** PUBLIC DISCLOSURE COPY **

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. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

<u> </u>	roi tile	e 2023 calendar year, or tax year beginning AOG 1, 2025 and endin	g U	<u>оп эт, д</u>	024		
В	Check if applicabl	e: C Name of organization		D Employer ic	dentifica	ation number	
	Addre chang	PUBLIC SCHOOL BIBLE STUDY COMMITTEE					
	Name chang	Doing business as BIBLE IN THE SCHOOLS		62-05	2336	1	
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/	/suite	E Telephone n			
	Final		cunto	423-6		500	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$		6,487,	227.
	Amen			H(a) Is this a gr			
F	Applic			for subord			X No
	pendi	200 W. M.L.K. BLVD. STE 300, CHATTANOOGA,	TN	H(b) Are all subord			No
$\overline{\Gamma}$	Tax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527	1		st. See instructi	
	Websi			H(c) Group exe			
K	Form of		Year o	of formation: 19			icile: TN
	art I	Summary				-	
_	1	Briefly describe the organization's mission or most significant activities: ${f TO}$ ${f ADVAI}$	NCE	BIBLE E	DUCA	TION FOR	{
Activities & Governance		STUDENTS IN HAMILTON COUNTY PUBLIC SCHOOLS					
rns	2	Check this box if the organization discontinued its operations or disposed of	more	than 25% of its	net ass	ets.	
٥ و	3	Number of voting members of the governing body (Part VI, line 1a)			3		38
ر ح	4	Number of independent voting members of the governing body (Part VI, line 1b)					37
es 6	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			5		5
ξ	6	Total number of volunteers (estimate if necessary)			6		50
Ę	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			7a		0.
_		Net unrelated business taxable income from Form 990-T, Part I, line 11					0.
				Prior Year		Current Ye	
ē	8	Contributions and grants (Part VIII, line 1h)		4,257,7		6,203,	
enr	9	Program service revenue (Part VIII, line 2g)			0.		0.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		60,1			572.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			37.		591.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	_	4,317,9		6,410,	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,245,4		2,342,	
		Benefits paid to or for members (Part IX, column (A), line 4)		400	0.	2.40	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	_	408,2		342,	723.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 367,482.			0.		0.
Ϋ́	b			274 6	<u> </u>	201	251
	1/	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		374,6			251.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,028,4		3,066,	
	19	Revenue less expenses. Subtract line 18 from line 12	D-	1,289,4		3,343,	
Net Assets or Find Balances			Ве	ginning of Current		End of Ye	
SSE	20	Total assets (Part X, line 16)		5,500,6		9,710,	076
et A	21	Total liabilities (Part X, line 26)	-	48,3		9,221,	076.
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		5,452,3	40.	3,441,	201.
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and s	tatam	ente and to the he	et of my l	enowledge and he	liaf it ic
		it, and complete. Declaration of preparer (other than officer) is based on all information of which pre			-	vilowieuge allu be	1161, 11 13
iiuc	, 001100	is, and complete. Declaration of preparer (other than officer) is based on an information of which pre-	ραισι	Thas arry knowledg	·-		
Sig	ın	Signature of officer		Date			
He		CATHY SCOTT, PRESIDENT					
110		Type or print name and title					
		Print/Type preparer's name Preparer's signature		Date C	heck	PTIN	
Pai	d	MARIANNE HART GREENE, CPA		if	elf-employed	D012174	161
	parer	Firm's name JOHNSON, MURPHEY & WRIGHT, P.C.		Firm's E		-1093134	
	only	Firm's address 301 NORTH MARKET STREET					
	-	CHATTANOOGA, TN 37405		Phone n	0. (42	3)756-11	.70
Ма	y the If	RS discuss this return with the preparer shown above? See instructions				X Yes	No

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

Pa	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	TO ADVANCE BIBLE EDUCATION FOR STUDENTS IN HAMILTON COUNTY PUB: SCHOOLS	PTC
2	Did the organization undertake any significant program services during the year which were not listed on the	
2	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the section 501(c)(d) organization for the section for the section 501(c)(d) organization for the section 501(c)(d) organization for the section for the	xpenses, and
	revenue, if any, for each program service reported. (Code:) (Expenses \$ 2,409,714. including grants of \$ 2,342,879.) (Revenue \$	
Tu	PROVIDE FUNDING FOR BIBLE CLASSES IN THE HAMILTON COUNTY PUBLIC	C SCHOOLS
4b	(Code:) (Expenses \$) (Revenue \$))
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
	/ (Expenses 9 / (Expenses 9 / (Nevertice 9 / (Never	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 2,409,714.)
	· ·	Form 990 (2023)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			$ _{\mathbf{x}}$
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			х
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		x
6	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	3		122
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
′	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	- '-		
Ŭ	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	١Ť		
Ŭ	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
_	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	40.		v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

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Form 990 (SCHOOL	
Part IV	Checkli	ist of Re	equired Sc	hedules (co	ntinuea

ı aı	Officerist of nequired Schedules (continued)		_	т —
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	00		X
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		┢┷
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete</i>			
		23		X
24 2	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
2 40	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			,,
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		X
L	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?	200		
C	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			1,7
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			X
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	20	х	
Pai		38		
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 10			1
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
			ΩΩΩ	

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PUBLIC SCHOOL BIBLE STUDY COMMITTEE Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other				
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		Х
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•			
	to file Form 8282?		7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
_	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.		0-		
a			9a		
10	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			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	100			
	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	114			
~	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		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	.			
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1a 1			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 37			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a				
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
~	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
·	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	and an analytic formation about pointed not required by the internal resonate codes,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
~	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	- 1.6		
12a		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
·	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14		Х
15	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?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	.55		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
·ou	taxable entity during the year?	16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		16b		
Sec	exempt status with respect to such arrangements? tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed TN, GA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	s only) avail:	able
	for public inspection. Indicate how you made these available. Check all that apply.	, - Oy	,	
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	ıd fina	ncial	
	statements available to the public during the tax year.	III (CI	.ciui	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	BIBLE IN THE SCHOOLS - (423)648-0500			
	200 W MARTIN LUTHER KING BLVD., CHATTANOOGA, TN 37402			
	· · · · · · · · · · · · · · · · · · ·			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	l		(0	C)		1041	(D)	(E)	(F)
Name and title	Average hours per week	box	not c	ss pe	more rson	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) CATHY SCOTT	50.00							101 240	0	
PRESIDENT	1 00	Х		X		\square		121,342.	0.	0.
(2) ROB HUFFAKER	1.00								•	•
BOARD CHAIRMAN		Х		Х				0.	0.	0.
(3) BRUCE ZEISER	1.00									
VICE CHAIRMAN	1 00	Х		X				0.	0.	0.
(4) BEN PITTS	1.00									•
SECRETARY	1 00	Х		Х				0.	0.	0.
(5) JOHN HENEGAR	1.00	77		,,					0	0
TREASURER	1 00	Х		Х				0.	0.	0.
(6) JULIAN BELL	1.00	3,7							0	0
BOARD MEMBER	1 00	Х						0.	0.	0.
(7) BETSY BROWN	1.00	Ι.,						0.	0.	0
BOARD MEMBER	1.00	Х						0.	0.	0.
(8) NICK BURROWS BOARD MEMBER	1.00	х						0.	0.	0.
(9) NATHAN CATES	1.00	^						0.	0.	0.
	1.00	X						0.	0.	0.
BOARD MEMBER (10) THOMAS CLARK	1.00	^						0.	0.	0.
BOARD MEMBER	1.00	Х						0.	0.	0.
(11) CORKY COKER	1.00	^						0.	0.	0.
BOARD MEMBER	1.00	Х						0.	0.	0.
(12) MARY COLEMAN	1.00							0.	•	0.
BOARD MEMBER	1.00	Х						0.	0.	0.
(13) JOSEPH DECOSIMO	1.00							0.		
BOARD MEMBER		x						0.	0.	0.
(14) JAY EVERETT	1.00									
BOARD MEMBER		х						0.	0.	0.
(15) FRANKLIN FARROW	1.00								•	
BOARD MEMBER		х						0.	0.	0.
(16) STEVE FROST	1.00									, , ,
BOARD MEMBER		х						0.	0.	0.
(17) TOM GLENN	1.00									
BOARD MEMBER		Х			L	L	L	0.	0.	0.

