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For the tax year ended: December 31, 2023

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PUBLIC INSPECTION COPY

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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

Inspection

Department of the Treasury

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

and ending A For the 2023 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change Precept Name change 62-0841438 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ P.O. Box 182218 423-892-6814 termin-ated 13,234,028. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amended Chattanooga, TN 37422 H(a) Is this a group return Applica-F Name and address of principal officer: David Arthur Yes X No for subordinates? pending same as C above ∐Yes L No **H(b)** Are all subordinates included? Tax-exempt status: X = 501(c)(3) 501(c) (4947(a)(1) or (insert no.) If "No," attach a list. See instructions www.precept.org H(c) Group exemption number J Website: K Form of organization: X Corporation Association L Year of formation: 1970 M State of legal domicile: TN Part I Summary Briefly describe the organization's mission or most significant activities: Engaging people in relationship Activities & Governance with God through knowing His Word Check this box oxdot if the organization discontinued its operations or disposed of more than 25% of its net assets. 9 Number of voting members of the governing body (Part VI, line 1a) 8 Number of independent voting members of the governing body (Part VI, line 1b) 95 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 8 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Prior Year** Current Year 9,787,104. 8,643,983. Contributions and grants (Part VIII, line 1h) Revenue 118,897. 57,569. Program service revenue (Part VIII, line 2g) 60,184. 14,344. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 3,123,064. 3,151,146. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11,912,882. 13,043,409. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,618,634. 3,563,687. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 5,690,852. 6,634,871. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 4,453,978. 4,859,376. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 13,763,464. 15,057,934. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -3,145,052. -720,055. Revenue less expenses. Subtract line 18 from line 12 Assets or Balances **Beginning of Current Year End of Year** 10,493,085. 7,164,297. 20 Total assets (Part X, line 16) 740,258. 556,522. 21 Total liabilities (Part X, line 26) 752,827. 6,607,775. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has anv knowledge. Signature of officer Date Sign David Arthur, CEO Here Type or print name and title PTIN Date Print/Type preparer's name Preparer's signature if self-employed Michele W Wales Paid Michele M. Wales, CPA 09/02/24 P00428093 Batts Morrison Wales & Lee, P.A. Firm's EIN 20-4193611 Preparer Firm's name Firm's address 801 North Orange Avenue, Suite 800 Use Only Phone no. 407-770-6000 Orlando, FL 32801 X Yes May the IRS discuss this return with the preparer shown above? See instructions

Form	n 990 (2023) Precept	62-0841438	Page 2
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: Engaging people in relationship with God through knowing		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes	X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported.	ers, the total expenses,	and
4 a	(Code:)(Expenses \$ 11,676,365. including grants of \$ 3,563,687.) (Revent The Ministry is a religious organization that operates proming, facilitating and supporting groups of individual regularly for communal worship. More specifically, the by which the Ministry accomplishes its mission is to face groups (or congregations) of individuals who meet regular in Bible study and other worship activities (including promote study) in accordance with the Ministry's religious Ministry currently has over 50,000 such groups meeting to over 150 countries. The Ministry uses printed materials, social media, and appromote and conduct Bible studies, estimated to reach seems.	als who assed principal moderated and array to engage prayer and beliefs. The regularly in the internet	emble heans all age
4b	(Code:) (Expenses \$	ie \$	
4c	(Code:) (Expenses \$	ıe\$	
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 11,676,365.		

Form 990 (2023) Precept 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)?		37	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Λ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			. v
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	7		
8	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	-		
Ū	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	X	
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
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets 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		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	401-		v
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	та		 -
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			Х
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		
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,"	10		
.5	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2023) Precept Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d 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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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		X
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			۱
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See 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			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			77
	"Yes," complete Schedule L, Part IV	28c	37	Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			X
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			X
22	Schedule N, Part II	32		
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
-	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	

Precept Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

					Yes	NO
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		0.5			
	filed for the calendar year ending with or within the year covered by this return	2a	95	01	Х	
	If at least one is reported on line 2a, did the organization file all required federal employment tax return bid the appropriation have appropriately business gives income of £1,000 as great division to a second			2b 3a	Λ	Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		rity over a	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other			4-		х
h	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	тц?	4a		
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	ccour	nte (FRAR)			
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?			5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	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		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut					
-	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 set	vices p	provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					
	to file Form 8282?		•	7с		Х
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	ontra	ct?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri	act?		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Formation (in the organization of the organization) and the organization of the	orm 88	399 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation f	ile a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by th	е			
				8		
9	Sponsoring organizations maintaining donor advised funds.					
а				9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	۔مد ا	I			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	11a	I			
a h	Gross income from other sources. (Do not net amounts due or paid to other sources against	Ha				
	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		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le O		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	it inco	me?	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.					

Form 990 (2023) Precept 62-

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

Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 9 1a Enter the number of voting members of the governing body at the end of the tax year 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. 8 **b** Enter the number of voting members included on line 1a, above, who are independent _____ 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? X 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х on Schedule O how this was done X 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? X 14 14 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? Х a The organization's CEO, Executive Director, or top management official 15a X **b** Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's 16b exempt status with respect to such arrangements? Section C. Disclosure None List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request X Own website Another's website Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records Aaron Silvious - 423-892-6814 7324 Noah Reid Rd., Chattanooga, 37421

