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Department of the

Treasury

DLN: 93493031010217

OMB No 1545-0047

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 ▶ Information about Form 990 and its instructions is at <u>www IRS gov/foim990</u>

Intern	al Revenu	ie Servic	ce					inspection
A F	or the 2	015 ca	lendar year, or tax year beginnin	g 07-01-2015 , and ending 06-30-2	016			
_	eck if app		C Name of organization Walk Thru The Bible Ministries Inc			D Empl	oyer ide	entification number
_	ddress cha	-				93-0	66985	i7
_	lame chan nitial returi	-	Doing business as					
F			Number and street (or P.O. hoy if ma	ail is not delivered to street address) Room/	/cuita	E Teleph	none nun	nber
_	/terminati nended re		5550 Triangle Pkwy No 250	in is not delivered to street address) Room,	suite	(678) 578-	5531
	plication p		City or town, state or province, coun	try, and ZIP or foreign postal code				
			Peachtree Corners, GA 30092			G Gross	receipts	\$ 4,025,858
			F Name and address of princip	al officer	H(a)	s this a grou	p returi	n for
			Philip S Tuttle 5550 Triangle Pkwy No 250		9	subordinates? No	•	☐ Yes 🗸
			Peachtree Corners, GA 30092		— _{н(ь)} /	Are all subord	linates	□Yes □ No
I 18	ix-exemp	t status	✓ 501(c)(3)	nsert no) 4947(a)(1) or 527		ncluded? If "No " attac	h a liet	(see instructions)
J W	ebsite:	► www	w walkthru org			Group exemp		,
K For	m of orga	nızatıon	✓ Corporation	ion Other ▶		of formation 1		State of legal domicile Ol
		_						
Pa	I Brie		mary scribe the organization's mission	or most significant activities				
			the Bible exists to ignite passion					
Ce	-							
nan								
Governance	2 Ch	neck th	is box $\blacktriangleright $ if the organization dis	scontinued its operations or dispose	d of more tl	han 25% of ıt	s net a	issets
	l		6				1 -	1
Activities &			-	ng body (Part VI, line 1a) fthe governing body (Part VI, line 1			4	10
Мtle			mber of individuals employed in c		5	22		
cti			·	cessary)			6	8
Q.	7a To	tal unr	related business revenue from Pa	rt VIII, column (C), line 12			7a	0
	ь Net	unrela	ated business taxable income froi	m Form 990-T, line 34			7b	(
						Prior Year		Current Year
Q,			- · · · · · · · · · · · · · · · · · · ·	ne 1h)		3,260	-	2,732,348
Ravenue		_	am service revenue (Part VIII, lii	•		,213	213,696	
Rev			tment income (Part VIII, column revenue (Part VIII, column (A),	•		,760 ,440	5,289	
				(must equal Part VIII, column (A), l	ıne			3,180,448
		12)				4,240	,3 / 9	3,160,446
			. ,	IX, column (A), lines 1-3)	•	996	,883	1,451,750
			its paid to or for members (Part I)	x, column (A), line 4)	<u>.</u>		0	
3	15	5-10)		` <u> </u>	1,427,754		1,387,263	
Expenses	16a	Profes	ssional fundraising fees (Part IX,	85	,947	60,807		
2	b	Total fu	ındraısıng expenses (Part IX, column (D)	, line 25) ▶ <mark>639,023</mark>			\rightarrow	
				ines 11a-11d, 11f-24e)		1,673		1,255,190
	18 19			t equal Part IX, column (A), line 25		4,183	,989	4,155,010
× 20	15	Reven	de less expelises Subtract file .					·
anc.					Beginn	ing of Current	Year	End of Year
Net Assets or Fund Balances			assets (Part X, line 16)			2,017		1,035,435
E P			liabilities (Part X, line 26)		•		,556	181,567
	22		ssets or fund balances Subtract lature Block	ine 21 from line 20	•	1,828	,430	853,868
				mined this return, including accomp	anyıng sch	edules and st	atemer	nts, and to the best of
•	_		belief, it is true, correct, and com nowledge	plete Declaration of preparer (other	than office	r) is based or	ı allınf	ormation of which
——	1.	ully Ki						
		**** Signa	ature of officer			2017-01-31 Date		
Sig:		_				Date		
	-		Baxley Vice President for Finance or print name and title					
			Print/Type preparer's name	Preparer's signature	Date	Check I if	PTIN	22604
Pai	d	<u> </u>	Edward M Priem II	Edward M Priem II		self-employed		
	parer		Firm's name Capin Crouse LLP Firm's address 1255 Lakes Parkway ST	F 130		Firm's EIN ►		
Use	Only	, [mm 3 addiess & 1200 Lakes raikway Si	L 150		Phone no (31	/) 885-2	1020

Lawrenceville, GA 30043

2.724.800

Total program service expenses ▶

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 👺	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? *	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III "	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 뉯	10		No
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			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
	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		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11 c		No
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	11 d		No
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11 e	Yes	
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2	12a	Yes	
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
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	Yes	
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	Yes	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17	Yes	
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		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form	990 (2015)			Page 4
Par	t IV Checklist of Required Schedules (continued)			
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		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		No
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	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24 c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.			
	Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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, Pait I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . 🛸 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

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

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

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

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

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

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

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

29

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28a

28b

28c

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Yes

Form 990 (2015)

Yes

Yes

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Nο

Νo

Νo

Νo

Nο

Nο

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Νo

Νo

Part V	Statements	Regarding	Other	IRS Filin	as and	Tax	Complianc
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Pai	t V	Statements Regarding Other IRS Filings and Tax Complianc Check if Schedule O contains a response or note to any line in this		V			_
		check if Schedule o contains a response of note to any line in this	rait	<u>v</u>		Yes	No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	38		. 03	- 110
		the number of Forms W-2G included in line 1a Enter -0 - if not applicable	1b	0			
		ا ie organization comply with backup withholding rules for reportable payments to	o vend	fors and reportable			
·		g (gambling) winnings to prize winners?		· · · · · ·	1 c	Yes	
2a	Enter	the number of employees reported on Form W-3, Transmittal of Wage and					
		tatements, filed for the calendar year ending with or within the year covered	30	22			
L	•	s return	2a		2b	Yes	
U		If the sum of lines 1a and 2a is greater than 250, you may be required to e-file				103	
3a	Did th	e organization have unrelated business gross income of \$1,000 or more during	g the y	/ear [?]	3a		No
b	If "Ye	s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanati</i>	on in S	Schedule O	3b		
4a	Atany	y time during the calendar year, did the organization have an interest in, or a si	gnatu	re or other authority			
		a financial account in a foreign country (such as a bank account, securities ac	count,	or other financial	4a		N.o.
L		int)?					No
b		s," enter the name of the foreign country ▶	l and	Financial Assounts			
	(FBAF		Kanu	Financial Accounts			
5a	Was t	· he organization a party to a prohibited tax shelter transaction at any time durir	na the	tax year?	5a		No
		ny taxable party notify the organization that it was or is a party to a prohibited in			5b		No
		s," to line 5a or 5b, did the organization file Form 8886-T?			30		
•	11 10	3, to line 3d of 3b, and the organization me form 6000 ft	• •		5c		
6a		the organization have annual gross receipts that are normally greater than \$10			6a		No
	_	ization solicit any contributions that were not tax deductible as charitable cont s," did the organization include with every solicitation an express statement th					
U		not tax deductible?		· · · ·	6 b		
7	Organ	izations that may receive deductible contributions under section 170(c).					
а		e organization receive a payment in excess of \$75 made partly as a contributi		d partly for goods and	7a		No
b		es provided to the payor?		· · · ·	7b		
		re organization sell, exchange, or otherwise dispose of tangible personal proper					
	file Fo	rm 82827	٠ .		7 c		No
d	If"Ye	s," indicate the number of Forms 8282 filed during the year	7d				
e	Dıd th	e organization receive any funds, directly or indirectly, to pay premiums on a p	erson	al benefit contract?			
	D. J. E.				7e		No
		ie organization, during the year, pay premiums, directly or indirectly, on a perso			7f		No
g	requir	organization received a contribution of qualified intellectual property, did the o	rganiz	ation life Form 8899 as	7g		
h	Ifthe	organization received a contribution of cars, boats, airplanes, or other vehicles	s, did i	the organization file a			
		1098-C?	•		7h		
8	-	oring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess bu	sines	s holdings at any time			
		the year?			8		
9a	Did th	ie sponsoring organization make any taxable distributions under section 4966	· .		9a		
b	Did th	e sponsoring organization make a distribution to a donor, donor advisor, or rela	ated p	erson [?]	9b		
10	Section	on 501(c)(7) organizations. Enter					
а	Initiat	tion fees and capital contributions included on Part VIII, line 12	10a				
b		receipts, included on Form 990, Part VIII, line 12, for public use of club	10b				
	facilit	nes on 501(c)(12) organizations. Enter			I		l
		Income from members or shareholders	11a				
		Income from other sources (Do not net amounts due or paid to other sources					
_		st amounts due or received from them)..........	11b				
12a	Section	on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990) in lie	u of Form 1041?	12a		
		s," enter the amount of tax-exempt interest received or accrued during the					
	year		12b				
13	Section	on 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the	organization licensed to issue qualified health plans in more than one state? N	lote. S	ee the instructions for			
_		onal information the organization must report on Schedule O			13 a		
b		the amount of reserves the organization is required to maintain by the states chithe organization is licensed to issue qualified health plans	13b				
c		the amount of reserves on hand	13c				
14a	Did th	ا ie organization receive any payments for indoor tanning services during the tax		·	14a		No
		s," has it filed a Form 720 to report these payments? <i>If "No," provide an explana</i>	•		14b		