332007 12-21-23

Form 990 (2023) PUBLIC SO	CHOOL B	IBI	Έ	ST	UĽ	ΣY	C	ETTIMMC	62-052	233	361	Pa	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	l Hi	ghe	st C	Compensated Employe	es (continued)				
(A)	(B)			(C				(D)	(E)	П		(F)	
Name and title	Average	١,,		Posit	tion			Reportable	Reportable		Es ⁻	timate	ed
	hours per	box,	, unle	heck n	son i	is bot	h an	compensation	compensation		am	ount	of
	week	offic	cer an	nd a dir	recto	r/trus	tee)	from	from related			other	
	(list any	ctor						the	organizations		com	oensa	tion
	hours for	or dire				ted		organization	(W-2/1099-MISC	/	fre	om the	Э
	related	stee (ruste			seu sa		(W-2/1099-MISC/	1099-NEC)		_	anizati	
	organizations below	al tru	onal t		loyee	comi		1099-NEC)				relate	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	nizatio	ons
(40)	,	luc	ılı	동	Ke	E È	요			\dashv			
(18) JOHN HADDOCK	1.00									<u>,</u>			^
BOARD MEMBER	1 00	Х		\sqcup				0.	,	0.			0.
(19) MIKE HARRELL	1.00								_				^
BOARD MEMBER		X						0.	(0.			0.
(20) DR. JILL HARTNESS	1.00							_					_
BOARD MEMBER		X						0.	(0.			0.
(21) JOEY HOGAN	1.00												
BOARD MEMBER		Х						0.	(0.			0.
(22) LISA HUTCHERSON	1.00												
BOARD MEMBER		Х						0.	(0.			0.
(23) TRAVIS LYTLE, SR	1.00									寸			
BOARD MEMBER		Х						0.	(0.			0.
(24) CHRIS MACLELLAN	1.00			Н		4				+			
BOARD MEMBER		Х						0.	(0.			0.
(25) MORGAN MACLELLAN	1.00			\vdash					`	\dashv			
BOARD MEMBER	100	х						0.	۱ ،	0.			0.
(26) BOB MARSHALL	1.00	77		\vdash				•		$\stackrel{\prime \cdot }{+}$			•
	1.00	x						0.		0.			0.
BOARD MEMBER		Λ						121,342.		0.			0.
1b Subtotal										0.			0.
c Total from continuation sheets to Part VI								0.		-			
d Total (add lines 1b and 1c)								121,342.		0.			0.
2 Total number of individuals (including but n	ot limited to the	ose	liste	ed ab	oove	e) wh	no re	eceived more than \$100	0,000 of reportable				1
compensation from the organization		_											1
												Yes	No
3 Did the organization list any former officer,													
line 1a? If "Yes," complete Schedule J for s											3		_X_
4 For any individual listed on line 1a, is the su	•		-						-				
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	or such individual		[4		_X_
5 Did any person listed on line 1a receive or a	accrue compe	nsati	ion f	rom	any	unr	elat	ed organization or indiv	idual for services				
rendered to the organization? If "Yes," com	plete Schedul	e J f	or st	uch p	oers	on .					5		X
Section B. Independent Contractors													
Complete this table for your five highest co	mpensated in	depe	ende	ent co	ontr	acto	ors t	hat received more than	\$100,000 of compe	ensa	ation f	rom	
the organization. Report compensation for	the calendar y	ear e	endi	ng w	ith (or w	ithir	the organization's tax	year.				
(A)								(B)			(C	;)	
Name and business	address	NC	INC	3				Description of s	services	Co	omper		n
							\dashv						
							\dashv						
2 Total number of independent contraction (noludina but -	O# 15-	m:+ -	4+-	tha	00 12		Laboual who received	nore then				
2 Total number of independent contractors (i	•	IOT III	ше	u 10	-	se II:)	steo	i abovej who received n	iore man				
\$100,000 of compensation from the organic		птъ	TT T 7	νшт			ינוכ	rrmc		_		200 4	2000
DEE LUVI ATT' DECITOR	N A CON.	- T.L.	104	T + T	- OT	i v.	ודוכ	מונוט		- 1	-orm 🤄	フンし (2	2023)

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Form 990 PUBLIC	OCITOOD D.					_		JHMI I I II II	62-052	5501
Part VII Section A. Officers, Directors, 1	Trustees, Key E	nplo	yee	s, a	nd F	ligh	est	Compensated Employ	rees (continued)	
(A)	(B)			(((D)	(E)	(F)
Name and title	Average			Posi				Reportable	Reportable	Estimated
	hours	(cl	(check all th					compensation	compensation	amount of
	per	_				Ė	Ė	from	from related	other
	week	L				oyee		the	organizations	compensation
	(list any	recto				empl		organization	(W-2/1099-MISC)	from the
	hours for related	or di	ee			sated		(W-2/1099-MISC)		organization and related
	organizations	Individual trustee or director	Institutional trustee		ee/	npen				organizations
	below	dualt	rtiona	L	mplo	st coi	 			organizations
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former			
(27) RALPH MOHNEY	1.00									
BOARD MEMBER		Х						0.	0.	0.
(28) DON MORTON	1.00									
BOARD MEMBER		х						0.	0.	0.
(29) GREG PAWSON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(30) GARY PHILLIPS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(31) JOHN PHILLIPS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(32) MINSTER FELICIA PIERCE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(33) OLIVER RICHMOND	1.00									
BOARD MEMBER		Х						0.	0.	0.
(34) CHRIS SANDS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(35) MIKE ST. CHARLES	1.00									
BOARD MEMBER		Х						0.	0.	0.
(36) BRITTON STANSELL	1.00									
BOARD MEMBER		X						0.	0.	0.
(37) KAKHI HUFFAKER WAKEFIELD	1.00									
BOARD MEMBER		Х						0.	0.	0.
(38) TERESA WHITTON	1.00									
BOARD MEMBER		Х						0.	0.	0.
		ł								
			_							
		l								
			\vdash			\vdash				
		1	l							

Form 990 (2023) PUBLIC S
Part VIII Statement of Revenue PUBLIC SCHOOL BIBLE STUDY COMMITTEE 62-0523361 Page 9

		Check if Schedule O contains a response	or note to any lir	ne in this Part VIII			
			,	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt		Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
σ σ							300110110 012 011
ᄩᆲ		Federated campaigns 1a					
윤일		Membership dues 1b	F10 010				
Įγ,	С	Fundraising events 1c	518,019.				
直흥	d	Related organizations 1d					
i,s	е	Government grants (contributions) 1e					
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and					
돌티			685,274.				
들이	а	Noncash contributions included in lines 1a-1f					
징필	_	Total. Add lines 1a-1f		6,203,293.			
"		Total: Add lines 14 11	Business Code	, , , , , , , , , , , , , , , , , , , ,			
	•		Busiliess Code				
ا ق	2 a						
ne G	b						
en S	С						
ĕ ā	d			A			
Program Service Revenue	е						
₫	f All other program service revenue						
	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, inter					
		other similar amounts)		197,810.			197,810.
	4	Income from investment of tax-exempt bond					,
	5	•					
	3	Royalties(i) Real	(ii) Personal				
	•	<u>''</u>	(ii) i ersonar				
		Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
		Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory $7a 69,762$					
	b	Less: cost or other basis					
ne		and sales expenses 7b 0					
l e	С	Gain or (loss) 7c 69,762	,				
ther Revenue		Net gain or (loss)	•	69,762.			69,762.
<u>–</u>		Gross income from fundraising events (not					,
됩	υu	including \$ 518,019. of					
		contributions reported on line 1c). See	16,362.				
		Part IV, line 18					
		Less: direct expenses 8k	10,333.	60 F01			60 F01
		Net income or (loss) from fundraising events		-60,591.			-60,591.
	9 a	Gross income from gaming activities. See					
		Part IV, line 19					
	b	Less: direct expenses9t					
	С	Net income or (loss) from gaming activities .					
	10 a	Gross sales of inventory, less returns					
		and allowances 10	a				
	b	Less: cost of goods sold 10					
		Net income or (loss) from sales of inventory					
\neg		The meeting of (1996) from saids of inventory.	Business Code				
sno	11 0		Buomicos ocuc				
ine ne	11 a						
Miscellaneous Revenue	b						
Re	С.						
Ξ̈́		All other revenue					
	е	Total. Add lines 11a-11d		6 410 071			006 004
	12	Total revenue. See instructions	<u></u>	6,410,274.	0.	0.	206,981.

