` ` ` `	conservation easements held by the o	•		histor	iaallu immaast	ant land area
		n of land for public use (e.g., recreati	on or education)	Preservation of an		, ,	
	_	of natural habitat		Preservation of a c	.ertiiie	a mstoric sti	ructure
		on of open space					
2		2a through 2d if the organization helne last day of the tax year.	d a qualified conser	vation contribution in th	ne forr		rvation he End of the Year
а	Total number o	f conservation easements			2a		
b	_	restricted by conservation easements	i		2b		
С		servation easements on a certified his	storic structure inclu	uded in (a)	2c		
d	Number of cons	servation easements included in (c) are listed in the National Register	cquired after July 2	` ´	2d		
3	Number of constax year	servation easements modified, transfe	erred, released, exti	nguished, or terminated	i by th	ne organizatio	on during the
4	Number of stat	es where property subject to conserv	ation easement is l	ocated 🕨			
5	_	ization have a written policy regardin enforcement of the conservation eas			ling of	_	Yes No
6	Staff and volun year	teer hours devoted to monitoring, ins	specting, handling o	f violations, and enforci	ng cor	nservation ea	sements during the
7	Amount of expe	enses incurred in monitoring, inspecti	ng, handling of viol	ations, and enforcing co	nserv	ation easeme	ents during the year
8		servation easement reported on line 2 ion 170(h)(4)(B)(ii)?			tion 17		Yes No
9	balance sheet,	escribe how the organization reports of and include, if applicable, the text of an's accounting for conservation ease	the footnote to the				
Pai	rt IIII Organ	izations Maintaining Collection is the organization answered '	ons of Art, Hist		or Ot	her Simila	ır Assets.
1a	of art, historica	tion elected, as permitted under FASI al treasures, or other similar assets he e, in Part XIII, the text of the footnot	eld for public exhibi	tion, education, or rese	arch ir	n furtherance	
b	art, historical t	tion elected, as permitted under FASI reasures, or other similar assets held lowing amounts relating to these item	for public exhibition				
((i) Revenue inclu	ded on Form 990, Part VIII, line 1 .				. > \$	
(ii) Assets include	d in Form 990, Part X				. > \$	
2	If the organiza	tion received or held works of art, his ints required to be reported under FA	torical treasures, or	other similar assets for			ovide the
а	Revenue includ	led on Form 990, Part VIII, line 1				. ▶\$	