orm 990 (:	2015)	P
Part VI	Governance, Management, and Disclosure	
	For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b describe the circumstances, processes, or changes in Schedule O. See instructions.	below,
	Check if Schedule O contains a response or note to any line in this Part VI	
Cootion	A. Carramina Badri and Managament	

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 10			
	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 in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8 b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
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		
l1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
L2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12 a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12 c	Yes	
L3	Did the organization have a written whistleblower policy?	13	Yes	
L4	Did the organization have a written document retention and destruction policy?	14	Yes	
L5	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
L6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
	List the States with which a copy of this Form 990 is required to be filed AR, CA, CT, FL, KS, KY, MA, MD, NN, PA, RI, SC, TN, VA, WI, WV, A			
ıΩ	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable) 990 and 990-T (501(c)		· ·	

- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
- \checkmark O wn website \checkmark A nother's website \checkmark Upon request \checkmark O ther (explain in Schedule O) Describe in 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 Allen Baxley 5550 Triangle Pkwy Suite 250 Peachtree Corners, GA 30092 (678) 578-5531

Part VII

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

President & CEO (2) Dr John Isch Board Chairman (3) Paul Johnson Treasurer & Chairman Emen (4) Edwin Bryant Secretary	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key em	Highe	Former	(W- 2/1099- MISC)	(W- 2/1099-	
President & CEO (2) Dr John Isch Board Chairman (3) Paul Johnson Treasurer & Chairman Emeri (4) Edwin Bryant Secretary			"		employee	Highest compensated employee	ner	·	MISC)	from the organization and related organizations
President & CEO (2) Dr John Isch Board Chairman (3) Paul Johnson Treasurer & Chairman Emen (4) Edwin Bryant Secretary										
Board Chairman (3) Paul Johnson Treasurer & Chairman Emen (4) Edwin Bryant Secretary		×		X				186,346	0	9,589
Treasurer & Chairman Emeri (4) Edwin Bryant Secretary	1 00	×		х				0	0	0
Secretary	1 00	×		х				0	0	0
	1 50	×		х				0	0	0
(5) Thomas Steipp Vice Chairman	1 00	×		х				0	0	0
(6) John Van Diest Director	1 00	×						0	0	0
(7) Dr Mark Bailey Director	1 00	×						0	0	0
(8) Lisa Geeting Director	1 00	×						0	0	0
(9) Dr Carter Harsh Director	1 00	×						0	0	0
(10) Andre Kennebrew Director	1 00	×						0	0	0
(11) Allen Baxley Chief Financial Officer	40 00			х				84,296	0	6,033
										1

Part VII	Section A. Officers	. Directors, T	Trustees. Kev	/ Employees	and Highest Com	pensated Employe	es (continued)

	(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the
		for related organizations below dotted line)	individual trustee or director	Institutional Trustue	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)		organization and related organizations
1b	Sub-Total						. •			<u> </u>	1
c d	Total from continuation shee Total (add lines 1b and 1c)	•	ection A	١.	•	٠.	. 🏲		270,642	0	15,622
2	Total number of individuals (i		limited	to the	ose I	liste	d abov	e) wl	ho received more th	ıan	·

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1

3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule I for such person			No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
Publisher's Press	Printing	238,734
PO Box 37500 Louisville, KY 40233		
RR Donnelley	Warehouse/sales fullfillment	158,787
825 Riverside Parkway Austell, GA 30168		
Simpson Nonprofit	Accounting Staffing and services	145,755
5200 Dallas Highway Powder Springs, GA 30127		

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 3

Yes

No

Form 99	90 (20	15)						Page S
Part V	/++1	Statement o	f Revenue					
		Check if Schedu	ule O contains a respon	se or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s &	1a	Federated cam	paigns 1a					
Contributions, Giffs, Grants and Other Similar Amounts	b	Membership du	es 1b					
<u> </u>	c	Fundraising eve	ents 1c					
fts. Ir A	d	Related organiz	zations 1d					
છું ≝ે	e	Government grants	s (contributions) 1e					
Sir	f	All other contribution	ons, gifts, grants, and 1f	2,732,348				
uti her	'	similar amounts no						
	g	Noncash contribution 1a-1f \$	ons included in lines	111,853				
Contand	h	Total. Add lines	s 1a-1f	🗼	2,732,348			
				Business Code				
Ä	2a	Tuition, fees, & tra	ıınıng	900099	206,396	206,396		
Š Š	b	Honorariums		900099	7,300	7,300		
3	C							
Ž.	d							
Ē	e							
Program Service Revenue	f	All other progra	am service revenue					
4	g	Total. Add lines	s 2a-2f		213,696			
	3		ome (including dividend ar amounts)		5,289			5,289
	4		stment of tax-exempt bond p					
	5	Royalties	<u> </u>	🔸 [78,290			78,290
			(ı) Real	(II) Personal				
	6a	Gross rents						
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental inco	me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	111,853					
	ь	Less cost or other basis and	111,853					
		sales expenses	·					
	c d	Gain or (loss)	0					
ənu		Gross income f events (not inc	rom fundraising					
Other Revenue			s reported on line 1c) ne 18 a					
O t			penses b [
	C		(loss) from fundraising e	events >				
		See Part IV, lin	rom gaming activities ne 19 a					
	1		penses b	ution				
			loss) from gamıng actıv)	, ides ▶				
	10a	Gross sales of returns and allo		842,414				
	b c	_	oods sold b (loss) from sales of inve	733,557	108,857	108,857		
		Miscellaneous		Business Code				
	11a	Postage & freig	ht	900099	40,091			40,091
	b							
	l q	All other reven			1,877			1,877
	d e	Total. Add lines	L	▶	·			1,377
	12			-	41,968			
		iotal revenue.	See Instructions	• • • •	3,180,448	322,553	- 1	0 125,547