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Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respon	se or note to any line in	this Part IX	, ,	
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
'	_	2,342,879.	2,342,879.		
•	and domestic governments. See Part IV, line 21	2,342,073.	2,342,073.		
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,	100 500	10 515	20 001	01 067
_	trustees, and key employees	129,583.	19,515.	29,001.	81,067.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	176 016	26 610	20 570	110 600
7	Other salaries and wages	176,816.	26,618.	39,578.	110,620.
8	Pension plan accruals and contributions (include	4 500	450	4 255	0 850
	section 401(k) and 403(b) employer contributions)	4,589.	459.	1,377. 2,765.	2,753. 6,775.
9	Other employee benefits	10,734.	1,194.	2,765.	6,775.
10	Payroll taxes	21,001.	3,884.	4,679.	12,438.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	9,945.		9,945.	
d	Lobbying				
е	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 Sch O.)	91,807.	12,892.	68,710.	10,205. 33,804.
12	Advertising and promotion	33,804.			33,804.
13	Office expenses	109,965.		24,709.	85,256.
14	Information technology	20,998.		20,998.	
15	Royalties				
16	Occupancy	52,912.		52,912.	
17	Travel	11,080.		8,248.	2,832.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,828.		4,828.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,207.		4,207.	
23	Insurance	7,606.		7,606.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	CONSTITUENT CARE	13,069.			13,069.
b	DEVELOPMENT & EVENTS	12,002.	260.	3,079.	8,663.
С					
d					
е	All other expenses	9,028.	2,013.	7,015.	
25	Total functional expenses. Add lines 1 through 24e	3,066,853.	2,409,714.	289,657.	367,482.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
33201	0 12-21-23				Form 990 (2023)

Га	IL A	Dalance Sneet					
		Check if Schedule O contains a response or r	note to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			272,912.	1	219,196.
	2	Savings and temporary cash investments	1,341,385.	2	1,549,704.		
	3	Pledges and grants receivable, net			196,296.	3	1,508,707.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ				6	
S.	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges			3,289.	9	0.
	l	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	419,529.			
	b	Less: accumulated depreciation	10b	28,868.	4,738.	10c	390,661.
	11	Investments - publicly traded securities				11	-
	12	Investments - other securities. See Part IV, lin			3,682,049.	12	6,036,678.
	13	Investments - program-related. See Part IV, lir				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		15	5,411.		
	16	Total assets. Add lines 1 through 15 (must ed			5,500,669.	16	9,710,357.
	17	Accounts payable and accrued expenses			48,323.	17	107,231.
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
S	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sul					
abi		controlled entity or family member of any of the				22	
=	23	Secured mortgages and notes payable to unr				23	381,845.
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,	payables	to related third			
		parties, and other liabilities not included on lir	es 17-24	. Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			48,323.	26	489,076.
<u> </u>		Organizations that follow FASB ASC 958, c	heck her	e X			
ĕ		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			2,833,130.	27	3,085,424.
Ba	28	Net assets with donor restrictions			2,619,216.	28	6,135,857.
P T		Organizations that do not follow FASB ASC	958, ch	eck here			
Ē		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fund	ds			29	
se	30	Paid-in or capital surplus, or land, building, or	equipme	nt fund		30	
t As	31	Retained earnings, endowment, accumulated	income,	or other funds		31	
Š	32	Total net assets or fund balances			5,452,346.	32	9,221,281.
	33	Total liabilities and net assets/fund balances			5,500,669.	33	9,710,357.

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,41		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,06		
3	Revenue less expenses. Subtract line 2 from line 1	3	3,34		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,45		
5	Net unrealized gains (losses) on investments	5	42	5,5	14.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	9,22	1,2	81.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

PUBLIC SCHOOL BIBLE STUDY COMMITTEE

Employer identification number 62-0523361

Pa	rt I	Reason for Public ((All organizations must o			See instructions	2 0323301
	orgar	anization is not a private foundation because it is: (For lines 1 through 12, check only one box.)						
1	\vdash	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2	Щ	A school described in sect						
3	Щ	A hospital or a cooperative	hospital service orga	anization described in s e	ection 170	(b)(1)(A)(i	ii).	
4		A medical research organiz	ation operated in co	njunction with a hospital	l described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a g	overnmental unit describ	ped in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local go	· · · · · · · · · · · · · · · · · · ·	nental unit described in	section 17	70(b)(1)(A)	(v).	
7	X	An organization that norma						public described in
		section 170(b)(1)(A)(vi). (C		a. part or no capport.			anni or morni and goriora.	
8		A community trust describe	· ·	(1)(A)(vi) (Complete Par	+ 11 \			
9	一	An agricultural research org				nd in coni	inction with a land grant	collogo
9	ш							
		or university or a non-land-o	grant college of agric	culture (see instructions).	. Enter the	name, city	y, and state of the colleg	e or
40		university:				77 17		
10		An organization that norma						
		activities related to its exen		•			• • • • • • • • • • • • • • • • • • • •	•
		income and unrelated busing		(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Co	•					
11	Ш	An organization organized a						
12		An organization organized a	and operated exclus	ively for the benefit of, to	o perform	the function	ons of, or to carry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section 509(a)(3). (Check the box on
	_	lines 12a through 12d that	describes the type o	of supporting organization	n and con	nplete lines	s 12e, 12f, and 12g.	
а	ıL		anization operated, s	supervised, or controlled	by its sup	ported org	ganization(s), typically by	giving giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustees of the s	supporting
		organization. You must o	complete Part IV, Se	ections A and B.				
b	. [Type II. A supporting org	anization supervised	d or controlled in connec	tion with it	s support	ed organization(s), by ha	iving
		control or management o						
		organization(s). You mus			·			•
c	. [☐ Type III functionally inte			in connec	tion with.	and functionally integrat	ed with.
		its supported organizatio					•	,
c		☐ Type III non-functionally		•				ization(s)
		that is not functionally int					• • • • • •	• •
		requirement (see instruct	-	• •	•		•	14011033
e		Check this box if the orga	•	-				
-	,						a type i, type ii, type iii	
	Ent	functionally integrated, or	* *	many integrated support	ing organi.	Zation.		
f		er the number of supported of vide the following information		od organization(s)				
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other
		organization	(11) 2.114	(described on lines 1-10	in your governi	ng document?	support (see instructions)	support (see instructions)
				above (see instructions))	Yes	No		, , ,
Tota	al							

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	2156522.	2611881.	4263004.	4257741.	6203293.	19492441.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	2156522.	2611881.	4263004.	4257741.	6203293.	19492441.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)						3924062.	
6	Public support. Subtract line 5 from line 4.						15568379.	
Sec	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
7	Amounts from line 4	2156522.	2611881.	4263004.	4257741.	6203293.	19492441.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	20,445.	19,101.	25,021.	70,750.	197,810.	333,127.	
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.)	673.		69.	37.		779.	
11	Total support. Add lines 7 through 10						19826347.	
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	16,362.	
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)		
	organization, check this box and stop	here						
Sec	ction C. Computation of Publ	ic Support Pe	rcentage					
14	Public support percentage for 2023 (ine 6, column (f), c	livided by line 11,	column (f))		14	78.52 %	
15	Public support percentage from 2022	? Schedule A, Part	II, line 14			15	72.44 %	
16a	33 1/3% support test - 2023. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo		
	stop here. The organization qualifies	as a publicly supp	orted organization	١			X	
b	b 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 box							
	and stop here. The organization qual	ifies as a publicly s	supported organiz	ation				
17a	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 to	est. The organization	on qualifies as a pu	ublicly supported o	organization			
b	10% -facts-and-circumstances tes	t - 2022. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or	
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	ck this box and st	op here. Explain i	n Part VI how the		
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicly	y supported organ	ization		
18	Private foundation. If the organization							
						Sabadula A	(Form 990) 2023	

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support	elow, please con	ilpiete i art ii.)				
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	,	` ′	, ,	` ′		,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
2	organization's tax-exempt purpose Gross receipts from activities that						
3	are not an unrelated trade or bus-						
	in						
4							
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons				<u> </u>		
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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support					_	
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,	,					
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
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						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for the	o organization's	first second third	fourth or fifth tay	voar as a soction	1 501(c)(3) organizat	ion
1-	check this box and stop here	· ·		•	•		ion,
Sec	etion C. Computation of Publ		ercentage				
	Public support percentage for 2023 (I			column (fl)		15	9/
	Public support percentage from 2022					16	9
	ction D. Computation of Inves			<u></u>		10	/
	Investment income percentage for 20					17	9
						18	9
	Investment income percentage from 2						
198	33 1/3% support tests - 2023. If the						I / IS HOL
	more than 33 1/3%, check this box at						
t	33 1/3% support tests - 2022. If the	•			•	•	
•	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio	n did not check a	a box on line 14, 19	a. or 19b. check t	nıs box and see i	nstructions	

332023 12-21-23

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c 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.
- **4a** 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.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a 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 amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** 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)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
За		
3b		
3с		
40		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
Ja		
9b		
9с		
10a		
10h		
10b		

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, 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		
	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		
	ion C. Type II Supporting Organizations			
	7		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 organization(s).	1		
	ion D. All Type III 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		
	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 on 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 played in this regard.	3		
Sect	ion 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 yea(see instruction	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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.	2a		
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 reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
	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.