3	Using the organization's acquisition, accession collection items (check all that apply):	on, and ot	ther recor	ds, che	ck any	of th	ne follo	wing tha	t are a signif	ficant use	e of its
а	Public exhibition			d	□ L	oan o	r excha	ange pro	grams		
b	Scholarly research			e	Гο	ther					
С	Preservation for future generations										
4	Provide a description of the organization's co	llections	and evnla	in how	they f	ırtha	r the or	aanizati	nn's evemnt	nurnose	in
7	Part XIII.	mections	anu expia	III IIOW	they it	ai tiiei	i tile oi	yamzam	on's exempt	purpose	
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t									☐ Yes	No
Pa	rt IV Escrow and Custodial Arrang Complete if the organization answ Part X, line 21.			orm 9	90, Pa	art I\	V, line	9, or re	ported an	amount	on Form 990,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?									Yes	☐ No
b	If "Yes," explain the arrangement in Part XII	I and con	nplete the	follow	ing tab	le:			A	mount	
c	Beginning balance							1c			
d	Additions during the year							1d			
е	Distributions during the year							1e			
f	Ending balance							1f			
2a	Did the organization include an amount on F							dial acc	unt liability	Yes	□ No
20	· · ·	01111 990,	raic X, ii	116 21,	101 636	10W C	n custo	diai acci	ounc madiney		
b	If "Yes," explain the arrangement in Part XII	II. Check	here if th	e expla	nation	has l	been pr	ovided i	n Part XIII	🗆	
Pā	rt V Endowment Funds.										
	Complete if the organization answ	wered "Y (a) Curr			90, Pa Prior yea				((d) Three v	ana baak	(e) Four years back
1a	Beginning of year balance	(a) curr	ent year	(0)	Tioi yea		(C) TWO	years bac	(u) Three ye	ars back	(e) rour years back
	Contributions										_
	Net investment earnings, gains, and losses										_
Ĭ	The investment earnings, gams, and losses [_
d	Grants or scholarships										
е	Other expenditures for facilities and programs										
f	Administrative expenses										_
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year	end balan	ce (line	1g, co	olumr	n (a)) h	eld as:			
а											
b	Permanent endowment										
С	Term endowment -										
	The percentages on lines 2a, 2b, and 2c sho								. 1 6 11		
3a	Are there endowment funds not in the posses organization by:	ssion of tr	ne organiz	ation ti	nat are	neia	and ac	iminister	ed for the		Yes No
	(i) Unrelated organizations									3a	
	(ii) Related organizations									3a	(ii)
b	If "Yes" on 3a(ii), are the related organization	ns listed	as requir	ed on S	chedul	e R?				3	b
4	Describe in Part XIII the intended uses of th	e organiz	ation's en	downe	nt fun	de					
	rt VI Land, Buildings, and Equipme		410113 611	idowinic	inc ruin	u3.					
	Complete if the organization answ		es" on F	orm 9	90, Pa	art I\	/, line	11a. Se	e Form 99	0, Part	X, line 10.
	Description of property (a) Cost or other (investment)		(b) Cost	or other	basis (o	ther)	(c) Ac	cumulated	depreciation	(d	I) Book value
1a	Land										
b	Buildings										
c	Leasehold improvements				1,42	2,619			821,290		601,329
d	Equipment				1,014	4,551			698,044		316,507

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

917,836

Complete if the organization answered fes on Form 9				
(a) Description of security or category (including name of security)	(b) Bo valu		(c) Method of tor end-of-yea	valuation: r market value
(1) Financial derivatives			,	
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	•			
Part Investments - Program Related. VIII Complete if the organization answered 'Yes' on Form 9	90, Part	IV, line 11c. S	ee Form 990,	Part X, line 13.
(a) Description of investment		(b) Book value		ethod of valuation: I-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	۰			
Part IX Other Assets.)O Dowt	TV line 11d Co		Doub V line 15
Complete if the organization answered 'Yes' on Form 99 (a) Description	o, Part	1v, iine 11a. Se	e Form 990,	(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.))	
Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 99	0, Part	IV, line 11e or	11f.	
See Form 990, Part X, line 25. 1. (a) Description of liability				(b) Book value
(1) Federal income taxes Operating Lease obligations				432,307
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)			•	432,307
2. Liability for uncertain tax positions. In Part XIII, provide the text of the foorganization's liability for uncertain tax positions under FIN 48 (ASC 740). C				

1

2

3

31,012,789

384,289

26,169,162

Schedule D (Form 990) 2022

Page 4

Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements .

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

Net unrealized gains (losses) on investments

Other (Describe in Part XIII.)

Other (Describe in Part XIII.)

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b

Add lines 2a through 2d

Donated services and use of facilities 2b 2c

2a

2d

4a

4b

-2.811

387,100

2e

3

4c

Subtract line 2e from line 1 3 30,628,500 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . 4a

4b Add lines 4a and 4b 4c

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 30,628,500 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 26,556,262

Total expenses and losses per audited financial statements . . . 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a

2b Other losses 2c Other (Describe in Part XIII.) 2d 387,100 Add lines 2a through 2d 387,100 2e

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 26,169,162 Part XIII

Supplemental Information

Other expenses in audited financial statements not in form 990

Add lines 4a and 4b

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line

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

Return Reference Explanation

Schedule D, Part XI, Line 2(d) Other Cost of Goods Sold - 387100

revenues in audited financial statements not in form 990 Schedule D, Part XII, Line 2(d) Cost of Goods Sold - 387100