Form 990 (2023) Precept 62-0841438 Page 7

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

- 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		(((D)	(E)	(F)
Name and title	Average	(do	not c	Posi heck	ition	than o	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	s botl	h an	compensation	compensation	amount of
	week (list any	Η.					Ĺ	from the	from related organizations	other compensation
	hours for	ndividual trustee or director				peq		organization	(W-2/1099-MISC/	from the
	related	stee o	rustee			ensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al tru	onal t		ployee	co mb		1099-NEC)		and related
	below line)	divid	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) David Arthur	40.00	드	드	0	호	ΕĒ	꼰			
CEO; President				х				211,359.	0.	36,740.
(2) Ken Bowers	40.00									-
Executive Director				Х				193,382.	0.	37,256.
(3) Mark Adams	40.00									_
Chief Technology Officer					Х			168,176.	0.	46,988.
(4) Kay Arthur	40.00									
Cofounder & Board Member		Х						151,969.	0.	7,942.
(5) Debbie Poe	40.00									
VP People Services						Х		135,976.	0.	6,800.
(6) Elaine Watkins	40.00								_	
Chief Relationship Ofcr (ended 9/23)						Х		124,646.	0.	16,496.
(7) Dallas Pymm	40.00							100		
Director of Development						Х		103,679.	0.	34,772.
(8) Shannon Robbins	40.00							104 004		0- 0
RDD Texas	40.00					Х		104,831.	0.	25,877.
(9) Jeremy Lucarelli	40.00							110 000		
VP US Leader Development	40.00					Х		112,027.	0.	7,676.
(10) Cindi Finn	40.00							06 546	•	5 004
CFO (ended 9/23)				Х				96,746.	0.	5,024.
(11) Steve Strand	2.00								•	•
Board Chairman	0 00	Х						0.	0.	0.
(12) John Wilcox	2.00	,,							0	0
Board Vice Chair	2 00	Х						0.	0.	0.
(13) Ken Guise	2.00	٠,,							0	0
Board member	2 00	Х						0.	0.	0.
(14) Cary Humphries	2.00	٠,,							0	0
Board member	2 00	Х						0.	0.	0.
(15) Marilyn Crone	2.00	\ \						0.	0	0
Board member	2 00	Х						0.	0.	0.
(16) Deanna Lee	2.00	X						0.	0.	^
Board member	2.00	^	\vdash			\vdash	_	0.	0.	0.
(17) Ashley Freer	4.00	Х						0.	0.	0.
Board member		Λ						J 0.	0.	U •

Pai	rt VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st (Compensated Employe	es (continued)				
(A) (B) (C)					(D)	(E)			(F)					
	Name and title	Average hours per		not c	heck	more	than		Reportable	Reportable			stimate	
		week					is bot or/trus			compensation from related		aı	nount other	
		(list any	ector						the	organization		com	pensa	ation
		hours for related	Individual trustee or director	99:			sated		organization (W-2/1099-MISC/	(W-2/1099-MIS 1099-NEC)			rom th	
		organizations	trustee	al trust		ee/	mpen		1099-NEC)	1099-NEC)		·	_l anizat d relat	
		below	idual	Institutional trustee	l a	Key employee	Highest compensated employee	Je.	,				anizati	
		line)	Indiv	Instit	Officer	Key e	High	Former						
) Hanneli Rupert-Koegeleberg	2.00									•			^
Boar	rd member		Х				<u> </u>		0.		0.			0.
			1											
			1											
								T						
			1											
			-											
			-											
			1											
	Subtotal								1,402,791.		0.	22	<u>5,5</u>	71.
	Total from continuation sheets to Part VI								0.		0.			0.
	Total (add lines 1b and 1c)								1,402,791.		0.	22	5,5	71.
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wh	าด	received more than \$100	0,000 of reportab	le			10
	compensation from the organization												Yes	No
3	Did the organization list any former officer,	director, trust	ee. I	kev e	ame	love	e. o	r hi	ighest compensated emr	olovee on				
	line 1a? If "Yes," complete Schedule J for s	•		•		•	•			•		3		Х
4	For any individual listed on line 1a, is the su	ım of reportab												
	and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J	for such individual			4	Х	
5	Did any person listed on line 1a receive or a	•				,		ela	ated organization or indiv	idual for services	3			
	rendered to the organization? If "Yes," com	plete Schedul	e J f	or s	uch	pers	son .					5		X
	ction B. Independent Contractors		-l	l -					Ale et were iverel mensus the en-	\$100,000 of oom		-4:		
1	Complete this table for your five highest co the organization. Report compensation for	=	-								npens	ation	rom	
	(A)	ille calellual y	cai	enui	ng v	VILII	OI W	1111	(B)	year.			C)	
									nsatio	n				
So	ltech, 950 E Paces Feri	ry Rd NI	E (Ste	= 2	24(00	,						
At:	lanta, GA 30326-1385								Software Dev	elopment	1	<u>,6</u> 5	7 <u>,</u> 5	78.
	xFuel Creative, LLC, 40		ch	St	cre	eet	t							
	e 1400, Nashville, TN								Marketing Co	nsulting		61	9,4	93.
	thway Printing(Dockins			, -	Lno	С.)					2.0	7 1	27
ΡÜ	Box 3933, Cleveland, 5	IN 3/32(J						Printing			38	/, l	27.

Shipping

Marketing Consulting

Form **990** (2023)

277,422.

207,715.