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)

	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	1,451,750	1,451,750		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	293,789	98,200	126,566	69,023
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	100,997	80,798	20,199	
7	Other salaries and wages	800,167	576,009	66,598	157,560
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				· · ·
9	Other employee benefits	102,552	69,836	12,156	20,560
10	Payroll taxes				
		89,758	57,060	15,601	17,097
11	Fees for services (non-employees)				
a	Management				
b	Legal	13,853		13,853	
с	Accounting	163,012		163,012	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17	60,807			60,807
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	320,231	205,933	38,906	75,392
12	Advertising and promotion	7,546	3,415	2,838	1,293
13	Office expenses	22,771	5,317	3,045	14,409
14	Information technology	29,437	2,296	18,836	8,305
15	Royalties	585	585		
16	Occupancy	223,349	11,902	185,274	26,173
17 18	Travel	175,994	82,069	33,616	60,309
	state, or local public officials				
19	Conferences, conventions, and meetings	125,940	14,744	6,013	105,183
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	34,246	15,410	13,702	5,134
23	Insurance	45,213	28,743	7,858	8,612
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	Building supplies	32,334	766	31,410	158
b	Meals & entertainment	24,279	14,021	4,605	5,653
c	Repairs & maintenance	13,157	977	11,884	296
d	Bad debt expense	633	633		
e	All other expenses	22,610	4,336	15,215	3,059
25	Total functional expenses. Add lines 1 through 24e	4,155,010	2,724,800	791,187	639,023
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)				

		2015)					Page 11
Pai	t X	Balance Sheet Check if Schedule O contains a response or note to any line	ın thic	Dart V			_
		Check if Schedule O Contains a response of flote to any fine	illi tills	rait	(A)		(B)
					Beginning of year		End of year
	1	Cash-non-interest-bearing			1,572,922	1	458,956
	2	Savings and temporary cash investments			146,648	2	351,733
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			26,324	4	18,181
	5	Loans and other receivables from current and former office key employees, and highest compensated employees Con Schedule L	nplete			_	
Assets	6	Loans and other receivables from other disqualified person section 4958(f)(1)), persons described in section 4958(c) contributing employers and sponsoring organizations of sevoluntary employees' beneficiary organizations (see instruII of Schedule L)(3)(B) ection 5	, and 501(c)(9)		5	
SS (_					6	
A	7	Notes and loans receivable, net			100.010	7	400.000
	8	Inventories for sale or use			163,049	8	132,888
	9	Prepaid expenses and deferred charges			60,451	9	42,024
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	146,361	4		
	b	Less accumulated depreciation	10b	119,889	19,697	10 c	26,472
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV , line 11 \cdot .				12	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangıble assets				14	
	15	Other assets See Part IV, line 11			28,895	15	5,181
	16	Total assets.Add lines 1 through 15 (must equal line 34)			2,017,986	16	1,035,435
	17	Accounts payable and accrued expenses			90,629	17	92,032
	18	Grants payable				18	
	19	Deferred revenue			78,894	19	71,916
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of	Sched	ule D		21	
ities	22	Loans and other payables to current and former officers, di key employees, highest compensated employees, and disc					
		persons Complete Part II of Schedule L				22	
Liabi	23	Secured mortgages and notes payable to unrelated third pa	arties			23	
	24	Unsecured notes and loans payable to unrelated third part	ies .			24	
	25	Other liabilities (including federal income tax, payables to and other liabilities not included on lines 17-24) Complete Part X of Schedule D	relate	d third parties,			
					20,033	25	17,619
	26	Total liabilities. Add lines 17 through 25			189,556	26	181,567
ces		Organizations that follow SFAS 117 (ASC 958), check here lines 27 through 29, and lines 33 and 34.	• ▶ ↓	and complete			
Balances	27	Unrestricted net assets			296,160	27	-111,154
ĕ	28	Temporarily restricted net assets			1,532,270	28	965,022

30

31

32

33

34

853,868

1,035,435

Form 990 (2015)

1,828,430

2,017,986

Net Assets or Fund

29

30

31

32 33

34

Permanently restricted net assets .

Total net assets or fund balances . .

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances .

complete lines 30 through 34.

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

If the organization changed its method of accounting from a prior year or checked "Other," explain in

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Consolidated basis

Cash ✓ Accrual COther

Both consolidated and separate basis

Both consolidated and separate basis

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

Yes

Yes

Yes

2a

2b

2c

3a

3b

No

Νo

Nο

Form 990 (2015)

Additional Data

Software ID:

Software Version:

EIN: 93-0669857

Name: Walk Thru The Bible Ministries Inc

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ 148,573 including grants of \$) (Revenue \$ 30,109)

Publications Walk Thru the Bible publishes a variety of materials to help people grow in their relationship with God and their knowledge of the Scriptures including, but not limited to, devotional magazines (Daily Walk, Closer Walk, Youth Walk, Tapestry, and Indeed), books, and other resources

Employer identification number

93-0669857

SCHEDULE A (Form 990 or

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 Inspection

OMB No 1545-004

Department of the Treasury Internal Revenue Service Name of the organization

Walk Thru The Bible Ministries Inc

(i)

Total

990EZ)

Part I

1

2

3

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% 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 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g 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 II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (ii)EIN (iii) (iv) (v) (vi) Name of supported organization Type of Is the organization A mount of A mount of other listed in your governing organization monetary support support (see (described on lines document? (see instructions) instructions) 1-9 above (see instructions)) Yes No Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2015 Page 2 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.)

S	ection A. Public Support							
(00	Calendar year fiscal year beginning in)	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015		(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	2,142,229	2,564,272	3,253,196	3,260,966	2,732	2,348	13,953,011
2	Tax revenues levied for the organization's benefit and either							
3	paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3	2,142,229	2,564,272	3,253,196	3,260,966	2,732	2,348	13,953,011
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included							529,596
	on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4							13,423,415
S	ection B. Total Support							
	Calendar year	(a) 2011	(b) 2012	(c)2013	(d) 2014	(e) 2015		(f)Total
(or 7	fiscal year beginning in) A mounts from line 4	2,142,229	2,564,272	3,253,196	3,260,966	2,732	2,348	13,953,011
8	Gross income from interest,	, ,	, ,		, ,	,		, ,
	dividends, payments received on securities loans, rents, royalties and income from similar sources	211,909	162,356	102,300	116,873	83	3,579	677,017
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	108,877	161,295	76,702	51,744	4:	1,968	440,586
11	Total support. Add lines 7 through 10							15,070,614
12	Gross receipts from related activity		•			12		8,757,956
13	First five years.If the Form 990 is				•			organization,
_	check this box and stop here		<u> </u>			<u></u>		
14	ection C. Computation of Pu Public support percentage for 201			11		1		
		•		11, column (I))		14		89 070 %
15	Public support percentage for 201	·	•		4.4 22	15		88 200 %
16a	33 1/3% support test—2015.If the	-			ne 14 is 33 1/3%	or more, cn	eck th	IS DOX ► ✓
b	and stop here. The organization qu 33 1/3% support test—2014. If the	e organization did	not check a box o	n lıne 13 or 16a,	and line 15 is 33	1/3% or mo	re, che	eck this
17a	box and stop here. The organization 10%-facts-and-circumstances tes is 10% or more, and if the organization Part VI how the organization me	t— 2015. If the orga ation meets the fa	anızatıon dıd not c acts-and-cırcumst	heck a box on line ances test, checl	k this box and st	op here. Exp	laın	▶ [
b	organization 10%-facts-and-circumstances tes 15 is 10% or more, and if the organiz Explain in Part VI how the organiz	anızatıon meets th	e "facts-and-circ	umstances" test,	check this box a	nd stop here).	▶
18	supported organization Private foundation. If the organizationstructions	tion did not check	a box on line 13,	16a, 16b, 17a, o	r 17b, check this	box and see	3	►□