Sch	nedule J	Comp	ensa	tion Information	ОМВ	OMB No. 1545-0047				
	m 990) ment of the Treasury	Оре	2023 Open to Public							
	I Revenue Service			[- · · · ·			ectio	n		
	me of the organi leProject	zation		Employer ident	tification	num	iber			
				46-4277592						
Pa	rt I Quest	ions Regarding Compensation	<u>1</u>							
							Yes	No		
1a				ly of the following to or for a person listed on Form de any relevant information regarding these items.						
	_	or charter travel	·г	Housing allowance or residence for personal use						
	_	companions	Ē	Payments for business use of personal residence						
		nification and gross-up payments		Health or social club dues or initiation fees						
	Discretion	ary spending account		Personal services (e.g., maid, chauffeur, chef)						
b	•	·	_	tion follow a written policy regarding payment or d above? If "No," complete Part III to explain		1b				
2	Did the organia	•		sing or allowing expenses incurred by all irector, regarding the items checked on Line 1a?		2				
3	organization's	CEO/Executive Director. Check all tha	at apply	n used to establish the compensation of the . Do not check any boxes for methods f the CEO/Executive Director, but explain in Part III						
	Compensa	ation committee		Written employment contract						
	Independe	ent compensation consultant	V	Compensation survey or study						
	Form 990	of other organizations	V	Approval by the board or compensation committee	•					
4	- ,	r, did any person listed on Form 990, a related organization:	Part VI	I, Section A, line 1a, with respect to the filing						
а	Receive a seve	erance payment or change-of-control	paymen	it?		4a		Νo		
b	Participate in,	or receive payment from, a supplemen	ntal non	qualified retirement plan?		4b		Νo		
c		or receive payment from, an equity-b				4c		Νo		
	If "Yes" to any	of lines 4a-c, list the persons and pro	ovide th	e applicable amounts for each item in Part III.						
	Only 501(c)(3)), 501(c)(4), and 501(c)(29) organizat	tions m	ust complete lines 5-9						
5	For persons lis			, did the organization pay or accrue any						
а	The organizati	on?				5a		Νo		

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed

Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was

b Any related organization?

6

8

If "Yes," on line 5a or 5b, describe in Part III.

compensation contingent on the net earnings of:

If "Yes," on line 6a or 6b, describe in Part III.