PO Box 809488, Chicago, IL 60680-9488

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

PO Box 1614, Suwanee, GA 30024-0044

\$100,000 of compensation from the organization

Simmons Strategy Group

UPS

Form 990 (2023) Precept
Part VIII Statement of Revenue

			Check if Schedule O	con	tains a	response	or note to any lin	ne in this Part VIII			
			CHOCK II COMOCAGO C	0011	tairio a	тоорогіоо	or moto to arry in	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt	Unrelated	Revenue excluded
									function revenue	business revenue	from tax under sections 512 - 514
s so						ı. ı					30000013 312 314
ᄩᆲ	1		Federated campaigns			1a					
흕힑			Membership dues			1b					
P,ts		С	Fundraising events			1c	1,361,917.				
直		d	Related organizations			1d					
ž,		е	Government grants (contr	ribu	tions)	1e					
ij		f	All other contributions, gifts,	grar	nts, and						
			similar amounts not included	abo	ove	1f	7,282,066.				
Contributions, Gifts, Grants and Other Similar Amounts		g	Noncash contributions included in	lines	s 1a-1f	1g \$	457,858.				
ခြဲ လ		h	Total. Add lines 1a-1f					8,643,983.			
							Business Code				
o	2	2 a	Workshops and Confe	ren	ices		611710	57,569.	57,569.		
ا <u>ک</u>	-	b						, -	, -		
Ser		c									
ΕĒ		d									
Reg		u									
Program Service Revenue		e	All -41								
_			All other program service					F7 F60			
	_		Total. Add lines 2a-2f					57,569.			
	3	•	Investment income (include					60 104			60 104
								60,184.			60,184.
	4		Income from investment of					105.010			105.010
	5	•	Royalties					127,818.			127,818.
			_	L	· ·) Real	(ii) Personal				
	6		Gross rents	6a	+	28,291.					
			Less: rental expenses	6b	<u> </u>	0.					
			Rental income or (loss)	60		28,291.					
			Net rental income or (loss) <u></u>				28,291.			28,291.
	7	a	Gross amount from sales of		(i) S	ecurities	(ii) Other				
			assets other than inventory	7a	1						
_		b	Less: cost or other basis								
ا ne			and sales expenses	7b	_						
ē		С	Gain or (loss)	70	;						
&		d	Net gain or (loss)								
ther Revenue	8	а	Gross income from fundraising	ng e	vents (n	ot					
₽			including \$ 1,	361	1,917.	of					
			contributions reported on	line	e 1c). S	ee					
			Part IV, line 18			8a	0.				
		b	Less: direct expenses				155,982.				
		С	Net income or (loss) from	fun	draising	g events		-155,982.			-155,982.
	g		Gross income from gamin								
			Part IV, line 19			9a					
		b	Less: direct expenses								
		С	Net income or (loss) from	gan	ning ac	tivities					
	10		Gross sales of inventory, I								
			and allowances				4,197,196.				
		b	Less: cost of goods sold				1,165,164.				
			Net income or (loss) from					3,032,032.	3,032,032.		
<u>, </u>			, , =			<i>,</i>	Business Code				
Miscellaneous Revenue	11	а	Employee Retention	Cre	edit		900099	118,987.			118,987.
nu		b						,			,
		c									
<u>3</u> 6			All other revenue								
≥			Total. Add lines 11a-11d				•	118,987.			
	12		Total revenue. See instruction					11,912,882.	3,089,601.	0.	179,298.
_	_										

Form 990 (2023) Precept 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 respor				X
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 general expenses	Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
2					
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	3,563,687.	3,563,687.		
	individuals. See Part IV, lines 15 and 16	3,303,007.	3,303,007.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	955,582.	653,693.	277,079.	24 910
_	trustees, and key employees	955,564.	055,095.	211,019.	24,810.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and	00 745	00 745		
	persons described in section 4958(c)(3)(B)	98,745.	98,745.	0.4.4.000	401 FFF
7	Other salaries and wages	4,567,009.	3,220,534.	944,920.	401,555.
8	Pension plan accruals and contributions (include	104 554	00 615	04 (10	11 - 40
	section 401(k) and 403(b) employer contributions)	124,774.	88,615.	24,612.	11,547.
9	Other employee benefits	507,689.	367,511.	96,362.	43,816.
10	Payroll taxes	381,072.	269,885.	81,833.	29,354.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	34,900.		22,051.	
С	Accounting	39,618.	14,587.	25,031.	
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.)	2,239,126.	1,724,287.	492,913.	21,926.
12	Advertising and promotion				
13	Office expenses	305,414.	175,310.	77,327.	52,777.
14	Information technology	1,101,558.	882,814.	163,706.	55,038.
15	Royalties	4,719.	1,367.	3,352.	
16	Occupancy	170,904.	136,921.	33,983.	
17	Travel	191,044.	126,682.	17,206.	47,156.
18	Payments of travel or entertainment expenses	•	-	-	<u> </u>
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				_
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	510,429.	269,292.	167,695.	73,442.
23	Insurance	173,181.	65,541.	107,640.	- ,
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.)				
_	Miscellaneous Expenses	88,483.	4,045.	73,293.	11,145.
a b		00,403	4,0454	, 5 , 2 5 5 6	<u> </u>
Q C					
d	All other eveness				
	All other expenses	15,057,934.	11,676,365.	2,609,003.	772,566.
25	Total functional expenses. Add lines 1 through 24e	±3,031,334•	11,0/0,303.	4,009,003.	114,300.
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)				
	Check here if following SOP 98-2 (ASC 958-720)				C 000 (0000)

Form 990 (2023)
Part X Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			7,418,975.	1	3,838,938.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			838,363.	4	36,164.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
		controlled entity or family member of any of thes	se perso	ons		5	
	6	Loans and other receivables from other disquali	fied pers	sons (as defined			
		under section 4958(f)(1)), and persons described	d in sect	tion 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use			267,201.	8	401,230.
Ä	9	B ::			260,149.	9	96,503.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	9,060,792.			
	b	Less: accumulated depreciation	10b	6,269,330.	1,708,397.	10c	2,791,462.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1			12		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equa	al line 33	3)	10,493,085.	16	7,164,297.
	17	Accounts payable and accrued expenses			740,258.	17	556,522.
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I	Part IV c	of Schedule D		21	
es	22	Loans and other payables to any current or form	ner office	er, director,			
≣		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of thes		_		22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated	d third p	parties		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D			740 050	25	FFC FOO
	26	Total liabilities. Add lines 17 through 25			740,258.	26	556,522.
S		Organizations that follow FASB ASC 958, che	ck here	X			
nce		and complete lines 27, 28, 32, and 33.			0 750 007		6 607 775
ala	27	Net assets without donor restrictions			9,752,827.	27	6,607,775.
В	28	Net assets with donor restrictions				28	
<u>.</u> 5		Organizations that do not follow FASB ASC 9	58, che	ck here			
ō		and complete lines 29 through 33.				00	
əts	29	Capital stock or trust principal, or current funds				29	
SS	30	Paid-in or capital surplus, or land, building, or ed				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			9,752,827.	31	6 607 77F
ž	32	Total net assets or fund balances				32	6,607,775.
	33	Total liabilities and net assets/fund balances			10,493,085.	33	7,164,297.

Form **990** (2023)

Form 990 (2023) Precept 62-0841438 Page 12

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O)	1 2	11,91 15,05 -3,14 9,75	2,8 7,9 5,0	34. 52.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	6,60	7,7	75.
Pa	rt XII Financial Statements and Reporting	t		-	
	Check if Schedule O contains a response or note to any line in this Part XII				X
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 Schedule	<u>- </u>		Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	d on a		Х	
	consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Sch	e audit,	2c	Х	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				х
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		<u></u>

Form **990** (2023)

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.