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

(Complete only if you checked the box on line 9 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						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) ⊤otal
•	iscal year beginning in) ▶	(-)	(-)	(0)_00	(-)	(-)	(1)
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions,						
_	merchandise sold or services						
	performed, or facilities furnished						
	in any activity that is related to						
	the organization's tax-exempt						
_	purpose						
3	Gross receipts from activities that are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
-	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit						
	to the organization without charge Total. Add lines 1 through 5						
6	Amounts included on lines 1, 2,						
/a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and						
	3 received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of						
_	the amount on line 13 for the year Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
٥	from line 6)						
Se	ction B. Total Support		•	•	•		•
	Calendar year						757
(or f	iscal year beginning in) ▶	(a)2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
0a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
b	and income from similar sources Unrelated business taxable						
U	income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
C	Add lines 10a and 10b						
L1	Net income from unrelated						
	business activities not included						
	in 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 assets (Explain in Part						
	VI)						
L3	Total support. (Add lines 9, 10c, 11, and 12)						
L4	First five years.If the Form 990 is	cor the organizati	n's first, second	, third, fourth, or	I fifth tax vear as a	section 501(c)(3) organization
	check this box and stop here		,	,,,	,		▶ □
Se	ction C. Computation of Pub	lic Support P	ercentage				-
15	Public support percentage for 2015			13 column (f))		45	
		•		15, column (1))		15	
L6	Public support percentage from 20		<u> </u>			16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ge			
L7	Investment income percentage for	2015 (line 10c, c	olumn (f) dıvıded	by line 13, colun	nn (f))	17	
18	Investment income percentage from	n 2014 Schedule	A, Part III, line	17		18	
L9a	33 1/3% support tests—2015.If the				l line 15 is more t		nd line 17 is not
-	more than 33 1/3%, check this box	=					▶ □
b	33 1/3% support tests—2014.If the					-	•
_	18 is not more than 33 1/3%, check	-					
20	Private foundation If the organizat						

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and Complete Part V, D

	I, complete Sections A and D, and complete Part V)			
Se	ction A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section	2		
3a	509(a)(1) or (2) Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
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	3 c		
4 a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?	4b		
_	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 Did the organization support any foreign supported organization that does not have an IRS determination under	15		
C	organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8		
9 a	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 .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) 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 .	9 c		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10 a		
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)	10 b		
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
_	A 3.5% controlled entity of a person described in (a) or (b) above 2.16 "Vee" to a bioric provide detail in Part VI	116		1

each of the supported organizations? Provide details in Part VI

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

Par	t IV Supporting Organizations (continued)			
Se	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		
Se	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Se	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
	estion F. Tune III Functionally Internated Companies Operations			
	ection E. Type III Functionally-Integrated Supporting Organizations			
1 a b c	The organization is the parent of each of its supported organizations. Complete line 3 below			
2	Activities Test Answer (a) and (b) below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of			

3a

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			ructions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
	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		
,	Other expenses (see instructions)	7		
	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)	1		
а	A verage monthly value of securities	1a		
b	A verage monthly cash balances	1b 1c		
C	Fair market value of other non-exempt-use assets	1d		
d	Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors	Id		
e	(explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
;	Distributable A mount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting (organization (see

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (co	ontinuea)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furthe excess of income from activity	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	quired)		
6 Other distributions (describe in Part VI) See instru	ictions		
·	20010115		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		T	I
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
<u>c</u>			
d From 2013			
e From 2014			
f Total of lines 3a through e g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013			
d From 2014			
e From 2015			
			(F 000 000 F7) /2 0 1 F

SCHEDULE D

(Form 990)

Department of the

Internal Revenue Service Name of the organization

Treasury

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

DLN: 93493031010217

Inspection

Na ∦a	me of the organization lk Thru The Bible Ministries Inc			Empl	oyer identification number
					669857
Pa	Organizations Maintaining Donor Complete if the organization answere			nds d	or Accounts.
	Complete in the organization anomer	(a) Donor advised funds	217 1110 01	(b)	Funds and other accounts
	Total number at end of year				
	Aggregate value of contributions to (during year)				
	Aggregate value of grants from (during year)				
	Aggregate value at end of year				
	Did the organization inform all donors and donor a funds are the organization's property, subject to be			radvis	ed Yes No
	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the conferring impermissible private benefit?				purpose Yes No
'a	rt II Conservation Easements. Comple	ete if the organization answ	ered "Yes" on	Form	n 990, Part IV, line 7.
	Purpose(s) of conservation easements held by th	e organızatıon (check all that a	pply)		
	$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $		servation of an l	histor	cally important land area
	Protection of natural habitat	Pre	servation of a c	ertifie	d historic structure
	Preservation of open space				
	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conservation co	ontribution in the	e form	of a conservation
			-		Held at the End of the Year
a	Total number of conservation easements		-	2a	
b	Total acreage restricted by conservation easeme			2b	
C	Number of conservation easements on a certified		` ' ⊢	2 c	
d	Number of conservation easements included in (o historic structure listed in the National Register		L	2d	
	Number of conservation easements modified, train	nsferred, released, extinguished	d, or terminated	by the	e organization during the
	tax year ▶				
	Number of states where property subject to cons	ervation easement is located 🕨	·	_	
	Does the organization have a written policy regar violations, and enforcement of the conservation e		spection, handli	ng of	┌ Yes
	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of violation	ns, and enforcing	g cons	ervation easements during the
	-				
1	A mount of expenses incurred in monitoring, inspe	ecting, handling of violations, ai	nd enforcing con	iserva	tion easements during the year
	▶ \$				
	Does each conservation easement reported on III (B)(I) and section $170(h)(4)(B)(II)^7$	ne 2(d) above satisfy the requir	ements of secti	on 17	0 (h)(4) Yes No
	In Part XIII, describe how the organization repor balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organizal sements	tion's financial s	tatem	ents that describes
a	rt III Organizations Maintaining Collec			r Oth	er Similar Assets.
_	Complete if the organization answere If the organization elected, as permitted under SI			A C+>+	ement and halance cheet
а	Trancorganization elected, as permitted under St	42 TTO (43C 330), HOLEO LED	ore mires revenu	ıc əldl	CHICHE AND DAIGNEE SHEEL

- service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet
- works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public

- (i) Revenue included on Form 990, Part VIII, line 1
- (ii) Assets included in Form 990, Part X
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