Νo

Νo

Νo

Νo

6a

6b

7

Yes

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

reach individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

For each individual whose compensation must be reported on Schedule J instructions, on row (ii). Do not list any individuals that are not listed or Note. The sum of columns (B)(i)-(iii) for each listed individual must equal to the sum of columns (B)(i)-(iii) for each listed individual must equal to the sum of columns (B)(i)-(iii) for each listed individual must equal to the sum of columns (B)(i)-(iii) for each listed individual must equal to the sum of columns (B)(i)-(iii) for each listed individual must equal to the sum of columns (B)(i)-(iii) for each listed individual must equal to the sum of columns (B)(i)-(iii) for each listed individual must equal to the sum of columns (B)(i)-(iii) for each listed individual must equal to the sum of columns (B)(i)-(iii) for each listed individual must equal to the sum of columns (B)(i)-(iii) for each listed individual must equal to the sum of columns (B)(i)-(iii) for each listed individual must equal to the sum of columns (B)(i)-(iii) for each listed individual must equal to the sum of columns (B)(i)-(iii) for each listed individual must equal to the sum of columns (B)(i)-(iii) for each listed individual must equal to the sum of columns (B)(i)-(iii) for each listed individual must equal to the sum of columns (B)(i)-(iii) for each listed individual must equal to the sum of columns (B)(i)-(iii) for each listed individual must equal to the sum of columns (B)(i)-(iii) for each listed individual must equal to the sum of columns (B)(i)-(iii) for each listed individual must equal to the sum of columns (B)(i)-(iii) for each listed individual must equal to the sum of columns (B)(i)-(iii) for each listed individual must equal to the sum of columns (B)(i)-(iii) for each listed individual must equal to the sum of columns (B)(i)-(iii) for each listed individual must equal to the sum of columns (B)(i)-(iii) for each listed individual must equal to the sum of columns (B)(i)-(iii) for each listed individual must equal to the sum of columns (B)(i)-(iii) for each listed individual must e	n Foi	rm 990, Part VII.						that individual.
(A) Name and Title		(B) Breakdown o	of W-2, 1099-MIS and/or 1099-NEC	C compensation,	(C) Retirement and other	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1 Tim Mackie	(i)	200,398	6,500	90	4,567	38,356	249,911	0
Secretary/Director	(ii)						0	 0
2 Jonathan Collins	(i)	199,148	6,500	60	4,567	27,476	237,751	0
President/Director	(ii)						0	 0
3 Rudy Bellani	(i)	173,355	31,500	60	5,052	27,376	237,343	0
C00	(ii)	 0						
4 Steve Atkinson	(i)	194,282	0 6,500	390	0 3,264	22,055	0 226,491	0
CEO	(i) (ii)							
		0 159,340	6 500	0	0 3 727	0 26.851	106.481	0
	(i)		6,500	63	3,727	26,851	196,481	0
	(ii)	0	0	0	0	0	0	0
	(i)	173,779	6,500	89	0	27,942	208,310	0
	(ii)	0				0	0	
7 Jonathan Dobson	(i)	159,774	20,880	136	3,999	38,356	223,145	0
Chief Technology Officer	(ii)					0	0	
8 Adam Braly	(i)	148,978	6,500	53	0	38,354	193,885	0
Lead Product Developer	(ii)						0	 0
9 Adam Putinski	(i)	145,613	6,500	32	0	38,351	190,496	0
Engineering Manager	(ii)	 0						 0
10 Nathan Sinsabaugh	(i)	146,062	6,500	53	3,456	27,584	183,655	0
UX Director	(ii)							
11 Colin Wilson	(i)	149,648	6,500	54	3,468	13,559	173,229	0
VP of Content								
VF OF Content	(ii)	0	0	0	0	0	0	0

Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Page 3

Schedule J (Form 990) 2023

Schedule J (Form 990) 2023

Return Reference Explanation Schedule J. Part I. Line 7 Non-fixed The Board approved a one-time discretionary bonus of equal amount for all employees, including the officers, key employees, and highest compensated

lemployees of the organization. Additional performance bonuses were awarded to the Chief Operating Officer and Chief Technology Officer for meeting or payments

surpassing established goals and other criteria.



Schedule L		Tra	nsact	ions with	Intereste	ed Person	ıs			ОМЕ	3 No.	1545	-0047
Form 990) Department of the Treasury			8b, or 28 At	swered "Yes" o c, or Form 990- tach to Form 99 Form990 for ins	EZ, Part V, lin 0 or Form 99	e 38a or 40b. 0-EZ.	·		27, 28		2 ()23 to Pu	blic
nternal Revenue Service											Ins	oectio	
Name of the org BibleProject	anization							mplo	yer ider	ntificati	on nu	ımber	
	D C'	· - · · · · · · · · · · · · · · · · · · ·			==				77592				
		t Transactior ganization answe											
		squalified person				disqualified pe			Desci				d)
				and organiza	ation			transa	action		Corre	1	
												Yes	No
		incurred by the	organizat	ion managers o	r disqualified	persons during	g the	year ı	ınder				
section 495 3 Enter the ar		, if any, on line 2	, above,	reimbursed by t	he organizatio	on	٠.	. \$.		\$			
S		. / F T											
Com	plete if the	i/or From In organization ans orted an amount	wered "Y	es" on Form 99			orm 99	90, Pa	rt IV, li	ine 26;	or if	the	
(a) Name of interested person	(b) Relationsh with organization	of loan	` '	oan to or from organization?	(e) Original principal amount	(f) Balance due) In ault?	` '				
	. 5.		То	From			Yes	No	Yes	No	Yes	N	lo
		sistance Ben			\$ Persons								
		organization				rt IV, line 27							
(a) Name of ir		(b) Relationshi	p betwee	en (c) Amount	of assistanc			sistan	ce (e) Purp	ose c	of assis	stance
persoi	1	interested pers organiza		ne									
		organiza	1011										
				for Form 990 or 9		Cat. No. 50056A							

Explanation

Schedule L (Form 990) 2023

Return Reference

SCHEDULE 0 (Form 990)

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 $\underline{www.irs.gov/Form990}$ for the latest information.