Open to Public

OMB No. 1545-0047

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

Name of the organization

Employer identification number

Precept 62-0841438 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 X A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions)) Total

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

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

Sec	ction A. Public Support		•	,							
	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.")	7551716.	8241196.	12377723.	9853366.	8643983.	46667984.				
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	7551716.	8241196.	12377723.	9853366.	8643983.	46667984.				
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,						164 001				
	column (f)						164,891. 46503093.				
	Public support. Subtract line 5 from line 4.						40503093.				
		(=) 0010	(h) 0000	/=\ 0001	(4) 0000	(-) 0000	(6) Total				
	ndar year (or fiscal year beginning in)	(a) 2019 7551716.	(b) 2020 8241196.	(c) 2021 12377723.	(d) 2022 9853366.	(e) 2023 8643983	(f) Total 46667984.				
	Amounts from line 4 Gross income from interest,	75517100	0241100.	12311123.	3033300.	0043303.	40007704.				
0	,										
	dividends, payments received on securities loans, rents, royalties,										
	and income from similar sources	195,561.	171,960.	161,920.	164,614.	216,293.	910,348.				
a	Net income from unrelated business	230,0021		202/3200	201,011		320,3200				
3	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.)	245,821.	22,237.	41,558.		118,987.	428,603.				
11	Total support. Add lines 7 through 10						48006935.				
	Gross receipts from related activities,	etc. (see instruction	ons)			12 21	,418,059.				
13	First 5 years. If the Form 990 is for th	ne organization's fir				501(c)(3)					
	organization, check this box and stop	here									
Sec	ction C. Computation of Publ	ic Support Pe	rcentage								
	Public support percentage for 2023 (I					14	96.87 %				
	Public support percentage from 2022					15	96.89 %				
16a	33 1/3% support test - 2023. If the o										
	stop here. The organization qualifies	as a publicly supp	orted organizatior	١			X				
b	33 1/3% support test - 2022. If the o	•		•		•					
	and stop here. The organization qual										
17a	10% -facts-and-circumstances tes	_									
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization										
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization										
b	10% -facts-and-circumstances tes	_					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										
40	organization meets the facts-and-circle		-	•							
18	Private foundation. If the organization	n did not check a	pox on line 13, 16	a, 160, 17a, or 17k	o, cneck this box a	ına see ınstructior	ns⊔				

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

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

Se	ction A. Public Support	clow, piedoc cerri	piete i dit ii.)				
	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	(4) 2010	(3) 2020	(0) 2021	(u) Loll	(6) 2020	(1) 1014
	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 organization's tax-exempt purpose						
3	Gross receipts from activities that						
Ü	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
_	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
, ,	3 received from disqualified persons						
k	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						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	(4, 20.0	(5) 2525	(0) 202 :	(.,, ====	(0) 2020	(.,
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included 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.)						
14	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	vear as a section	501(c)(3) organizat	ion.
	check this box and stop here	· ·		ř		. , . ,	
Se	ction C. Computation of Publ						
15	Public support percentage for 2023 (I	ine 8, column (f),	divided by line 13,	column (f))		15	%
16	Public support percentage from 2022	Schedule A, Part	t III, line 15			16	%
Se	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	2022 Schedule A,	Part III, line 17			18	%
	33 1/3% support tests - 2023. If the					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly	supported organiz	ation	
k	33 1/3% support tests - 2022. If the						and
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	anization qualifies	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14 19	a or 19b check t	his box and see in	structions	

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		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	10a		
ulo	10b	n 000	

Par	t IV	Supporting Organizations (continued)			
		, and the second		Yes	No
11	Has the	e organization accepted a gift or contribution from any of the following persons?			
		on who directly or indirectly controls, either alone or together with persons described on lines 11b and			
		low, the governing body of a supported organization?	11a		
b		y member of a person described on line 11a above?	11b		
		controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		n Part VI.	11c		
Sect		. Type I Supporting Organizations			
				Yes	No
1	Did the	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		upported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) vely operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ration, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	•	ted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the	e organization operate for the benefit of any supported organization other than the supported			
	organiz	zation(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,			
	supervi	ised, or controlled the supporting organization.	2		
Sect	tion C	. Type II Supporting Organizations			
				Yes	No
1	Were a	majority of the organization's directors or trustees during the tax year also a majority of the directors			
		tees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or man	agement of the supporting organization was vested in the same persons that controlled or managed			
		oported organization(s).	1		
Sect	tion D	All Type III Supporting Organizations			
				Yes	No
		e organization provide to each of its supported organizations, by the last day of the fifth month of the			
		zation's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		i) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	_		
		zation's governing documents in effect on the date of notification, to the extent not previously provided?	1		
		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	-	zation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how panization maintained a close and continuous working relationship with the supported organization(s).	2		
	_	son of the relationship described on line 2, above, did the organization's supported organizations have a			
		ant voice in the organization's investment policies and in directing the use of the organization's			
		e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		rted organizations played in this regard.	3		
		. Type III Functionally Integrated Supporting Organizations			
1		the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b	T	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	П	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2		es Test. Answer lines 2a and 2b below.		Yes	No
а	Did sub	bstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the sup	oported 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 th	e organization was responsive to those supported organizations, and how the organization determined			
	that the	ese activities constituted substantially all of its activities.	2a		
b	Did the	e 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 a	activities but for the organization's involvement.	2b		
3	Parent	of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the	e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustee	es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the	e organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its si	upported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	anizations		
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 mus	st comple	te 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-functional	ally integra	ated Type III supporting org	anization (see	

Schedule A (Form 990) 2023

instructions).