▶ \$ __

Par	t III	Organizations Maintaining (continued)	Collections of A	rt, His	storio	al Tr	easures,	or O	ther	Similar A	ssets	5	
3		the organization's acquisition, account items (check all that apply)	ession, and other rec	ords, cl	neck a	n y of th	ne following	that a	ıre a sı	gnıfıcant us	e of its	5	
а		Public exhibition		d		Loan	or exchang	e prog	rams				
b	Γ.	Scholarly research		e	Г	Other							
C		Preservation for future generations											
4	Provi Part)	de a description of the organization's	s collections and exp	olain ho	w they	further	the organi	zation	's exen	npt purpose	ın		
5		g the year, did the organization solions to be sold to raise funds rather the								r Ye s	s [_ No	
Pa	rt IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		Form	990,	Part I\	/, line 9, d	or rep	orted	an amoun	nt on F	-orm	n 990,
1 a		e organization an agent, trustee, cus ded on Form 990, Part X?	todian or other interi	mediary	for co	ntribut	ions or oth	erass	ets not	: ┌─Yes	s 「	_ No	
ь	If'	Yes," explain the arrangement in Pa	art XIII and complete	e the fo	llowing	table				Am	ount		
c		ginning balance	•		_			1c					
d		ditions during the year						1d					
e		tributions during the year						1e					
f		ding balance						1f					
2 a		ne organization include an amount o	n Form 990, Part X, I	ıne 21,	for es	crow or	custodial	accou	nt liabil	ıty? ┌ Ye s	s [- No	
b	If"∀e	es," explain the arrangement in Part	XIII Check here if t	he evnl	anatio	n has h	een nrovid	ed in F	Part XI	11			
Pa	rt V	Endowment Funds. Comple										•	
		'	(a)Current year		nor year		(c)Two years	i		e years back		ur yea	ars back
1a	Begir	nning of year balance											
b	C ont	ributions · · · · · · · ·											
c	Net i losse	nvestment earnings, gains, and es											
d	Gran	ts or scholarships											
е		r expenditures for facilities programs											
f	A dmi	nistrative expenses											
g		of year balance											
2	Provi	de the estimated percentage of the	current year end bala	nce (lir	ne 1 g,	columr	(a)) held a	ıs		<u>_</u>			
а		l designated or quasi-endowment >	,	•	٠.		. ,,						
ь		anent endowment											
С	The p	orarily restricted endowment ► ercentages on lines 2a, 2b, and 2c	·										
3a		nere endowment funds not in the pos ization by	ssession of the organ	ıızatıon	that a	re held	and admin	ıstered	for the	е	Г	'es	No
	-	related organizations								3a	ı(i)		
	(ii) re	lated organizations								3a	(ii)		
b	If"Y∈	s" on 3a(II), are the related organiz	ations listed as requi	red on :	Sched	ule R?				3	3b		
4	Desc	ribe in Part XIII the intended uses o		endowm	ent fu	nds							
Pa	rt VI	Land, Buildings, and Equip		^	.00 B			C F	6	000 B- 1 V			
		Complete if the organization a Description of property	answered Yes to I	orm 9		art IV, a)		<u> 5ее г</u> ь)	orm 9	Accumulated			k value
		beautiful of property		C	Cost or d	ther bas stment)	is Cost or d		sis (c)depreciation		,,,,,,	
1 a	Land			· _					\perp		\perp		
		gs		∟					\perp		\perp		
		nold improvements		· _							\perp		
		nent		· _				146,3	61	119,8	389		26,472
e	Other			1			1		- 1		1		

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

(a) Description of security or categor	ory	(b) Book value	(c)Method of valuation
(including name of security) (1)Financial derivatives			Cost or end-of-year market value
(2)Closely-held equity interests			
(3) 0 ther			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)			
Part VIIII Investments—Program Related. Complete if the organization answer	red 'Yes' on Form 99	Ο Part IV line 11c o	San Faura 000 Paut V Ivan 12
(a) Description of investment	<u>ea res on ronn 55</u>	(b) Book value	(c) Method of valuation
			Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	ation answered 'Ves' on	Form 990 Part IV line	a 11d See Form 990 Part Y line 15
Part IX Other Assets. Complete if the organiza		Form 990, Part IV, line	e 11d See Form 990, Part X, line 15 (b) Book value
Part IX Other Assets. Complete if the organiza	ation answered 'Yes' on	Form 990, Part IV, line	
Part IX Other Assets. Complete if the organiza	ation answered 'Yes' on	Form 990, Part IV, line	
Part IX Other Assets. Complete if the organiza	ation answered 'Yes' on	Form 990, Part IV, line	
Part IX Other Assets. Complete if the organiza	ation answered 'Yes' on	Form 990, Part IV, line	
Part IX Other Assets. Complete if the organiza	ation answered 'Yes' on	Form 990, Part IV, line	
Part IX Other Assets. Complete if the organiza	ation answered 'Yes' on	Form 990, Part IV, line	
Part IX Other Assets. Complete if the organiza	ation answered 'Yes' on	Form 990, Part IV, line	
Part IX Other Assets. Complete if the organiza	ation answered 'Yes' on	Form 990, Part IV, line	
Part IX Other Assets. Complete if the organiza	ation answered 'Yes' on	Form 990, Part IV, line	
Part IX Other Assets. Complete if the organiza	ation answered 'Yes' on	Form 990, Part IV, line	
Part IX Other Assets. Complete if the organiza (a) Decomplete if the organization of	ation answered 'Yes' on scription		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) lim Part X Other Liabilities. Complete if the organization (a) Dec	ation answered 'Yes' on scription		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) lim Part X Other Liabilities. Complete if the o See Form 990, Part X, line 25.	ation answered 'Yes' on scription	d 'Yes' on Form 990,	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) lim Part X Other Liabilities. Complete if the o See Form 990, Part X, line 25. (a) Description of liability	ne 15)	d 'Yes' on Form 990,	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) lim Part X Other Liabilities. Complete if the o See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	ne 15) rganization answere (b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) lim Part X Other Liabilities. Complete if the o See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	ne 15)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) lim Part X Other Liabilities. Complete if the o See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	ne 15) rganization answere (b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) lim Part X Other Liabilities. Complete if the o See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	ne 15) rganization answere (b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) lim Part X Other Liabilities. Complete if the o See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	ne 15) rganization answere (b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) lim Part X Other Liabilities. Complete if the o See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	ne 15) rganization answere (b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) lim Part X Other Liabilities. Complete if the o See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	ne 15) rganization answere (b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) lim Part X Other Liabilities. Complete if the o See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	ne 15) rganization answere (b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) lim Part X Other Liabilities. Complete if the o See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	ne 15) rganization answere (b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Assets. Complete if the organization (a) Description (b) Part X Other Liabilities. Complete if the office of See Form 990, Part X, line 25.	ne 15) rganization answere (b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) lim Part X Other Liabilities. Complete if the o See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	ne 15) rganization answere (b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) lim Part X Other Liabilities. Complete if the o See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	ne 15) rganization answere (b) Book value		(b) Book value

Schedule D (Form 990) 2015

1

2

а

b

c

d

3,914,005

733,557

4,155,010

3	Subtract line 2e from line 1	3	3,180,448
1	A mounts included on Form 990, Part VIII, line 12, but not on line $oldsymbol{1}$		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII).............. 4b		
c	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	3,180,448
Pari	Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s per	Return.
L	Total expenses and losses per audited financial statements	1	4,888,567
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments 2b		
c	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	733,557
3	Subtract line 2e from line 1	3	4,155,010
1	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII) 4b	1	

2a

2b

2c

2d

733,557

2e

4c

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total revenue, gains, and other support per audited financial statements . . .

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

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

by tax authorities for years before 2013

Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional

Explanation

The financial statement effects of a tax position taken or expected to be taken are recognized in the financial statements when it is more likely than not, based on the technical merits, that the position will be sustained upon examination. Interest and penalties, if any, are included in expenses in the statements of activities. As of June 30, 2016, WTB had no uncertain tax positions that qualify for recognition or disclosure in the financial statements. WTB files information tax returns in the U.S. and various states. WTB is generally no longer subject to U.S. federal and state income tax examinations.

A mounts included on line 1 but not on Form 990, Part VIII, line 12

Net unrealized gains (losses) on investments

Donated services and use of facilities . .