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations						
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.						
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Sect	ion 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					
Sect	ion 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):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	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					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 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					
7	Check here if the current year is the organization's first as a non-functionally	integr	ated Type III supporting orga	anization (see			
	instructions).						

d Excess from 2022e Excess from 2023

Schedule of Contributors

OMB No. 1545-0047

Employer identification number

2023

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

PUBLIC SCHOOL BIBLE STUDY COMMITTEE

62-0523361

Organization type (check one):						
Filers of	:	Section:				
Form 990 or 990-EZ		$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 99	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
		s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
		n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
X	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one 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; line 1. Complete Parts I and II.				
	For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., nplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year\$				
answer "	'No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify g requirements of Schedule B (Form 990).				

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

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

PUBLIC SCHOOL BIBLE STUDY COMMITTEE

62-0523361

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>210,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll

PUBLIC SCHOOL BIBLE STUDY COMMITTEE

62-0523361

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(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
		\$	
(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
		\$	
23453 12-26	3-23		Schedule B (Form 990) (2023

Name of organization **Employer identification number** 62-0523361 PUBLIC SCHOOL BIBLE STUDY COMMITTEE Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

PUBLIC SCHOOL BIBLE STUDY COMMITTEE

Employer identification number 62-0523361

Schedule D (Form 990) 2023

Pai	t I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		imilar Funds or A	Accounts. Complete if the
	organization answered Tes Officialities, in	(a) Donor advised	funds	(b) Funds and other accounts
1	Total number at end of year	. ,		· ·
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in		d in donor advised fur	nds
	are the organization's property, subject to the organization's	-		
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any	other purpose confe	rring
	impermissible private benefit?			Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes	on Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).		
	Preservation of land for public use (for example, recrea	ation or education)	Preservation of a histo	orically important land area
	Protection of natural habitat		Preservation of a cert	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribu	tion in the form of a co	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic str	ructure included on line 2a		2c
d	Number of conservation easements included on line 2c acqu			
	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or te	erminated by the organ	nization during the tax
	year			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe		on, handling of	
	violations, and enforcement of the conservation easements i			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and	d enforcing conservati	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and onfo	ording consorvation of	acoments during the year
′	Amount of expenses incurred in monitoring, inspecting, name	alling of violations, and enti-	orchig conservation ea	asements during the year
8	Does each conservation easement reported on line 2d above	e satisfy the requirements	of section 170(h)(4)(B))(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footi	note to the organization's	financial statements th	nat describes the
	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections o	•	asures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 95	·		
	of art, historical treasures, or other similar assets held for pul			ince of public
	service, provide in Part XIII the text of the footnote to its final			
b	If the organization elected, as permitted under FASB ASC 95	•		
	art, historical treasures, or other similar assets held for public	c exhibition, education, or	research in furtherand	e of public service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
2	If the organization received or held works of art, historical tre			provide
	the following amounts required to be reported under FASB A			_
a	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X			\$

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

Sche		SCHOOL BIB							- Page 2
Par	t III Organizations Maintaining C	Collections of A	rt, Historical	Treasures,	or Othe	er Simila	ar Asse	ts (contin	ued)
3 a b c 4 5	Using the organization's acquisition, accessical collection items (check all that apply). Public exhibition Scholarly research Preservation for future generations Provide a description of the organization's collection to be sold to raise funds rather than to be more to be sold to raise funds rather than to be more to be sold to raise funds rather than to be more to be sold to raise funds rather than to be more to be sold to raise funds rather than to be more to be sold to raise funds rather than to be more to be sold to raise funds rather than to be more to be sold to raise funds rather than to be more to be sold to raise funds rather than to be more to be sold to raise funds rather than to be more to be sold to raise funds rather than to be more to be sold to raise funds rather than to be more to be sold to raise funds rather than to be more to be sold to raise funds rather than to be more to be sold to raise funds rather than to be more to be sold to raise funds rather than to be more to be sold to raise funds rather than to be more than the sold rather than the so	on, and other record of e collections and explain or receive donations aintained as part of gements Comple of X, line 21.	Loan or ended to the control of the	exchange progrer the organizate reasures, or othe collection?	at make s am ion's exer ner similar 'Yes" on I	mpt purpor assets	use of its	t XIII.	No_
	on Form 990, Part X?							Yes	☐ No
	If "Yes," explain the arrangement in Part XIII Beginning balance	and complete the fo	ollowing table:					Amount	
	Additions during the year								
	Distributions during the year								
f	Ending balance					1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow o	r custodial acco	ount liabil	ity?	L	Yes	☐ No
	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds Complete if						aava baali	() Faur	ana baali
		(a) Current year	(b) Prior year			(d) Three y		• •	years back
	Beginning of year balance	3,682,049.			2,922.		48,200.	1,	069,610.
	Contributions	1,801,195.		- 	0,050.		75,150.		45,000.
	Net investment earnings, gains, and losses	586,330.	205,46	-19	6,864.		89,612.		60,222.
	Grants or scholarships								
е	Other expenditures for facilities	22 906	142 49	, 1	7 040		40 040		26 622
	and programs	32,896.	142,48	11	7,049.		40,040.		26,632.
	Administrative expenses	6,036,678.	3,682,04	9 2 44	9,059.	1 6	72,922.	1	148,200.
g	End of year balance Provide the estimated percentage of the cur				7,037.	1,0	72,322.	Δ,	140,200.
2 a	Board designated or quasi-endowment	23.3490	%	ii (a)) Helu as.					
	Permanent endowment 67.8500	%							
c	Term endowment 8.8010								
·	The percentages on lines 2a, 2b, and 2c sho	ř =							
За	Are there endowment funds not in the posse		ation that are hel	d and administe	ered for th	he			
	organization by:							[Yes No
	(i) Unrelated organizations?							3a(i)	Х
	(ii) Related organizations?							3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on Schedule	R?				3b	
4	Describe in Part XIII the intended uses of the								
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answere	d "Yes" on Form 990	0, Part IV, line 11a	a. See Form 99	0, Part X,	line 10.			
	Description of property	(a) Cost or o basis (investr		ost or other sis (other)		ccumulate preciation	d	(d) Book	value
	Land								
	Buildings						_		
	Leasehold improvements			41 600		00.0			
	Equipment			41,629.		28,86	98.		761.
	Other			377,900.			_		7,900.
Total	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, line 10c, colu	mn (B))				390	,661.

Schedule D (Form 990) 2023 PUBLIC SCHO	OL BIBLE STU	OY COMMITTEE	62-0523361 _{Page} ;
Part VII Investments - Other Securities			, ago
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11b. See Form 990, Part X, line	12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Co	st or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) EQUITY SECURITIES AT THE			
(B) GENEROSITY TRUST	6,036,678	END-OF-YEAR MA	RKET VALUE
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	6 026 670		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	6,036,678	•	
Part VIII Investments - Program Related.	5 000 D 111/1	44 0 5 000 5 1 1 1 1	10
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of Valuation: Co	st or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	e 11d. See Form 990. Part X. line	15.
	Description		(b) Book value
(1)			.,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co	ol. (B))		
Part X Other Liabilities Complete if the organization answered "Yes"	on Form 990 Part IV line	e 11e or 11f. See Form 990. Part.)	X line 25
1. (a) Description of liability	o 555, r are rv, iii t	2	(b) Book value
(1) Federal income taxes			(-)
(2)			
(3)			
(4)			
(5)			
(6)			

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

Schedule D (Form 990) 2023

(7) (8)

	edule D (Form 990) 2023 PUBLIC SCHOOL BIBLE STUDY	COMMIT	mpp	62	0523361 _{Page}
	rt XI Reconciliation of Revenue per Audited Financial State				
ı uı	Complete if the organization answered "Yes" on Form 990, Part IV, line 1		nevenue per n	Ctarr	
1	Total revenue, gains, and other support per audited financial statements			1	6,912,741
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				· / / ·
a		2a	425,514.		
b			- , -		
c					
	Other (Describe in Part XIII.)				
	Add lines 2a through 2d			2e	425,514
3	Subtract line 2e from line 1			3	6,487,227
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а		4a			
b	Other (Describe in Part XIII.)		-76,953.		
	Add lines 4a and 4b			4c	-76,953
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	6,410,274
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ments With	n Expenses per	Retu	rn
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1	Total expenses and losses per audited financial statements			1	3,143,806
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	76,953.		
е	Add lines 2a through 2d			2e	76,953
3	Subtract line 2e from line 1	,/		3	3,066,853
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	, , , , , , , , , , , , , , , , , , , ,			-	
	Other (Describe in Part XIII.)	'			0
	Add lines 4a and 4b			4c	0 OCC 0F3
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	3,066,853
	rt XIII Supplemental Information		101 5 111 11		
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P			4; Part	X, line 2; Part XI,
ines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	idditional inforr	nation.		
PAT	RT V, LINE 4:				
	,				
гні	E TEMPORARILY RESTRICTED ENDOWMENT ASSETS	INCLUD	E AN AMOUN	T 0	F \$67,740
					<u> </u>
го	FUND THE "BAIRD MCCLURE" TEACHER ON AN A	NNUAL B	ASIS AND \$	463	,506 FOR
ΓHI	E FINANCIAL SUSTAINABILITY ENDOWMENT.				
PEI	RMANENTLY RESTRICTED FUNDS OF \$4,091,404	FOR THE	FINANCIAL	ı	
SUS	STAINABILITY ENDOWMENT TO BE KEPT IN PERF	ETUITY	AND \$4,500	FO	R BAIRD.
BO?	ADD DESTANAMED FINDS OF \$1 400 528 WEDE T	תם מבט	מבית וום א בי	רואדוי	DECTONATED

PART X, LINE 2:

THE ENTITY ACCOUNTS FOR THE EFFECT OF ANY UNCERTAIN TAX POSITIONS BASED ON

TO FUNCTION AS AN ENDOWMENT. THIS FUND WILL BE INVESTED AS DIRECTED BY

THE BOARD AND AVAILABLE FOR WITHDRAWAL ONLY AS DIRECTED BY THE BOARD.