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ıed)				
Secti	ion D - Distributions				Current Year			
1	Amounts paid to supported organizations to accomplish exe	Amounts paid to supported organizations to accomplish exempt purposes						
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported						
	organizations, in excess of income from activity	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpose	ıs	3					
4	Amounts paid to acquire exempt-use assets			4				
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5				
6	Other distributions (describe in Part VI). See instructions.			6				
7	Total annual distributions. Add lines 1 through 6.			7				
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e					
	(provide details in Part VI). See instructions.			8				
9	Distributable amount for 2023 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount	(i)		10				
Secti	ion E - Distribution Allocations (see instructions)	(ii) Underdistributior Pre-2023	าร	(iii) Distributable Amount for 2023				
1	Distributable amount for 2023 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2023 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2023							
а	From 2018							
b	From 2019							
С	From 2020							
d	From 2021							
е	From 2022							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
h	Applied to 2023 distributable amount							
i	Carryover from 2018 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2023 from Section D,							
	line 7: \$							
a	Applied to underdistributions of prior years							
b	Applied to 2023 distributable amount							
С	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2023, if							
	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2023. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2024. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
	Excess from 2019							
	Excess from 2020							
	Excess from 2021							
d	Excess from 2022							

Schedule A (Form 990) 2023

e Excess from 2023

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) Part II: The Ministry is appropriately classified as a church described in Internal Revenue Code Section 170(b)(1)(A)(i) and is voluntarily filing the Form 990 with the Internal Revenue Service. Additionally the Ministry is completing the 509(a)(1) Test at Schedule A, Part II, to allow it to qualify for the special rule for Schedule B reporting, in accordance with the Schedule A instructions. Part II, Section B, Line 10: Other income includes miscellaneous income and the employee retention credit.

Schedule B

(Form 990)

Schedule of Contributors

Employer identification number

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.

Schedule B (Form 990) (2023)

OMB No. 1545-0047

I	62-0841438					
Organization type (check	cone):					
Filers of:	Section:					
Form 990 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
• •	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ule. See instructions.				
	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor					
Special Rules						
sections 509(a)(contributor, duri	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
year, contributio is checked, ente purpose. Don't c	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$					
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must inswer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify hat it doesn't meet the filing requirements of Schedule B (Form 990).						

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

Name of organization

Employer identification number

62-0841438

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$175,000.	Person X Payroll
(a) No.	(b)	(c) Total contributions	(d)
NO.	Name, address, and ZIP + 4	\$\$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Precept

62-0841438

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional 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			
		\$				

Employer identification number

Name of organization

62-0841438 Precept 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

Employer identification number Name of the organization 62-0841438 Precept

Pai	tΙ	Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		nds or A	ccounts. Complete if the
			(a) Donor advised funds	(k	o) Funds and other accounts
1	Total	number at end of year			
2		egate value of contributions to (during year)			
3		egate value of grants from (during year)			
4		egate value at end of year			
5		ne organization inform all donors and donor advisors in	writing that the assets held in donor a	dvised fund	 ds
		ne organization's property, subject to the organization's	_		
6		ne organization inform all grantees, donors, and donor a			
		naritable purposes and not for the benefit of the donor o			•
					Yes No
Pai		Conservation Easements. Complete if the org			
1	Purpo	ose(s) of conservation easements held by the organizati	ion (check all that apply).		
		Preservation of land for public use (for example, recrea	ation or education) Preservation	n of a histo	rically important land area
		Protection of natural habitat	Preservation	n of a certif	ied historic structure
		Preservation of open space			
2	Comp	olete lines 2a through 2d if the organization held a quali	fied conservation contribution in the fo	orm of a co	nservation easement on the last
		of the tax year.			Held at the End of the Tax Year
а	Total	number of conservation easements			2a
b					2b
С	Numb	per of conservation easements on a certified historic str	ructure included on line 2a		2c
d	Numb	per of conservation easements included on line 2c acqu	uired after July 25, 2006, and not		
	on a l	historic structure listed in the National Register			2d
3	Numb	oer of conservation easements modified, transferred, re	leased, extinguished, or terminated by	the organ	ization during the tax
	year				
4	Numb	per of states where property subject to conservation ea	sement is located	_	
5	Does	the organization have a written policy regarding the per	riodic monitoring, inspection, handling	of	
	violat	ions, and enforcement of the conservation easements i	t holds?		Yes No
6	Staff	and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing of	conservatio	on easements during the year
_	<u> </u>		dia a seconda de la companya de la c		and the state of t
7	Amou	unt of expenses incurred in monitoring, inspecting, hand	aling of violations, and emorcing conse	ervation ea	sements during the year
8	Does	each conservation easement reported on line 2d above	e satisfy the requirements of section 1	70(h)(4)(B)((i)
		section 170(h)(4)(B)(ii)?			Yes No
9		rt XIII, describe how the organization reports conservati			nent and
	balan	ice sheet, and include, if applicable, the text of the footi	note to the organization's financial sta	tements th	at describes the
	orgar	nization's accounting for conservation easements.			
Pai	t III	Organizations Maintaining Collections o	f Art, Historical Treasures, o	r Other S	Similar Assets.
		Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.		
1a	If the	organization elected, as permitted under FASB ASC 95	58, not to report in its revenue stateme	ent and bala	ance sheet works
	of art	, historical treasures, or other similar assets held for pul	olic exhibition, education, or research	in furtherar	nce of public
	servi	ce, provide in Part XIII the text of the footnote to its final	ncial statements that describes these	items.	
b		organization elected, as permitted under FASB ASC 95	•		
	art, h	istorical treasures, or other similar assets held for public	exhibition, education, or research in t	furtherance	e of public service,
	provi	de the following amounts relating to these items.			
	(i) R	Revenue included on Form 990, Part VIII, line 1			\$
2		organization received or held works of art, historical tre		ncial gain, _l	provide
	the fo	ollowing amounts required to be reported under FASB A	SC 958 relating to these items:		
а		nue included on Form 990, Part VIII, line 1			· · · · · · · · · · · · · · · · · · ·
b	Asset	ts included in Form 990, Part X			\$

