Form **990**

For Paperwork Reduction Act Notice, see the separate instructions.

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

The OOO and its instructions is at www IRS gov/form99

2016

DLN: 93493312025367 OMB No 1545-0047

-	ment of the Treas I Revenue Servic	■ Information about F	form 990 and its instructions is at <u>ww</u>	w IRS gov/form	<u>990</u>		Inspection	
A F	or the 2016 (calendar year, or tax year beginni	ng 07-01-2016 , and ending 06-3	30-2017				
B Che	ck ıf applicable dress change	C Name of organization THE MUSEUM OF THE BIBLE INC			D Employ 27-344		ation number	
	me change tıal return ıal	Doing business as						
	n/terminated nended return		is not delivered to street address) Room/si	uite	E Telephon	e number		
	plication pending	7507 SW 44TH STREET			(405) 9	96-4900		
		City or town, state or province, country OKLAHOMA CITY, OK 73179			G Gross re	ceipts \$ 172	2,094,437	
		F Name and address of principal o	fficer	H(a) Is this		turn for		
		7507 SW 44TH STREET OKLAHOMA CITY, OK 73179		subord H(b) Are all include		es	□Yes ☑No □Yes □No	
I Ta	x-exempt status	501(c)(3)	ert no)			**	nstructions)	
J W	ebsite:► W	WW MUSEUMOFTHEBIBLE ORG		H(c) Group	exemption	number 🕨	•	
K Form	n of organization	Corporation Trust Associate	tion ☐ Other ▶	L Year of forma	tion 2010	M State of	flegal domicile OK	
Pa	rt I Sun	nmary		•				
Activities & Governance	ENGAGE EXHIBITS	EUM OF THE BIBLE IS AN INNOVATIV WITH THE HISTORY, NARRATIVE AND S AND, IN 2017, THE MUSEUM IS SCH CATED THREE BLOCKS FROM THE U S) IMPACT OF THE BIBLE THE MUSEUM EDULED TO OPEN ITS 430,000 SQUA	M HAS DOMEST	IC AND INT	ERNATION	IAL TRAVELING	
& G0		nis box 🕨 🗌 if the organization disco			of its net a	ssets	12	
<u>.</u>		of independent voting members of th	, , , , ,			4	9	
₹		mber of individuals employed in calen			•	5	171	
Ac	6 Total nu	mber of volunteers (estimate if neces	sary)			6	100	
	7a Total un	related business revenue from Part VI	III, column (C), line 12			7a	0	
	b Net unre	elated business taxable income from F	form 990-T, line 34		1	7b	0	
				Pric	r Year		Current Year	
ġ		itions and grants (Part VIII, line 1h)			167,868,3		170,528,850	
Rəvenue	_	n service revenue (Part VIII, line 2g) ent income (Part VIII, column (A), lin		465,681 51,253 1,105,862		1,245,962		
æ		ent income (Part VIII, column (A), lines 5,				307,073 -647,916		
		venue—add lines 8 through 11 (must			169,491,1		171,433,969	
		and similar amounts paid (Part IX, colu			1,810,2	217	6,343,905	
	14 Benefits	paid to or for members (Part IX, colu	mn (A), line 4)			0	0	
82	15 Salaries	, other compensation, employee bene	fits (Part IX, column (A), lines 5–10)		9,933,3	387	14,243,421	
Expenses	16a Professi	onal fundraising fees (Part IX, column	(A), line 11e)		1,520,8	332	2,330,181	
χ.	b Total fund	draising expenses (Part IX, column (D), line	25) 14,376,410					
ш		xpenses (Part IX, column (A), lines 11	•		24,324,4	_	26,982,173	
		penses Add lines 13–17 (must equal			37,588,8	_	49,899,680	
<u></u>	19 Revenue	e less expenses Subtract line 18 from	line 12	Reginning	131,902,3 of Current Y		121,534,289 End of Year	
Net Assets or Fund Balances								
Bak	20 Total as	sets (Part X, line 16)			512,198,9	977	502,324,114	
a de		bilities (Part X, line 26)			38,011,2	262	106,941,953	
		ets or fund balances Subtract line 21	from line 20		474,187,7	715	395,382,161	
		nature Block perjury, I declare that I have examine	ed this return, including accompanying	schedules and	ctatement	and to t	he hest of my	
know		ef, it is true, correct, and complete D						
arry it	****	**		2017	'-10-26			
Sign	Signa	ture of officer		Date				
Here	CARY	L SUMMERS PRESIDENT						
		or print name and title						
			Preparer's signature MIKE PLACE		:k ∐ ıf ϝ	PTIN P00357051		
Paid	d	Firm's name FRSM US LLP			self-employed			
	Parei -	Firm's address > 531 COUCH DR			Firm's EIN ► 42-0714325 Phone no (405) 239-7961			
1150	(1011/			I FIIOI	ie iio (403).	239-7901		
000	Only	OKLAHOMA CITY, OK 731	.02	Filoi	ie iio (403).	239-7901		

Cat No 11282Y

Form **990** (2016)