332054 09-28-23

Schedule D (Form 990) 2023

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

PUBLIC SCHOOL BIBLE STUDY COMMITTEE

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

required to complete this part.									
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.									
a Mail solicitations e Solicitation of non-government grants									
nternet and email solicitations f Solicitation of government grants									
c Phone solicitations g Special fundraising events									
d In-person solicitations	3 —								
2 a Did the organization have a written of	or oral agreement with any individual	(inclu	dina o	fficare directore true	etoos or				
						☐ No			
key employees listed in Form 990, P									
b If "Yes," list the 10 highest paid indiv		iant to	agree	ements under which	the fundraiser is to t	oe .			
compensated at least \$5,000 by the	organization.								
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser	(vi) Amount paid to (or retained by) organization			
		Yes	No		listed in col. (i)				
		117							
	un in registered at lineared to policit			ar has been notifie	d it is avament from r	 			
3 List all states in which the organization or licensing.	or is registered or licerised to solicit	CONTIN	utions	s of flas been flotilled	a it is exempt from re	egistration			

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b, List events with gross receipts greater than \$5,000

		of fundraising event contributions and gr	oss income on Form 990	J-EZ, lines I and 60. List	events with gross receip	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			ANNUAL	GOLF	NONE	(add col. (a) through
			LUNCHEON	TOURNAMENT		col. (c)
Ф			(event type)	(event type)	(total number)	COI. (C))
Revenue	_	Out of the second secon	509,884.	24,497.		534,381.
Re	'	Gross receipts	305,004.	24,457.		334,301.
	2	Less: Contributions	509,884.	8,135.		518,019.
	3	Gross income (line 1 minus line 2)		16,362.		16,362.
	4	Cash prizes				
"	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	25,669.	4,667.		30,336.
t Ex				_		
irec	7	Food and beverages				
	R	Entertainment				
		Other direct expenses	36,708.	9,909.		46,617.
		Direct expense summary. Add lines 4 through	-			76,953.
		Net income summary. Subtract line 10 from li				-60,591.
Pa	rt I	Gaming. Complete if the organization	answered "Yes" on Forn	n 990, Part IV, line 19, or	reported more than	_
		\$15,000 on Form 990-EZ, line 6a.				
e			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo		col. (a) through col. (c))
Re						
		Gross revenue				
	2	Cash prizes				
ses	_	Cd611 p11200				
per	3	Noncash prizes				
χE						
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
		·	Yes %	Yes%	Yes%	
	6	Volunteer labor	No No	No No	□ No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)			
		Net gaming income summary. Subtract line 7	from line 1 column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (a)			
9	Ent	ter the state(s) in which the organization condu	icts gaming activities:			
		the organization licensed to conduct gaming a		states?		Yes No
		No," explain:				. — —
		· · · · · · · · · · · · · · · · · · ·				
			_	_		
		ere any of the organization's gaming licenses re			year?	Yes No
b	lf "	Yes," explain:				

332082 09-13-23 Schedule G (Form 990) 2023

Schedule G (Form 990) 2023 PUBLIC SCHOOL BIBLE STUDY COMMITTEE 6	2-0523361 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
	ره ا مدا
a The organization's facility	
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records	i e
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amou	nt
of gaming revenue retained by the third party \$	
c If "Yes," enter name and address of the third party:	
on res, enter hand address of the time party.	
Nama	
Name	
Address	
40. Opening any production of the state of t	
16 Gaming manager information:	
Name	
Gaming manager compensation \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	uie
organization's own exempt activities during the tax year \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); a	nd Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	

Schedule G (Form 990)	PUBLIC SCHOOL BIBLE STUDY COMMITTEE	62-0523361 Page 4
Part IV Supplen	nental Information (continued)	
	A	

SCHEDULE I (Form 990)

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

2023

OMB No. 1545-0047

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization PUBLIC SC	HOOL BIBL	E STUDY COM	MITTEE				Employer identification number 62-0523361
Part I General Information on Grants a							32 332332
Does the organization maintain records to criteria used to award the grants or assist the properties of the propert	stance? ocedures for monit	oring the use of grant	funds in the Unite	d States.			X Yes No
Part II Grants and Other Assistance to recipient that received more than S					anization answered "	Yes" on Form 990, Par	t IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
HAMILTON COUNTY, TN DEPARTMENT OF EDUCATION - 3074 HICKORY VALLEY					CASH- BOOK		SALARY AND BENEFITS FOR 27 BIBLE TEACHERS AND 1 CONTENT LEAD DURING THE
RD CHATTANOOGA, TN 37421	62-6000638		2,342,879.	0.	VALUE		2023-2024 SCHOOL YEAR.
2 Enter total number of section 501(c)(3) a 3 Enter total number of other organizations		l table					······

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
			X		
Part IV Supplemental Information. Provide the information red	uired in Part I, lin	e 2; Part III, column	(b); and any other a	dditional information.	
PART I, LINE 2:					
THE FUNDS ARE USED TO REIMBURSE HA	MILTON C	OUNTY TN D	EPARTMENT	OF EDUCATION	
FOR THE SALARIES & BENEFITS OF THE	IR EMPLO	YEES WHO T	EACH BIBLE	TAUGHT ONLY	
IN SCHOOLS THAT REQUEST A TEACHER	AND WHEN	PRIVATE F	UNDING IS	AVAILABLE.	
ALL TEACHERS ARE EITHER LICENSED A	ND CERTI	FIED BY TH	E STATE OF	TENNESSEE OR	
ARE ON A STATE-APPROVED PATH TOWAR	D LICENS	URE.			

SCHEDULE O (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 Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

PUBLIC SCHOOL BIBLE STUDY COMMITTEE

Employer identification number 62-0523361

FORM 990, PART VI, SECTION A, LINE 2:

THE FOLLOWING BOARD MEMBERS HAVE A FAMILY RELATIONSHIP:

CHRIS MACLELLAN IS THE FATHER OF MORGAN MACLELLAN.

STEVE FROST IS THE FATHER IN LAW OF JOHN HADDOCK.

BOARD CHAIRMAN ROB HUFFAKER IS THE FATHER OF KAKHI HUFFAKER WAKEFIELD.

JOHN PHILLIPS IS THE UNCLE OF DR. JILL HARTNESS.

FORM 990, PART VI, SECTION B, LINE 11B:

IT IS THE PUBLIC SCHOOL BIBLE STUDY COMMITTEE'S POLICY THAT THE TREASURER
WILL REVIEW THE IRS FORM 990 PRIOR TO ITS FILING AND MAKE COPIES AVAILABLE
TO THE BOARD OF DIRECTORS FOR THEIR REVIEW IN ADVANCE OF THE FILING WITH
THE IRS. THE MEANS OF DELIVERY SHALL BE BY HARD COPY OR EMAIL TO EACH
DIRECTOR'S MAILING OR EMAIL ADDRESS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE PRESIDENT ENSURES THAT ALL BOARD MEMBERS, OFFICERS, AGENTS, EMPLOYEES,

AND INDEPENDENT CONTRACTORS OF THE ORGANIZATION ARE MADE AWARE OF THE

ORGANIZATION'S POLICY WITH RESPECT TO CONFLICTS OF INTEREST. BOARD MEMBERS

COMPLETE IT ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15:

IN REVIEWING AND APPROVING COMPENSATION OF ANY "COVERED INDIVIDUALS," THE

PUBLIC SCHOOL BIBLE STUDY COMMITTEE BOARD OF DIRECTORS, OR A DELEGATED

COMMITTEE OF THE BOARD (REFERRED TO AS THE "APPROVAL BOARD" BELOW), WILL

UTILIZE THE FOLLOWING PROCESS:

1. IMPARTIAL DECISION MAKERS. THE COMPENSATION ARRANGEMENT IS APPROVED IN For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2023

LHA 332211 11-14-23

<u>Schedule O (Form 990) 2023</u> Page **2**

Name of the organization

PUBLIC SCHOOL BIBLE STUDY COMMITTEE

Employer identification number 62-0523361

ADVANCE BY THE APPROVAL BODY COMPOSED ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE A CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT.