Sche	dule F	(Form 990) 2023 Precept				62-	0841438	Pa	ane 2
_	rt III		ollections of Art, His	storical Treas	ures, or Oth				.gc _
3	Using	the organization's acquisition, accessi							
	•	ction items (check all that apply).	,	•	J	0			
а		Public exhibition	d	Loan or exchang	ge program				
b		Scholarly research	е 🗀	Other					
С		Preservation for future generations							
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.								
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets								
		sold to raise funds rather than to be ma					Yes		No
Pa	rt IV	Escrow and Custodial Arran		e organization ans	swered "Yes" on	Form 990, Part	IV, line 9, or		
		reported an amount on Form 990, Par	t X, line 21.						
1a		e organization an agent, trustee, custodi	•						1
		orm 990, Part X?					Yes		No
b	If "Ye	s," explain the arrangement in Part XIII	and complete the following	table:			A		
							Amount		
		nning balance							
		ions during the year							
e		butions during the year							
f 20		ng balance ne organization include an amount on Fo					Yes		No
		es," explain the arrangement in Part XIII.				•			NO
	rt V	Endowment Funds Complete if							<u>'</u>
					Two years back	(d) Three years b	ack (e) Four	ears b	back
1a	Begir	nning of year balance	, , ,	, , ,		, ,			
	-	ributions							
		nvestment earnings, gains, and losses							
		ts or scholarships							
		expenditures for facilities							
	and p	programs							
f	Admi	nistrative expenses							
g	End o	of year balance							
2		de the estimated percentage of the curr	•	1g, column (a)) he	eld as:				
а	Board	d designated or quasi-endowment	%						
b	Perm	anent endowment	%						
С			%						
	-	percentages on lines 2a, 2b, and 2c sho	•						
3a		nere endowment funds not in the posse	ssion of the organization the	nat are held and a	dministered for	the		Yes	N ₁
	-	nization by:						res	No
		Inrelated organizations?						-	
	(ii) Related organizations? b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3a(ii) 3b 3b								
d ⊿							3b		
4 Par	rt VI	ribe in Part XIII the intended uses of the Land, Buildings, and Equipm		LIUNUS.					
. a	. 71	Complete if the organization answere		IV. line 11a See F	Form 990 Part X	C line 10			
		Description of property	(a) Cost or other	(b) Cost or o		Accumulated	(d) Book	value	
		bescription of property	basis (investment)	basis (other		epreciation	(u) DOOK	value	•
1a	Land		53,759	,	,		53	,75	59.

		,	, ,	
Description of property	(a) Cost or other	(b) Cost or other	(c) Accumulated	(d) Book value
	basis (investment)	basis (other)	depreciation	
1a Land	53,759.			53,759.
b Buildings	6,602,410.		5,294,492.	1,307,918.
c Leasehold improvements				
d Equipment	544,369.		365,518.	178,851.
e Other	1,860,254.		609,320.	1,250,934.
Total. Add lines 1a through 1e. (Column (d) must equa	l Form 990, Part X, line 1	0c, column (B))		2,791,462.

Schedule D (Form 990) 2023

Part VII Investments - Other Securities	2. Doct IV. For 44b. One Form 600 Doct V. For 40
Complete if the organization answered "Yes" on Form 99 (a) Description of security or category (including name of security) (b) Bo	ok value (c) Method of valuation: Cost or end-of-year market value
	(c) Method of Valuation. Cost of end-or-year market value
(1) Financial derivatives	
(2) Closely held equity interests (3) Other	
(A)	
(B)	
(C)	
(D)	
(E)	
(F)	
(G)	
(H)	
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	
Part VIII Investments - Program Related.	
Complete if the organization answered "Yes" on Form 99	
(a) Description of investment (b) Bo	ok value (c) Method of valuation: Cost or end-of-year market value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9) Tatal (Col. (h) must equal Form 000, Part V, line 12, col. (P.))	
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 99	D. Part IV. line 11d. See Form 990. Part X. line 15.
(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	
Part X Other Liabilities	
Complete if the organization answered "Yes" on Form 99	
1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
<u>(4)</u>	
(5)	
<u>(6)</u>	
<u>(7)</u>	
(8)	
(9) 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	
	740. Check here if the text of the footnote has been provided in Part XIII

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

OMB No. 1545-0047

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service

Open to Public Inspection

Name of the organization **Employer identification number**

62-0841438

Precept General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? _____X Yes _____No 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (f) Total (a) Region (b) Number of (c) Number of (d) Activities conducted in the region émployees, expenditures offices (by type) (such as, fundraising, prois a program service, agents, and for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region Central America and the Caribbean -Antigua & Barbuda, Grants to recipients Aruba, Bahamas, located in the region 119,450. East Asia and the Pacific - Australia, Brunei, Burma, Grants to recipients Cambodia 0 located in the region 131,308. Europe (Including Iceland & Greenland) - Albania, Andorra, Grants to recipients Austria, Belgium 0 located in the region 295,465. Middle East and North Africa -Algeria, Bahrain, Grants to recipients located in the region 300,766. Djibouti, Egypt, North America -Canada and Mexico, but not the United Grants to recipients States 0 located in the region 84,525. Russia and Neighboring States -Armenia, Azerbijan, Grants to recipients Belarus, 0 located in the region 1,373,536. South America -Argentina, Bolivia, Brazil, Chile, Grants to recipients Columbia, Ecuador, located in the region 673,915. South Asia -Afghanistan Bangladesh, Bhutan, Grants to recipients India, Maldives, 0 located in the region 242,696. 3 a Subtotal 0 3,221,661. **b** Total from continuation 342,026. sheets to Part I c Totals (add lines 3a 3,563,687. and 3b)

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

Schedule F (Form 990) 2023

62-0841438

Schedule F (Form 990)

Precept

Page 1

Part I Continuatio	n of Activitie	s per Region	1. (Schedule F (Form 990), Part I, line 3)	02 004143	Page I
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sub-Saharan Africa -					
Angola, Benin,					
Botswana, Burkina			Grants to recipients		
Faso,	0	0	located in the region		342,026.
Totals					342,026.

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America	Classes, Workshops,					
			Conferences, Camps	19,600.	.Wire	0.		
		East Asia and the	Classes, Workshops,					
			Conferences, Camps	14,112.	.Wire	0.		
		Europe (Including						
		Iceland & Greenland)	Classes, Workshops, Conferences, Camps	24,740.	Mino	0.		
		Greeniand)	conferences, camps	24,740.	,wire	0.		
		Europe (Including						
			Classes, Workshops,					
		Greenland)	Conferences, Camps	38,628.	.Wire	0.		
		Europe (Including						
		Iceland & Greenland)	Classes, Workshops, Conferences, Camps	12,240.	Wire	0.		
		Greenrand)	conferences, camps	12,240.	WILE	0.		
		Europe (Including						
		Iceland &	Classes, Workshops,					
		Greenland)	Conferences, Camps	56,140.	Wire	0.		
		Middle East and	Classes, Workshops,					
			Conferences, Camps	19,100.	Wire	0.		
			Classes, Workshops,		L.	_		
		North America	Conferences, Camps	70,237.	,Wire	0.		