Other (Describe in Part XIII)

Add lines 2a through 2d . .

Add lines 4a and 4b .

Return Reference

Supplemental Information

Part XIII

information

Part X, Line 2

Recoveries of prior year grants

Schedule D (Form 990) 2015					
Part XIII Supplemental Information (continued)					
Return Reference	Explanation				
Part XII, Line 2d - Other Adjustments	Cost of goods sold netted on Part VIII, Line 10b 733,557				
	_				

efile GRAPHIC print - DO NO	T PROCESS	As Filed Dat	a -	DLN:	93493031010217
SCHEDULE F (Form 990)	tement of	Activities C	outside the Unit	ed States	OMB No 1545-0047
Densitment of the Tressury		Part IV, line 1 ► Attach to	answered "Yes" to Form 4b, 15, or 16. Form 990.		2015 Open to Public
Internal Revenue Service	ion about Schedu	ile F (Form 990) ar	nd its instructions is at wi	ww.irs.gov/form990.	Inspection
Name of the organization Walk Thru The Bible Ministries Inc					tification number
Part I General Information Complete if the organ				93-0669857 14b.	
For grantmakers. Does the and other assistance, the grantmakers.	organization n	naıntaın records	s to substantiate the a	amount of its grants	
used to award the grants or	assistance?				√ Yes No
2 For grantmakers. Describe assistance outside the Unite		rganızatıon's pr	ocedures for monitori	ng the use of its grai	nts and other
3 Activites per Region (The follo	wing Part I, line	3 table can be du	iplicated if additional spa	ice is needed)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is program service, describe specific type of service(s) in region	a (f) Total expenditures for and investments in region
(1) See Add'l Data		region	region/		
(2)					
(3)					
(4)					
(5)					
3a Sub-total b Total from continuation sheets to Part I	0				1,448,100 67,171
c Totals (add lines 3a and 3b) For Paperwork Reduction Act Notice, see	0			No 50082W Sche	1,515,271 dule F (Form 990) 2015

Part II	Grants and Other Assistance to Organizations or Entities Outside the United States.
Fairtr	diants and other Assistance to organizations of Entitles outside the officed states.

Complete if the organization answered "Yes" to 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.

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount 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)
(1) See Add'l Data								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

12

U

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III Part III can be duplicated if additional space is needed. (a) Type of grant or (b) Region (c) Number of (d) A mount of (e) Manner of cash (f) A mount of (g) Description (h) Method of cash grant of non-cash valuation assistance recipients disbursement non-cash assistance assistance (book, FMV, appraisal, other) (1) Grants to assist with Middle East and North 31,620 Wire transfer 2 Bible teaching and A frica training efforts (2) Grants to assist with South America 84,600 Wire transfer Bible teaching and training efforts (3) Grants to assist with 3,650 Wire transfer North America Bible teaching and training efforts (4) Grants to assist with Europe (Including 9,000 Wire transfer Bible teaching and Iceland & Greenland) training efforts (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18)

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 Instructions for Form 8865)

Yes ▼ No

Old the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form

5713, do not file with Form 990)

Yes **▼** No

this part to provide any additional information (see instructions).

US corporate representatives

(accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete

Page 5

Schedule F (Form 990) 2015

90 Schedule F, Supplemental Information				
Return Reference	Explanation			
Part I, Line 2	Walk Thru the Bible employs a variety of ways in which to monitor the use of grant funds They involve 1 Receipt of quarterly reports from each recipient 2 Regular direct contac			
	t through email, letters, and phone calls 3 Occasional on-site visits in the region from			

990 Schedule F, Supplemental Information Return Reference Explanation

The organization uses GAAP accrual to account for all expenditures

Part I. line 3

Additional Data

Russia and Neighboring

States

Software ID: Software Version:

EIN: 93-0669857

Name: Walk Thru The Bible Ministries Inc.

188,200

Form 990 Schedule F Part I - Activities Outside The United States

0

(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	0	0	Grants to Recipients Located in Region		416,055
Middle East and North Africa	0	0	Grants to Recipients		260,020

Located in Region

Located in Region

Grants to Recipients

(a) Region (b) Number of (c) Number of (d) Activities (e) If activity listed in offices in the employees or conducted in region (by (d) is a program type) (i.e., fundraising, agents in service, describe region specific type of service region program services.

Form 990 Schedule F Part I - Activities Outside The United States

		-	grants to recipients located in the region)	(s) in region	
Central America and the Caribbean	0		Grants to Recipients Located in Region		175,550
Europe (Including Iceland &	0	0	Grants to Recipients		129,425

Located in Region

(f) Total expenditures

for region

105,500

aribbean	0		Located in Region	
urope (Including Iceland & reenland)	0	_	Grants to Recipients Located in Region	

Europe (Including Iceland & Greenland)	0	Grants to Recipients Located in Region	
		l I	l .

Europe (Including Iceland &)	0	U	Grants to Recipients	
Greenland)	_		Located in Region	

ireenland)	Ç	Located in Region	

		0	
reenland)		Located in Region	

South Asia	0	0	Grants to Recipients	

(a) Region (b) Number of (c) Number of (e) If activity listed in (f) Total expenditures (d) Activities offices in the employees or conducted in region (by (d) is a program for region type) (i.e., fundraising, service, describe agents in region specific type of service region program services. grants to recipients (s) in region located in the region) East Asia and the Pacific Grants to Recipients 88,750 Located in Region South America Grants to Recipients 84,600 Located in Region

Grants to Recipients

Located in Region

3,650

Form 990 Schedule F Part I - Activities Outside The United States

North America

(a) Region (b) Number of (c) Number of (e) If activity listed in (f) Total expenditures (d) Activities offices in the employees or conducted in region (by (d) is a program for region type) (i.e., fundraising, service, describe agents in region specific type of service region program services, grants to recipients (s) in region located in the region) South Asia Program Services Travel costs to train 43,696 lmissionaries Middle East and North Program Services Travel costs to train 13.346 A frica lmissionaries

Program Services

Travel costs to train.

lmissionaries

3,598

Form 990 Schedule F Part I - Activities Outside The United States

Sub-Saharan Africa

(a) Region (b) Number of (c) Number of (e) If activity listed in (f) Total expenditures (d) Activities offices in the employees or conducted in region (by (d) is a program for region type) (i.e., fundraising, agents in service, describe region specific type of service region program services, grants to recipients (s) in region located in the region) 1,779

Program Services

Travel costs to train

lmissionaries

1.102

			located in the region)		
East Asia and the Pacific	0	0	Program Services	Travel costs to train	
				missionaries	

Form 990 Schedule F Part I - Activities Outside The United States

Europe (Including Iceland &

Greenland)

(I) Method of (g) A mount of non-(h) Description of (a) Name of (e) A mount of (f) Manner of valuation section (c) Region (d) Purpose of grant non-cash cash and EIN(if cash grant cash disbursement (book, FMV, organization assistance assistance applicable) appraisal, other) Sub-Saharan Africa Bible Teaching and 332.055 Wire Transfer Training

160,350 Wire Transfer

		1				
	Sub-Saharan Africa	Bible Teaching and	84,000	Wire Transfer		
		Training				
				6		i

Bible Teaching and

Training

Form 990 Schedule F Part II - Grants or Entities Outside The United States

Central America and

the Caribbean

(b) IRS code

		Training	·			
	South Asia	Bible Teaching and	105,500	Wire Transfer		
		Training				

(i) Method of (a) A mount of non-(h) Description of (a) Name of (e) A mount of (f) Manner of valuation section (c) Region (d) Purpose of grant non-cash cash and EIN(ıf cash grant cash disbursement (book, FMV, organization assistance assistance applicable) appraisal, other) Central America and Bible Teaching and 15.200 Wire Transfer the Caribbean Training