- 2. COMPARABILITY DATA. WHEN THE APPROVAL BODY IS CONSIDERING COMPENSATION

 TO COVERED INDIVIDUALS, IT RELIES ON COMPARABILITY DATA THAT DEMONSTRATE

 THE FAIR MARKET VALUE OF THE COMPENSATION IN QUESTION.
- 3. CONCURRENT DOCUMENTATION. THE APPROVAL BODY DOCUMENTS HOW IT REACHED

 ITS DECISIONS, INCLUDING THE DATA ON WHICH IT RELIED. TO QUALIFY AS

 CONCURRENT DOCUMENTATION, WRITTEN OR ELECTRONIC RECORDS OF THE APPROVAL

 BODY MUST NOTE:
- A. THE TERMS OF THE COMPENSATION AND THE DATE IT WAS APPROVED.
- B. THE MEMBERS OF THE APPROVAL BODY WHO WERE PRESENT AND THOSE WHO VOTED
 ON IT.
- C. THE COMPARABILITY DATA OBTAINED AND RELIED UPON AND HOW THE DATA WAS OBTAINED.
- D. ANY ACTIONS TAKEN WITH RESPECT TO CONSIDERATION OF THE COMPENSATION BY

 ANYONE WHO IS OTHERWISE A MEMBER OF THE APPROVAL BODY BUT WHO HAD A

 CONFLICT OF INTEREST WITH RESPECT TO THE DECISION ON THE COMPENSATION.

 COMPENSATION IS APPROVED BY THE EXECUTIVE COMMITTEE.

FORM 990, PART VI, SECTION C, LINE 19:

IF THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY OF THE PUBLIC SCHOOL BIBLE STUDY COMMITTEE ARE SUBJECT TO THE FEDERAL PUBLIC DISCLOSURE RULES (OR STATE PUBLIC DISCLOSURE RULES), THESE DOCUMENTS WILL BE MADE PUBLICLY AVAILABLE AS APPLICABLE LAW MAY REQUIRE. OTHERWISE, THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY WILL BE PROVIDED TO THE PUBLIC AT THE DISCRETION OF MANAGEMENT. THE FORM 990 AND AUDIT REPORT ARE MADE AVAILABLE ON THE ORGANIZATION'S WEBSITE.

Schedule O (Form 990) 2023

332212 11-14-23 Schedule O (Form 990) 2023

2023 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

		1						770	1	*				ı	
Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MANAGEMENT AND GENERAL														
1	FURNITURE & FIXTURES	VARIOUS	SL	5.00	ł	16	18,978.				18,978.	7,821.		1,116.	8,937.
2	OFFICE EQUIPMENT	VARIOUS	SL	5.00		16	22,651.				22,651.	16,840.		3,091.	19,931.
3	RIGHT OF USE ASSET	VARIOUS		.000	нч	16	377,900.				377,900.			0.	
	* 990 PAGE 10 TOTAL MANAGEMENT AND GENERAL						419,529.				419,529.	24,661.		4,207.	28,868.
	* GRAND TOTAL 990 PAGE 10 DEPR						419,529.				419,529.	24,661.		4,207.	28,868.

Form 8879-TF

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning $\ AUG\ 1$, 2023, and ending $\ JUL\ 31$, 20 24

Department of the Treasury Internal Revenue Service Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

2023

Form **8879-TE** (2023)

OMB No. 1545-0047

EIN or SSN Name of filer PUBLIC SCHOOL BIBLE STUDY COMMITTEE 62-0523361 CATHY SCOTT Name and title of officer or person subject to tax PRESIDENT Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. **b Total revenue,** if any (Form 990, Part VIII, column (A), line 12) ______ **1b** Form 990 check here 1a Form 990-EZ check here ... **b Total revenue,** if any (Form 990-EZ, line 9) 2a 3a Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part V, line 5) 4b 4a Form 990-PF check here Form 8868 check here b Balance due (Form 8868, line 3c) 5b 5a Form 990-T check here Form 4720 check here 7a Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D) 8b 8a Form 5330 check here b Tax due (Form 5330, Part II, line 19) 9b 9a Form 8038-CP check here b Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that X I am an officer of the above entity or I I am a person subject to tax with respect to (name of entity) , (EIN) and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information processary to answer inquiries and resolve issues related to the payment. I have selected a payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | authorize JOHNSON, MURPHEY & WRIGHT, P.C. 23361 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. 🔟 As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification 62813362109 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature Date **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

LHA 302521 01-05-24

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form	990-T	E	Exempt C		tion Busine			Tax Retui	n	OMB N	lo. 1545-0047
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		For cal			ng <u>AUG 1, 20</u>		-		24		023
	nent of the Treasury Revenue Service	ı			m990T for instruction form as it may be mad						ublic Inspection for Organizations Only
A _	Check box if address changed.		Name of organiza	ation (Che	ck box if name changed	d and see instr	uctions	.)	D Emp	oloyer iden	tification number
	empt under section	1			IBLE STUDY		TTE:	E			23361
	501(c)(3) 408(e) 220(e)	or Type			no. If a P.O. box, see in UTHER KING		, 3	00		up exempt instruction	ion number ns)
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	529(a)529A	C Bo	CHATTANO			9	. 71	0,357.	⊣F └─		k box if nended return.
G C	heck organization		X 501(c) corp		501(c) trust		_	Other trust	State		university
		-71		A) Applicable e	ntity	()				J	•
H C	heck if filing only to	o claim	Credit	from Form 894	1 Refund sho	wn on Form	2439	Elective paym	ent amo	unt fron	n Form 3800
I C	heck if a 501(c)(3)	organiz	ation filing a cor	nsolidated retu	n with a 501(c)(2) tit	leholding co	rporation	on			
	nter the number of			, ,						,	
			· ·	-	affiliated group or a	parent-subs	sidiary	controlled group?		Yes	X No
	"Yes," enter the na								/ 4 2 2	\ (4 0	0500
	ne books are in car						Tele	phone number	(423)648	-0500
								, , , , , , , , , , , , , , , , , , ,	1 4		0.
1				· ·	rom all unrelated tra						
2											
3											0.
4					rules)						
5					erating losses. Subtr						
6					sitio alcalination and				. 6		
7					cific deduction and s				-		
•	Subtract line 6 fro	om line	5						. 7		1,000.
8					ons for exceptions)						1,000.
9											1,000.
10	Total deductions	s. Add I	lines 8 and 9								0.
11 Par	t II Tax Com			ubtract line 10	from line 7. If line 10	is greater tr	ian iine	e 7, enter zero	. 11		
1		-		Multiply Dort	I, line 11 by 21% (0.:	21\			1		0.
2					computation. Income				· -		
2					Schedule D (Form						
2											
3	Proxy tax. See in								·		
4									· -		
5	Alternative minim				-				• —		
6					S						0.
7 Par	t III Tax and			z, wnichever a	oplies						
1a				orm 1118: trus	ts attach Form 1116	3)	1a				
b	Other credits (see						1b				
c	,		,		tions)		-				
d					8827)						
e	Total credits. Ad								1e		
2			•						2		0.
2 3a	Amount due from						3a				
sa b	Amount due from						3b				
C	Amount due from		0007				3c				
d	Amount due from		0000				3d				
e	Other amounts d										
f		•							3f		0.
4	Total tay Add lin	10. Auu 10. 2 2	nd 3f (see instru	ctions)	heck if includes tax	nreviouely d	oferred	under	. 31		
7									4		0.
5					II, column (k)						0.
	For Paperwork R								. 5	Form	990-T (2023)
	apo. work it	Jauvill	, .o. Houou, e		42	2				. 51111	(2020)

Form 990-T (2023)