15

³ Enter total number of other organizations or entities

Part II Continuation	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	1 ago <u>=</u>
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		D						
		Russia and Neighboring	Classes, Workshops,					
			Conferences, Camps	680,435.	Wire	0.		
			,					
			Classes, Workshops,					
		South America	Conferences, Camps	312,052.	Wire	0.		
			Classes, Workshops,					
		I .	Conferences, Camps	21,600.	Wire	0.		
			,	,				
			Classes, Workshops,					
		South America	Conferences, Camps	45,198.	Wire	0.		
			Classes, Workshops,					
			Conferences, Camps	49,318.	Wire	0.		
			Classes, Workshops,	144 500	<u></u>			
		Africa	Conferences, Camps	141,580.	Wire	0.		

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

Schedule F (Form 990) 2023

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Classes, Workshops,	Central America						
Conferences, Camps	and the Caribbean	3	99,779.	Wire	0.		
Classes, Workshops,	East Asia and the						
Conferences, Camps	Pacific	5	117,101.	Wire	0.		
			-				
Classes, Workshops,							
Conferences, Camps	Europe	10	163,732.	Wire	0.		
Classes, Workshops,	Middle East and						
Conferences, Camps	North Africa	5	281,418.	Wire	0.		
Classes, Workshops, Conferences, Camps	North America	1	14,367.	Wire	0.		
			-				
Classes, Workshops,	Russia and						
Conferences, Camps	Neigboring States	5	693,332.	Wire	0.		
Classes, Workshops,							
Conferences, Camps	South America	10	294,263.	Wire	0.		
Classes, Workshops,							
Conferences, Camps	South Asia	3	193,256.	Wire	0.		
Classes, Workshops,	Sub-Saharan						
Conferences, Camps	Africa	8	200,439.	Wire	0.		

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1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	☐ Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2023

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Part I, Line 2:

Each of the Ministry's grant recipients submits grant funding requests through the Ministry's annual funding request process, which includes submission of the annual budget of the grant recipient. The funding request process determines the amount of grant funding the Ministry provides each grant recipient. Funds are granted on a monthly and quarterly basis. The Ministry exclusively grants funds to support activities that further the Ministry's exempt purposes. Specifically, the grant funds are used by grantees to facilitate Bible study leader training, translation of Bible study materials, as well as conferences and events. Receipts supporting non-compensation-related expenditures are required to be submitted to the Ministry's international headquarters. Additionally, for organizational grantees, quarterly and annual financial statements are required to be submitted to the Ministry. All new grant recipients receiving funding are vetted through the Office of Foreign Asset Control (OFAC) of the United States Treasury service. All grant recipients are reviewed and renewed on an annual basis. Ministry conducts various trips to visit grant recipients throughout the year to assist with development of grantee organization operations, observe ministry activities, and to oversee the use of grant funds.

Part I, line 3:

The expenditures reported in Part I, Line 3, column (f) are reported using the accrual method of accounting.

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

Employer identification number Name of the organization Precept 62-0841438 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. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants ☐ Phone solicitations ☐ Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events 2023 Fall 2022 Fall (add col. (a) through Presidents WPresidents W 1 col. (c)) (event type) (event type) (total number) Revenue 909,346. 379,456. 73,115. 1,361,917. 1 Gross receipts 909,346 73,115. 379,456. 1,361,917. 2 Less: Contributions 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 119,695. 119,695. 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 36,287. 36,287. 155,982. 10 Direct expense summary. Add lines 4 through 9 in column (d) -155,982. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? No **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? _____ Yes ____ No **b** If "Yes," explain:

Sch	nedule G (Form 990) 2023	Precept		62-08	341	438	Page 3
		ming activities with nonmen	nbers?			Yes	☐ No
12			or a member of a partnership or other entity formed			Yes	□ No
13	Indicate the percentage of gaming						
					13a		%
					13b		%
			organization's gaming/special events books and rec				
	Name						
	Address						
15	a Does the organization have a con	tract with a third party from	whom the organization receives gaming revenue? $_{\dots}$	[Yes	☐ No
ı	If "Yes," enter the amount of gam	ing revenue received by the	organization \$ and the a	mount			
	of gaming revenue retained by the	third party \$					
•	If "Yes," enter name and address	of the third party:					
	Name						
	Address						
16	Gaming manager information:						
	Name						
	Gaming manager compensation	\$					
	Description of services provided						
	Director/officer	Employee	Independent contractor				
17	Mandatory distributions:						
	•	state law to make charitable	e distributions from the gaming proceeds to				
	retain the state gaming license?					Yes	☐ No
ı	Enter the amount of distributions	required under state law to b	be distributed to other exempt organizations or sper	nt in the			
	organization's own exempt activit						
Pč		· · · · · · · · · · · · · · · · · · ·	nations required by Part I, line 2b, columns (iii) and (y additional information. See instructions.	v); and Part	III, III	nes 9,	9b, 10b,

Schedule G	(Form 990)	Precept		62-0841438	Page 4
Part IV	(Form 990) Supplemental Infor	mation (continued)			

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

62-0841438

Department of the Treasury Internal Revenue Service Name of the organization

Precept

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

Open to Public Inspection Employer identification number

OMB No. 1545-0047

Questions Regarding Compensation Part I No Yes 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Health or social club dues or initiation fees Tax indemnification and gross-up payments Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain _____ 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee X Compensation survey or study Independent compensation consultant X Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: X a Receive a severance payment or change-of-control payment? X b Participate in or receive payment from a supplemental nonqualified retirement plan? 4b X c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990. Part VII. Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: Х a The organization? 5a $\overline{\mathbf{x}}$ **b** Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: Х a The organization? 6a X **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III Х

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

Regulations section 53.4958-6(c)?