OMB No. 1545-0047

Name of the organization BibleProject

Employer identification number

зіріергојест	46-4277592								
Return Reference	Explanation								
Form 990, Part I, Line 1 Organization's most significant activities:	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 Continuation of organization's mission:	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, Line 7a Members or stockholders electing members of governing body	Founders Jonathan Collins and Tim Mackie have permanent positions on the Board until either death or resignation from the Board.								
Form 990, Part VI, Line 8b Documentation of meetings held by committees of governing body	There were no committees with authority to act on behalf of the board. Therefore, this line has been answered no in accordance with the instructions.								
Form 990, Part VI, Line 11b Review of form 990 by governing body	Form 990 is prepared by an independent CPA firm and reviewed in detail by the organization's management. A final draft is distributed to the full board for review prior to submission with the IRS.								
Form 990, Part VI, Line 12c Conflict of interest policy	EACH DIRECTOR, PRINCIPAL OFFICER, AND MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS ANNUALLY SIGNS A CONFLICT OF INTEREST DISCLOSURE. THESE STATEMENTS ARE REVIEWED BY THE OFFICERS OF THE BOARD. SHOULD AN INDIVIDUAL HAVE A CONFLICT WITH A DECISION AT HAND, THEY WOULD BE ASKED TO ABSTAIN FROM DELIBERATIONS AND VOTING ON DECISIONS IMPACTED BY THEIR CONFLICT OF INTEREST.								
Form 990, Part VI, Line 15a Process to establish compensation of top management official	PROCESS FOR DETERMINING COMPENSATION: BIBLEPROJECT'S CURRENT STRATEGY FOR ESTABLISHING CEO COMPENSATION INVOLVES BENCHMARKING ROLES BASED ON MARKET DATA AND YEARS OF EXPERIENCE, USING DATA FROM PAYSCALE. THE DATA IS THEN REVIEWED AND APPROVED BY THE INTERNAL COMPENSATION TEAM TO ENSURE THAT IT IS ALIGNED WITH THE COMPENSATION TO COMPARABLE ROLES WITHIN THE ORGANIZATION. THE FOCUS IS ON PROVIDING A COMPETITIVE SALARY PACKAGE THAT TAKES INTO ACCOUNT BOTH THE INDUSTRY STANDARDS AND THE EMPLOYEE'S LEVEL OF EXPERIENCE AND EXPERTISE. THE CEO'S COMPENSATION WILL BE DETERMINED AND APPROVED BY THE BOARD OF DIRECTORS, FOLLOWING THE IRS REBUTTABLE PRESUMPTION GUIDELINES FOR COMPENSATION, DOCUMENTING DELIBERATIONS AND DECISIONS IN THE BOARD MINUTES.								
Form 990, Part VI, Line 15b Process to establish compensation of other employees	THE CEO WILL EVALUATE USING COMPARABILITY DATA AND RECOMMEND THE COMPENSATION FOR THE SENIOR LEADERSHIP TEAM. FINAL DECISIONS BY THE BOARD ARE DOCUMENTED IN THE BOARD MINUTES.								
Form 990, Part VI, Line 19 Required documents available to the public	The organization makes its governing documents, conflict of interest policy, and financial statements available to the public upon request.								
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	Misc Revenue - Total Revenue: 26770, Related or Exempt Function Revenue: , Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: 26770;								
or Paperwork Reducti	ion Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 51056K Schedule O (Form 990) 202								