	111	Tax and Payments (continued)						r age z
				1.	T		1	
6 a	-	nents: Preceding year's overpayment cred	•	<u>6a</u>		_		
b		ent year's estimated tax payments. Check	·*·	\neg l				
		es		<u> 6b</u> _		4		
С		leposited with Form 8868						
d		gn organizations: Tax paid or withheld at		···				
е	Back	up withholding (see instructions)		<u>6e</u>				
f		t for small employer health insurance pre						
g		ve payment election amount from Form 3						
h	Paym	nent from Form 2439		6h				
i	Credi	t from Form 4136		6i				
j	Othe	r (see instructions)		6j				
7	Total	payments. Add lines 6a through 6j				7		
8	Estim	ated tax penalty (see instructions). Chec	k if Form 2220 is attached			8		
9	Tax o	lue. If line 7 is smaller than the total of lin	es 4, 5, and 8, enter amount owed			9		
10	Over	payment. If line 7 is larger than the total of	of lines 4, 5, and 8, enter amount over	rpaid		10		
11		the amount of line 10 you want: Credite			Refunded	11		
Part	IV	Statements Regarding Certain	Activities and Other Informa	ation (se	ee instructions)			
1	At an	y time during the 2023 calendar year, did	d the organization have an interest in	or a signa	ature or other authority	y	Yes	No
	over	a financial account (bank, securities, or o	ther) in a foreign country? If "Yes," th	e organiz	ation may have to file			
	FinCl	EN Form 114, Report of Foreign Bank and	d Financial Accounts. If "Yes," enter t	he name	of the foreign country			
	here							X
2	Durin	g the tax year, did the organization receiv	ve a distribution from, or was it the gra	antor of,	or transferor to, a			
	foreig	n trust?						X
		es," see instructions for other forms the or						
3	Enter	the amount of tax-exempt interest receiv	ved or accrued during the tax year		\$			
4	Enter	available pre-2018 NOL carryovers here	\$Do not	include a	any post-2017 NOL ca	arryove	r	
	show	n on Schedule A (Form 990-T). Don't redu	uce the NOL carryover shown here by	any dec	duction reported on Pa	art I, lin	e 6.	
5	Post-	2017 NOL carryovers. Enter the Business	s Activity Code and available post-20	17 NOL c	arryovers. Don't redu	ce		
	the a	mounts shown below by any NOL claime	ed on any Schedule A, Part II, line 17 f	or the tax	x year. See instruction	S.		
		Business Activity Co	ode	Av	ailable post-2017 NOL	carry	over	
				\$				
				\$				
				\$				
				\$				
6 a	Rese	rved for future use						
b		rved for future use						
Part	V	Supplemental Information						
Provide	any a	additional information. See instructions.						
		nder penalties of perjury, I declare that I have examined prect, and complete. Declaration of preparer (other that				owledge a	and belief, it is true,	
Sign					,	lav the IR	S discuss this retur	n with
Here			PRESI	DENT		•	er shown below (see	
	S	ignature of officer	Date Title		ir	struction	s)? X Yes	No
		Print/Type preparer's name	Preparer's signature	Date	Check	if PTI	IN	
Paid		MARIANNE HART			self-employed			
raid Prepa	arer	GREENE, CPA		P01217461				
Use (PHEY & WRIGHT, P.C	•	Firm's EIN	6	2-10931	34
300 (y		MARKET STREET					
		Firm's address CHATTANOOG	A, TN 37405		Phone no.	<u>(4</u> 23)756-11	70
							222	F

Form **990-T** (2023)

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

990

Department of the Treasury Internal Revenue Service Name(s) shown on return

Go to www.irs.gov/Form4562 for instructions and the latest information.

Business or activity to which this form relates

Identifying number

PU:	BLIC SCHOOL BIBLE S'						PAGE 10		62-0523361
Pa	rt Election To Expense Certain Prope	rty Under Section 1	79 Note: If yo	u have any li	sted pro	operty,	, complete Par	t V before	you complete Part I.
1	Maximum amount (see instructions)							1	1,160,000.
	Total cost of section 179 property plac								
	Threshold cost of section 179 property								2,890,000.
	Reduction in limitation. Subtract line 3								<u> </u>
	Oollar limitation for tax year. Subtract line 4 from line								
6	(a) Description of pr			(b) Cost (busin			(c) Elected		
<u> </u>									
7	Listed property. Enter the amount from	line 20				7			_
	· · ·			\ linco 6 and	_			8	
	Total elected cost of section 179 proper				A .				
	Tentative deduction. Enter the smaller Carryover of disallowed deduction fron								
	Business income limitation. Enter the s								
	Section 179 expense deduction. Add li							12	
	Carryover of disallowed deduction to 2 : Don't use Part II or Part III below for				<u> </u>	13			
					la liatad		du . N		
	Operation 2 operation and the		•						1
	Special depreciation allowance for qua						_	١.,	
	the tax year								
	Property subject to section 168(f)(1) ele	ection							4 207
	Other depreciation (including ACRS)		$\overline{}$					16	4,207.
Pa	rt III MACRS Depreciation (Don't	include listed pro							
			->6	ction A					
									1
	MACRS deductions for assets placed i	•	ears beginnir	g before 202				17	
	f you are electing to group any assets placed in sen	vice during the tax year	ears beginning	g before 202 general asset acc	counts, ch	eck here	·		
	-	vice during the tax year Placed in Servic	ears beginning into one or more e During 20	g before 202 general asset acc 23 Tax Year	counts, ch	eck here	·		tem
	f you are electing to group any assets placed in sen	vice during the tax year	ears beginnir into one or more e During 20 (c) Basis fo (business/ii	g before 202 general asset acc	Using t	eck here	neral Depreci	ation Sys	tem (g) Depreciation deduction
	f you are electing to group any assets placed in sen Section B - Assets	Placed in Servic (b) Month and year placed	ears beginnir into one or more e During 20 (c) Basis fo (business/ii	g before 202 general asset acc 23 Tax Year r depreciation investment use	Using t	eck here the Ge	neral Depreci	ation Sys	
18	f you are electing to group any assets placed in sen Section B - Assets (a) Classification of property	Placed in Servic (b) Month and year placed	ears beginnir into one or more e During 20 (c) Basis fo (business/ii	g before 202 general asset acc 23 Tax Year r depreciation investment use	Using t	eck here the Ge	neral Depreci	ation Sys	
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19a b c d e f	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property	Placed in Servic (b) Month and year placed	ears beginnir into one or more e During 20 (c) Basis fo (business/ii	g before 202 general asset acc 23 Tax Year r depreciation investment use	Using t (d) R p 25 27.	eck here the Ge Recovery eriod 5 yrs. 5 yrs.	(e) Convention MM MM	ation Sys (f) Method S/L S/L S/L	
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19a b c d e f g h	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property	vice during the tax year Placed in Servic (b) Month and year placed in service // // // //	ears beginnir into one or more e During 20 (c) Basis for (business/ii only - see	g before 202 general asset acc 23 Tax Year r depreciation vestment use instructions)	25 27.	eck here the Ge Recovery eriod 5 yrs. 5 yrs. 5 yrs. 9 yrs.	(e) Convention MM MM MM MM	stion Sys (f) Method S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
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Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a,

Section A Depreciation and Other Information (Caution: See the instructions for limits for passanger automobiles) 24a (a) type the reducence twistport the business/instructure seclament? Ves No. (b) (a) (b) (b) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c		24b, columns	<u> </u>	· ·												
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28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1			1 1	%	·						S/L -					
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1			1 1	-	+						1					
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. 30 Total business/investment miles driven during the year (abrit include commuting miles) 31 Total commuting miles driven during the year. 32 Total other personal (noncommuting) miles driven during the year. 33 Total miles driven during the year. 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle available for personal use during off-duty hours? 36 Is another vehicle available for personal use than 5% owner or related person? 36 Is another vehicle such of primarily by a more than 5% owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? 42 Amortization of costs that begins during your 2023 tax year. 43 Amortization of costs that began before your 2023 tax year.												ı				
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Alternative Minimum Tax-Corporations

Attach to your tax return.