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

Schedule J (Form 990) 2023

Schedule J (Form 990) 2023 Precept 62-0841438 Page 2

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

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

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

(A) Name and Title		(B) Breakdown of W	J-2 and/or 1099-MISo compensation	C and/or 1099-NEC	(C) Retirement and other deferred (D) Nontaxable benefits		(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) David Arthur (i)		211,359.	0.	0.	10,865.	25,875.	248,099.	0.	
CEO; President	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) Ken Bowers	(i)	193,382.	0.	0.	7,713.	29,543.	230,638.	0.	
Executive Director	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) Mark Adams	(i)	168,176.	0.	0.	8,416.	38,572.	215,164.	0.	
Chief Technology Officer	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) Kay Arthur	(i)	151,969.	0.	0.	7,639.	303.	159,911.	0.	
Cofounder & Board Member	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(ii)								
	(i)								
	(ii)						1		

Schedule J (Form 990) 2023	Precept	62-0841438	Page 3
Part III Supplemental Inform	ition		
Provide the information, explana	ion, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a	i, 6b, 7, and 8, and for Part II. Also complete this part for any additional informa	tion.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Employer identification number 62-0841438 Precept

Pai	t I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de		•	
		applicable		Form 990, Part VIII, line 1g	noncash contribu	tion ai	mount	S
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	24	457,858.	Fair Market	Va	1ue	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz						21	
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	jement 29			21	
							Yes	No
30a	During the year, did the organization receive by							
	must hold for at least 3 years from the date of t		•	•				v
	exempt purposes for the entire holding period?	'				30a		X
	If "Yes," describe the arrangement in Part II.		andra de const	af and managed and a suit 9	tion of	0.4	v	
31 20-	Does the organization have a gift acceptance p	-	•	•	itions?	31	Х	
32a	Does the organization hire or use third parties of		_	· ·		00-		У
L	contributions?					32a		X
	If "Yes," describe in Part II.	aluman (a) fo	r a tuna of pro	u far which column (a) is she	alrad			
33	If the organization didn't report an amount in codescribe in Part II.	oluffifi (C) 10	i a type of propert	y for writeri column (a) is che	ckeu,			
	CESCULE III EALL II							

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

Schedule M (Form 990) 2023

SCHEDULE O (Form 990)

Department of the Treasury

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 Open to Public

Inspection

Internal Revenue Service Name of the organization

Precept

Employer identification number 62-0841438

The Ministry is appropriately classified as a church described in Internal Revenue Code Section 170(b)(1)(A)(i) and is therefore exempt from the Form 990 filing requirement. However, the Ministry's

leadership has decided to voluntarily file the Form 990 with the

Internal Revenue Service.

Voluntary Filing of Form 990:

Form 990, Part III, Line 4a, Program Service Accomplishments: global congregants annually. The Ministry also conducts various workshops and conferences, training hundreds of individuals to conduct Bible studies and Bible study conferences. Finally, the Ministry supports indigenous missionaries and Bible study groups in foreign The Ministry estimates that these missionary activities countries. have reached over 190 countries with Bible study materials translated into over 90 languages.

Form 990, Part VI, Section A, line 2:

David Arthur and Kay Arthur have a family relationship.

Form 990, Part VI, Section A, line 4:

During the year ended December 31, 2023, the Ministry amended its bylaws to reflect its updated name, which changed from Precept Ministries of Reach Out Inc. to Precept and was reported to the IRS in a prior year.

Form 990, Part VI, Section B, line 11b:

The Ministry's top management official and top financial official each

Schedule O (Form 990) 2023 Page **2**

Name of the organization

Precept

Employer identification number 62-0841438

review the Form 990 prior to its filing with the IRS. A copy of the final Form 990 is also provided to the voting members of the Ministry's governing body prior to its filing with the IRS.

Form 990, Part VI, Section B, Line 12c:

The Ministry's conflict of interest policy is distributed to each member of the Ministry's governing body, its officers and its key employees on an annual basis. Each such individual provides an annual disclosure statement indicating that they have received, read, understood and agreed to comply with the policy, certifying that: (1) they have no relationships or interests that present a conflict of interest, (2) they have one or more conflicts of interest that have been fully disclosed as required by the policy and have been properly administered in conformity with the policy, or (3) they have previously undisclosed conflicts of interest and disclosing the details of such conflicts. Any disclosure statements with previously undisclosed conflicts of interest are forwarded to appropriate Ministry officials to take appropriate actions as required by the policy.

Form 990, Part VI, Section B, Line 15:

The Ministry's Compensation and Personnel Committee annually reviews and approves the compensation levels of the officers, directors, and key employees of the Ministry. The Ministry's Compensation and Personnel Committee is comprised of members of the Ministry's Board of Directors that do not have a conflict of interest with respect to the individuals whose compensation is reviewed and approved. The committee utilizes comparability data in its deliberations and the deliberations and decisions of the committee are contemporaneously substantiated.

Name of the organization Precept	Employer identification number 62-0841438
Form 990, Part VI, Section C, Line 19:	
The Ministry provides, upon request, copies of its Ar	ticles of
Incorporation, bylaws, conflict of interest policy, a	nd its financial
statements.	
Form 990, Part IX, Line 11g, Other Fees:	
Other Miscellaneous Fees:	
Program service expenses	10,405.
Management and general expenses	250,470.
Fundraising expenses	2,504.
Total expenses	263,379.
Outside Marketing Services:	
Program service expenses	683,199.
Management and general expenses	0.
Fundraising expenses	393.
Total expenses	683,592.
Other Outside Services:	
Program service expenses	412,286.
Management and general expenses	202,971.
Fundraising expenses	19,029.
Total expenses	634,286.
Other Consulting Fees:	
Program service expenses	618,397.
Management and general expenses	39,472.
Fundraising expenses	0.
332212 11-14-23	Schedule O (Form 990) 2023

Page 2

Schedule O (Form 990) 2023 Page 2 Name of the organization **Employer identification number** 62-0841438 Precept Total expenses 657,869. Total Other Fees on Form 990, Part IX, line 11g, Col A 2,239,126. Form 990, Part XII, Line 2c: The Ministry's Board of Directors, or a committee thereof, assumes responsibility for the oversight of the audit of its financial statements and the selection of an independent accountant. This process has not changed from the prior year.