14,050 Wire Transfer

	che cambbean	rranning				
	Russia and Neighboring States	Bible Teaching and Training	188,200	Wire Transfer		
	East Asia and the	Bible Teaching and	74,700	Wire Transfer		

Bible Teaching and

lT rainina

IEast Asia and the Bible Teaching and Pacific Training

Pacific

East Asia and the

(b) IRS code

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(b) IRS code (i) Method of (a) A mount of non-(h) Description of (a) Name of (e) A mount of (f) Manner of valuation section (c) Region (d) Purpose of grant non-cash cash and EIN(ıf cash grant cash disbursement (book, FMV, organization assistance assistance applicable) appraisal, other) Europe (Including Bible Teaching and 120.300 Wire Transfer Iceland & Greenland) Training

31,200 Wire Transfer

	,	3				
	Europe (Including	Bible Teaching and	125	Wire Transfer		
	Iceland & Greenland)	Training				
	Middle East and	Bible Teaching and	197,200	Wire Transfer		

	Iceland & Greenla
	Middle East and

Form 990 Schedule F Part II - Grants or Entities Outside The United States

North Africa

A frica

Middle East & North

Training

lT rainina

Bible Teaching and

DLN: 93493031010217

Employer identification number

02 0660057

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Walk Thru The Bible Ministries Inc

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 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

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

						93-0009037	
Pa	Fundraising Act Form 990-EZ filers	•		_		on Form 990, Part IV	, line 17.
L	Indicate whether the organi	ızatıon raısed funds	through	any of th	e following activities C	heck all that apply	
а	✓ Mail solicitations			•	Solicitation of no	on-government grants	
b	✓ Internet and email solid	citations		1	Solicitation of go	overnment grants	
c	Phone solicitations			c	Special fundrais	ing events	
d	√ In-person solicitations			-	'	-	
2a	Did the organization have a or key employees listed in services?	n written or oral agro Form 990, Part VII	() or entit	y in conn	ection with professiona	l fundraising √Y €	es No
b	If "Yes," list the ten highes to be compensated at leas				sers) pursuant to agree	ments under which the fu	ındraiser is
ı	(i) Name and address of Individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did Ser have ody or crol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
1	Dickerson Bakker & s Associates 1998 Hendersonville Rd	Grant writing and solicitation consulting	Yes	No	129,724	60,807	68,916
2	Asheville, NC 28715						
3							
4							
5							
6							
7							
8							
9							
L 0							
ota	al			•	129,724	60,807	68,91

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from

AL, AR, AK, CA, CT, CO, DC, FL, GA, KS, KY, LA, ME, MS, MD, MN, MS, NH, NJ, NM, NY, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI,

registration or licensing

Pa	rt II Fundraising Events. Complete if the organization fundraising event contribution resources are then #5,000	ns and gross income	Form 990, Part IV, line on Form 990-EZ, line	18, or reported mo s 1 and 6b. List ever	re than \$15,000 of nts with gross
	receipts greater than \$5,000	. (a) Event #1	(b) Event #2	(c)O ther events	(d) Total events
		(event type)	(event type)	(total number)	(add col (a) through col (c))
Reverkie					
Seve	1 Gross receipts				
_	2 Less Contributions				
	Gross income (line 1 minus				
	4 Cash prizes				
	5 Noncash prizes				
Se	6 Rent/facility costs				
Expenses	7 Food and beverages				
	8 Entertainment				
Direct	9 Other direct expenses				
ā	10 Direct expense summary Add lines 4	through 9 in column (d	d)		
	11 Net income summary Subtract line 1	0 from line 3, column (d)		
Pal	Complete if the organization Form 990-EZ, line 6a.	answered "Yes" on	Form 990, Part IV, line	19, or reported mo	re than \$15,000 on
Revenue		(a)Bıngo	(b)Pull tabs/Instant bingo/progressive bingo	(c)O ther gaming	(d) Total gaming (add col (a) through col (c))
æ	1 Gross revenue				
ses	2 Cash prizes				
Expens	3 Noncash prizes				
	4 Rent/facility costs				
Direct	5 Other direct expenses				
	other unect expenses	┌ Yes %	├ Yes%		
	6 Volunteer labor	☐ No	│ No	☐ No	
	7 Direct expense summary Add lines 2	2 through 5 ın column (d)		
	8 Net gaming income summary Subtra	ct line 7 from line 1, co	lumn (d)		
9	Enter the state(s) in which the organizat				Yes No
a b	Is the organization licensed to conduct If "No," explain	-			165 110
10a	Were any of the organization's gaming li	censes revoked, suspe	nded or terminated during	the tax year?	─────────────────────────────────────
Ь	· · · —				

DLN: 93493031010217

OMB No 1545-0047

Compensation Information Schedule J (Form 990)

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.

2015

reas	rtment of the ury nal Revenue Service	_	orm 990)	and its instructions is at <u>www.irs.gov</u>			o Pub ectio	
	me of the organi: lk Thru The Bible Mir			Emp	loyer identificatio	on nui	nber	
wai	ik Thru The bible Mir	iistiles Inc		93-0	0669857			
Pa	rt I Questi	ions Regarding Compensatior	<u> </u>	•				
							Yes	No
1 a				y of the following to or for a person listed de any relevant information regarding the				
	First-clas	s or charter travel	▽	Housing allowance or residence for pers	onal use			
	✓ Travel for	companions	Г	Payments for business use of personal	residence			
	Tax idemi	nıfıcatıon and gross-up payments		Health or social club dues or initiation f	ees		ļļ	
	Discretio	nary spending account		Personal services (e g , maid, chauffeur	, chef)			
b	•	· · · · · · · · · · · · · · · · · · ·	_	on follow a written policy regarding paymo above? If "No," complete Part III to exp		1b	Yes	
2				ng or allowing expenses incurred by all rector, regarding the items checked in lii	ıe 1a?	2	Yes	
3	organızatıon's	CEO/Executive Director Check all th	at apply	used to establish the compensation of th Do not check any boxes for methods the CEO/Executive Director, but explain				
	✓ Compens	ation committee	Г	Written employment contract				
	Independ	ent compensation consultant	Ė	Compensation survey or study	İ		j j	
	Form 990	of other organizations	~	Approval by the board or compensation	committee			
4	During the yea or a related org	· · · · · · · · · · · · · · · · · · ·	Part VII	, Section A , line 1a with respect to the fi	ling organization			
а	Receive a seve	erance payment or change-of-control	payment	7		4a		Νo
b	Participate in,	or receive payment from, a supplemer	ntal nong	ualified retirement plan?		4b		Νo
c	Participate in,	or receive payment from, an equity-ba	ased con	npensation arrangement?		4c		Νo
	If "Yes" to any	of lines 4a-c, list the persons and pro	ovide the	e applicable amounts for each item in Pai	tIII			
5	For persons lis	, 501(c)(4), and 501(c)(29) organizat ted on Form 990, Part VII, Section A contingent on the revenues of		st complete lines 5-9. did the organization pay or accrue any				
а	The organization	on?				5a		Νo
b	Any related org	ganızatıon?				5b		No
	If "Yes," on lin	e 5a or 5b, describe in Part III						
5	•	ted on Form 990, Part VII, Section A contingent on the net earnings of	, line 1a,	did the organization pay or accrue any				
а	The organization	on?				6 a	<u> </u>	Νo
b	Any related org	ganization?				6b		Νo
	If "Yes," on lin	e 6a or 6b, describe in Part III						
7		ted on Form 990, Part VII, Section A described in lines 5 and 6? If "Yes," d		, did the organization provide any non-fix in Part III	ed	7		No

ın Part III

section 53 4958-6(c)?