OMB No. 1545-0123

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form4626 for instructions and the latest information. Employer identification number

	PUBLIC SCHOOL BIBLE STUDY COMMITTEE				6	2-0523	3361
A	Is the corporation filing this form a member of a controlled group treated as a single	employ	er under sections 59(k)	(1)(D) and 52?		Yes	X No
	If "Yes," the corporation must complete Part V listing the names, EINs, and		, ,				
	statement income or loss for each member of the controlled group treated		· •				
	account in the determination of "applicable corporation" under section 59(
R	Is the corporation filing this form a member of a foreign-parented multinational grou		•	f section 59(k)(2)(f	3)? [Yes	X No
_	If "Yes," the corporation must complete Part V listing the names, EINs, and				ے)، د	103	L==_ 140
	statement income or loss for each member of the FPMG under section 59(41			
Pá	art I Applicable Corporation Determination (Report all am						
	If you have already determined in current or prior years you are an a		•	Part I and contin	ue to F	Part II.	
			(a) First Preceding	(b) Second Pred	ceding	(c) Third I	Preceding
			Year Ended	Year Ende	d	Year I	Ended
1	Net income or loss per applicable financial statement(s) (AFS) (see inst):						
· a	Consolidated net income or loss per the AFS of the corporation	1a					
b	Include AFS net income or loss of other includible entities (add						
_	net income and subtract net loss)	1b					
С	Exclude AFS net income or loss of excludible entities (add net						
Ī	loss and subtract net income)	1c					
d	Adjustment for certain consolidating entries (see instructions)	1d					
e	Specified additional net income or loss item B. Reserved for future use	1e					
f	AFS net income or loss of all entities in the test group before	<u> </u>					
·	adjustments. Combine lines 1a through 1d	1f					
2	Adjustments:						
a		2a					
b							
	return (see instructions)	2b					
С	Pro-rata share of net income from controlled foreign corporations for						
Ī	which the corporation is a U.S. shareholder. If zero or less, enter -0-						
	(see instructions for special rules if completing this form for an FPMG)	2c					
d	Amounts that are not effectively connected to a U.S. trade or business						
	(see instructions for special rules if completing this form for an FPMG)	2d					
е	Certain taxes (see instructions)	2e					
f		2f					
g	Alaska native corporations	2g					
h	Certain credits (see instructions)	2h					
i	Mortgage servicing income	2i					
j	Tax-exempt entities (organizations subject to tax under section 511)	2j					
k	Depreciation	2k					
1	Qualified wireless spectrum	21					
n	Covered transactions	2m					
n	Adjustments related to bankruptcy and insolvency	2n					
0	Certain insurance company adjustments	20					
р	Adjustment P - Reserved for future use	2 p					
q	Adjustment Q - Reserved for future use	2q					
r	Adjustment R - Reserved for future use	2r					
s	Adjustment S - Reserved for future use	2s					
z	, , , , , , , , , , , , , , , , , , , ,	2z					
3	Specified adjustment. Reserved for future use	3					
4	Total adjustments. Combine lines 2a through 2z	4					
5	AFSI. Combine lines 1f and 4	5					
6	AFSI of first, second, and third preceding tax years. Combine columns (a)	, (b), a	nd (c) of line 5		6		
7	3-year average annual AFSI (see instructions)				7		

Form 4	626 (2023)					Page 2
Part	Applicable Corporation Determination (Report all amounts	in U.S	. dollars.) (continued	d)		
8	Is line 7 more than \$1 billion?					
	Yes. Continue to line 9.					
	No. STOP here and attach to your tax return.					
9	Is the corporation a member of an FPMG within the meaning of section 59(k))(2)(B)?)			
	Yes. Continue to line 10.					
	No. Continue to Part II.					
			(a)	(b)		(c)
			First Preceding	Second Prece	eding	Third Preceding
			Year Ended	Year Ende	ed	Year Ended
10	AFSI for purposes of the \$100 million test before adjustments:					
а	AFSI from line 5	10a				
b	Aggregation differences (see instructions)	10b				
С	Total AFSI for purposes of the \$100 million test before adjustments.					
	Combine lines 10a and 10b	10c				
11	Adjustments:					
а	Income not effectively connected to a U.S. trade or business	11a				
b	Pro-rata share of CFC net income described in section 56A(c)(3)					
	(attach worksheet) (see instructions)	11b				
С	Reserved for future use - Other adjustments 1	11c				
d	Reserved for future use - Other adjustments 2	11d				
12	Total adjustments. Combine lines 11a and 11b	12				
13	Total AFSI for purposes of the \$100 million test. Combine lines					
	10c and 12	13				
14	AFSI of first, second, and third preceding tax years. Combine columns (a), (b), and	(c) of line 13		14	
15	3-year average annual AFSI for purposes of the \$100 million test				15	
16	Is line 15 \$100 million or more?					
	Yes. Continue to Part II.					
	No. STOP here. Attach to your tax return.					
						Form 4626 (2023)

Pa	art II Corporate Alternative Minimum Tax		
1	Net income or loss per applicable financial statement(s) (AFS) (see instructions):		
á	Consolidated net income or loss per the AFS of the corporation	1a	-1,000.
k	Include AFS net income or loss of other includible entities (add net income and subtract net loss)	1b	
(Exclude AFS net income or loss of excludible entities (add net loss and subtract net income)	1c	
(Adjustment for certain consolidating entries (see instructions)	1d	
•	Specified additional net income or loss item D. Reserved for future use	1e	
f		1f	-1,000.
2			
á	Financial statements covering different tax years	2a	
k	Reserved for future use - Adjustment 2b	2b	
(Corporations that are not included on the taxpayers - consolidated return (see instructions)	2c	
	The corporation's distributive share of adjusted financial statement income of partnerships	2d	
	Pro-rata share of net income from controlled foreign corporations for which the corporation is a U.S.		
	shareholder. If zero or less, enter -0 (See instructions)	2e	
f	Amounts that are not effectively connected to a U.S. trade or business	2f	
	Gertain taxes. Enter the amount from Part III, line 7	2g	
	Patronage dividends and per-unit retain allocations (cooperatives only)	2h	
i		2i	
:			
J	Certain credits (see instructions)	2j	
	Mortgage servicing income Covered benefit place described in section 56A(a)(11VP)	2k	
	1	21	
	n Tax-exempt entities (organizations subject to tax under section 511)	2m	
	Depreciation	2n	
	O Qualified wireless spectrum	20	
F	Overed transactions	2p	
(Adjustments related to bankruptcy and insolvency	2q	
r		2r	
8	AFSI adjustment S - Reserved for future use	2s	
t	,	2t	
ι	AFSI adjustment U - Reserved for future use	2u	
2	2 Other (see instructions)	2z	
3	, , , , , , , , , , , , , , , , , , , ,	3	1 000
4	1 0	4	-1,000.
5	Financial statement net operating loss (FSNOL) (see instructions)	5	
6	AFSI. Subtract line 5 from line 4. If zero or less, enter -0-	6	
7	Multiply line 6 by 15% (0.15)	7	
8	Corporate alternative minimum tax foreign tax credit (CAMT FTC). Enter amount from Part IV, Section I, line 6 (see inst)	8	
9	Tentative minimum tax. Subtract line 8 from line 7. If zero or less, enter -0-)	9	
10	Regular tax liability (see instructions)	10	
11	Base erosion minimum tax (see instructions)	11	
12	Combine lines 10 and 11	12	
13			
	1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	13	
Pa	art III Adjustment for Certain Taxes Under Section 56A(c)(5)		
1	Current income tax provision - Foreign	1	
2	Current income tax provision - Federal	2	
3	Deferred income tax provision - Foreign	3	
4	Deferred income tax provision - Federal	4	
5	Income taxes included in equity method investment income	5	
6	a Adjustment A - Reserved for future use	6a	
	b Adjustment B - Reserved for future use	6b	
	c Adjustment C - Reserved for future use	6с	
	d Adjustment D - Reserved for future use	6d	
	e Adjustment E - Reserved for future use	6e	
	f Adjustment F - Reserved for future use	6f	
	g Adjustment G - Reserved for future use	6g	
	h Adjustment H - Reserved for future use	6h	
	z Income taxes in other places	6z	
	Total. Combine lines 1 through 6z. Enter here and on Part II, line 2g	7	
	, , ,	-	

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Pai	Part IV Alternative Minimum Tax - Corporations Foreign Tax Credit							
Sec	tion I - AMT Foreign Tax Credit							
1	Domestic corporation AMT foreign income taxes:							
а	Total foreign taxes paid or accrued as reported on Form 1118, Schedule B,							
	Part I, column 2(j)							
b	Adjustment							
С	Adjustment 1c							
d	Adjustment 1d							
е	Adjustment							
f	Adjustment 1f							
g	Adjustment 1g							
2	Total domestic corporation AMT foreign income taxes. Combine lines 1a through 1g	2						
3	Allowable controlled foreign corporation (CFC) AMT foreign income taxes:							
а	Pro-rata share of CFC AMT foreign income taxes from Part IV, Section II, line							
	11, column (n) 3a							
b	Carryover of excess foreign taxes (from Part IV, Section III, line 4, column (vii)) 3b							
С	Total CFC AMT foreign income taxes. Add lines 3a and 3b	3с						
d	Percentage specified in section 55(b)(2)(A)(i) 3d 15%							
е	Pro-rata share of CFC net income described in section 56A(c)(3) (attach							
	worksheet) (see instructions) 3e							
f	CFC AMT foreign tax credit limitation (multiply line 3d by line 3e)	3f						
g	Allowable CFC AMT foreign income taxes (lesser of line 3c or line 3f)	3g						
4	CAMT FTC Line 4 - Reserved for future use	4						
5	CAMT FTC Line 5 - Reserved for future use	5						
6	Total AMT foreign income taxes. Combine lines 2 and 3g. Enter this amount on Part II, line 8	6						