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

subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe

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

8

Νo

Νo

Page 2

Form 990

Schedule J (Form 990) 2015

Note: The sum of columns (b)(i)-(iii	i) for each histed marvid	uai illust equal tile tota	i amount of Form 330,	Fait VII, Section A, III	le Ta, applicable colu	iiiii (D) and (E) amount	s for that mulvidual
(A) Name and Title	(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	` '	(E) Total of columns	(F) Compensation in
	Base	(II) Bonus & Incentive	(III) Other reportable	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior

10.145

196.491

(A) Name and Title		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation
		Base (1) compensation	(II) Bonus & incentive compensation	(III) Other reportable compensation
1 Philip Tuttle	(:)	186,346	<u> </u>	0

Schedule J (Form 990) 2015

President & CEO

Selledale 3 (1 01111 330) 2013	rage 3							
Part III Supplemental Information								
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information								
Return Reference	Explanation							
·	Housing Allowance Certain ordained ministers were provided with a Housing Allowance that was approved by the Board of Directors Housing allowance was paid as a nontaxable benefit Travel for Companion On occasion, a spouse would accompany a Walk Thru the Bible employee or board member on a							

Page 3

Schedule J (Form 990) 2015

Schedule 1 (Form 990) 2015

was paid as a nontaxable benefit Travel for Companion On occasion, a spouse would accompany a Walk Thru the Bible employee or board member on a Walk Thru the Bible trip In each case, the non-Walk Thru the Bible person fulfilled a role on the trip that was directly related to Walk Thru the Bible Business as per a corporate resolution duly passed by the Board of Directors 10/15/2007 This is not considered taxable compensation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule L

(Form 990 or 990-EZ)

DLN: 93493031010217

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ▶ Attach to Form 990 or Form 990-EZ

OMB No 1545-0047 2015

Department of the Treasury Internal Revenue S		▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 .									Open to Public Inspection		
Name of the o Walk Thru The Bi	rganization						En	nploye	er identi	ificatio	n numbe	r	
Down T. Fwe	and Danofit T			F04 () (2)		(4) 1504 (3-066					
	ess Benefit Ti										40h		
	me of disqualified				ween disqualif						(d) Cori	rected?	
				01	rganızatıon			tran	saction		Yes	No	
	amount of tax inc								section section				
	amount of tax, if a								•				
C.	oans to and/o omplete if the orga ganization reporte	anızatıon ansv	vered "Yes	" on Form 99		line 38a, or Fo	orm 99	0, Pai	rt IV, lır	ne 26, d	or if the		
(a) Name of interested person	(b) Relationship with organization	Purpose of org	(d) Loan to or from the organization	ie	(e)O riginal principal amount	(f) Balance due	(g) In default?		(h) Approved by board or		(i)Written agreement?		
			т.	T =====			- N N		committee?		<u> </u>		
			То	From			Yes	No	Yes	No	Yes	No	
										+			
Total		▶ \$											
	ants or Assist					t IV line 27							
(a) Name of		Relationship		1	t of assistance			stanc	e (e)	Purpos	se of ass	ıstance	
pers		erested person organizat							` `				
		Organizat	.1011										
						1							
						-							
				1									

Return Reference

(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Genevieve Baxley	Family member of Allen Baxley, Chief Financial Officer	100,997	Wages and benefits		No
				-	

Explanation

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE M**

DLN: 93493031010217

Noncash Contributions

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

► Attach to Form 990.

2015

OMB No 1545-0047

Treasury

(Form 990)

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

Open to Public Department of the Inspection Internal Revenue Service Name of the organization **Employer identification number** Walk Thru The Bible Ministries Inc 93-0669857 Types of Property (b) (d) (a) (c) Number of contributions Method of determining Check Noncash contribution ıf or items contributed amounts reported on noncash contribution amounts applicable Form 990, Part VIII, line 1 g Art—Works of art . . . Art—Historical treasures Art—Fractional interests Books and publications Clothing and household 6 Cars and other vehicles . . 7 Boats and planes . . . Intellectual property . . 86,807 Stock market price 9 Securities-Publicly traded . Х **10** Securities—Closely held stock Χ 25,046 Actual proceeds 11 Securities—Partnership, LLC, or trust interests . . . Securities—Miscellaneous . 13 Qualified conservation contribution—Historic structures 14 Oualified 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 ▶ (_____) Number of Forms 8283 received by the organization during the tax year for contributions 29 0 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that

it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . 30a **b** If "Yes," describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, For Paperwork Reduction Act Notice, see the Instructions for Form 990.

contributions?

b If "Yes," describe in Part II

Cat No 51227J

Schedule M (Form 990) (2015)

32a

Νo

Νo

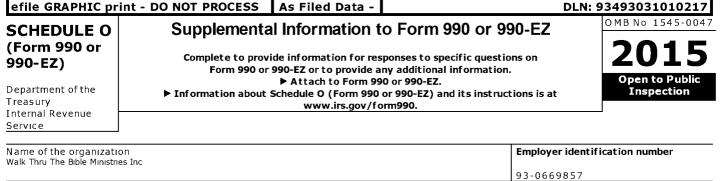
Yes

Return Reference Explanation

Part I. Column (b) The number of contributions represent the number of contributions received, not the number of items

Ireported

Schedule M (Form 990) (2015)



990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 1	The Executive Committee has all the powers of the Board of Directors in the intervals between meetings of the Board of Directors, except (1) the election of the members of the Executive Committee, (2) the power to amend the Bylaws, or (3) the power to rescind or alter previous action of the Board of Directors
Form 990, Part VI, Section B, line 11	Form 990 is prepared by an independent accountant and reviewed in detail by the organization's top management. The reviewed Form 990 was emailed to the Board of Directors for review prior to filing with the IRS

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	An annual Conflict of Interest Disclosure Reporting Statement is provided to each board member, officer, and key employee for completion and signature. Other employees of Walk Thru the Bible are required to disclose to their immediate superiors any change in their status that might present a perceived or actual conflict of interest on their part. If any perceived or actual conflict of interest comes to light with any of the above-listed individuals then that person is prohibited from participating in any deliberation or decision-making that would be compromised by such conflict of interest. All matters of perceived or actual conflict of interest are managed at the appropriate level for the individual involved. The Vice President of HR and Admin Services reviewed all signed conflict of interest polices. This is an annual process with the Board of Directors.
Form 990, Part VI, Section B, line 15	The CEO's salary is determined annually by the independent Board of Directors using, as on e factor, salary comparison information gathered from industry sources. This process is do cumented in the board minutes upon approval. Form 990, Part VI, Section B, Line 15b. Other officers and key employees are compensated according to a company salary range chart, whi ch is a result of a recent compensation study, with input from the independent President & CEO and Vice President of Human Resources. This process is documented in board minutes up on approval.

990 Schedule O, Supplemental Information

Return Reference	Explanation
orm 990, Part VI, Section C, line 18	Form 990 and 1023 are available upon request. Form 990 is also available on the organization's wiebsite.

Form 990, Part VI, Section C, line 19
Governing documents, conflict of interest policy and audited financial statements are made available to the public upon request. The audited financial statements are also available on the organization's website.

990 Schedule O, Supplemental Information

Return Reference Explanation

independent auditor. This process has not changed since the prior year

The audit committee assumes responsibility for oversight of the audit of the financial statements and selection of the

Form 990. Part XII.

Line 2c