Form	990 (20)16)					Page 2
Par	t III	Statement o	f Program Service	Accomplisi	hments		
		Check if Schedu	ule O contains a respoi	nse or note to a	any line in this Part III		🗹
1	Briefly	describe the org	ganızatıon's mıssıon				
WITH 2017	HTHE HIS , THE MU	STORY, NARRAT	TIVE AND IMPACT OF	THE BIBLE THE	MUSEUM HAS DOME	WHOSE PURPOSE IS TO INVIT STIC AND INTERNATIONAL TR MUSEUM IN WASHINGTON, D	
2		-	ndertake any significai		· ,	which were not listed on	. □Yes ☑No
	•		e new services on Sch				. Lies Lino
3	Did the	e organization ce	ease conducting, or ma	ake significant o	=	ducts, any program	. □Yes ☑No
4	Describ Section	be the organizat n 501(c)(3) and	ion's program service	accomplishmenns are required	to report the amount	e largest program services, as of grants and allocations to of	
4a	(Code See Add	ditional Data) (Expenses \$	2,970,771	including grants of \$) (Revenue \$	25,962)
4b	(Code See Add	ditional Data) (Expenses \$	8,331,804	including grants of \$	15,000) (Revenue \$	1,220,000)
4c	(Code See Add	ditional Data) (Expenses \$	2,898,445	including grants of \$	2,307,905) (Revenue \$)
	THE USE SOCIETY THAN EV	E OF DIGITAL MED Y THE RESULT IS VER BEFORE THE	DIA ELEMENTS, AUGMENTI A ROBUST LEARNING ENV	TING-EDGE INNOVED REALITY AND BY IRONMENT WHEN TILY IN SOME ISR	ENGAGING TECHNOLOGY RE STUDENTS ARE MORE AEL PUBLIC SCHOOLS, PF	4,021,000) (Revenue \$ SY DEVELOPING BIBLE CURRICULA CREATES A POWERFUL LEARNING ENGAGED IN THE HISTORY, NARR RIVATE SCHOOLS GLOBALLY AND T	TOOL FOR OUR SMARTPHONE
4d	Other p	_	es (Describe in Schedu 6,332,155 inclu	•	\$ 4,021	,000) (Revenue \$	12,552)
4e	Total	program servi	ce expenses >	20,533,1	75		

Section 501(c)(3) organizations.

or X as applicable

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

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 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸

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

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

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

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

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 🛸

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

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

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

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

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

ın Part X, line 16? *If "Yes," complete Schedule D, Part IX* 😼

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

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

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

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

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

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

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

to provide advice on the distribution or investment of amounts in such funds or accounts?

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

12a Did the organization obtain separate, independent audited financial statements for the tax year?

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

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

assessments, or similar amounts as defined in Revenue Procedure 98-19?

Yes

Nο Nο

Page 3

No

4 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right 6 7

R

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11a

11b

11c

11d

11e

11f

12a

13

14a

14b

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Nο No No

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

No

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Form 990 (2016)

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Form 990 (2016)								
Par	t IV Checklist of Required Schedules (continued)							
			Yes	No				
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	а		No				
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	ь						
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		Yes					
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	2	Yes					
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes,"</i>		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

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

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

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

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

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

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

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

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

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

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

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?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

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

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

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

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

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

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

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

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

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

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 . . .

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

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

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

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

24a

24b

24c

24d

25a

25b

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28b

28c

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Yes

Form 990 (2016)

Yes

Yes

Νo

Nο

No

Νo

No

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Nο

Nο

Nο

Nο

Nο

Nο

Νo

No

Nο

orm	990 (2016)			Page
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 247			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by			
	this return	2b	Yes	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	163	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
-	,	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
1	Section 501(c)(12) organizations. Enter]		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		ı ——

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Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	" respo	nse to li	nes
				~
So	Check if Schedule O contains a response or note to any line in this Part VI	• •	<u> </u>	
36	Ction 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 12		103	
	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	Yes	
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
7a	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
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		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?	8b	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	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
			Yes	No
10a	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		
11a	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			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	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	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	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)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
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	Yes	
Se	ction C. Disclosure	00		
17	List the States with which a copy of this Form 990 is required to be filed AL , AK , AZ , AR , CA , CO , CT , FL , GA , , MA , MI , MN , MS , NH , NJ , NM , NY , N , RI , SC , TN , UT , VA , WV	HI , IL ID , OH	, KS , F , OK , 0	(Y , MD DR , PA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
19	Own website Another's website Vipon request Other (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			
20	State the name, address, and telephone number of the person who possesses the organization's books and records DAVID DUBOIS 7507 SW 44TH STREET OKLAHOMA CITY, OK 73179 (405) 448-3372			

VP MARKETING, FINANC

(17) ALLEN QUINE

(16) JEFFREY K SCHNEIDER

VP INTERNATIONAL RELATIONS

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

- 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						sateu	emp	ployees who receive	ed more than \$100	-,000
 List all of the organization's former director organization, more than \$10,000 of reportable co 										
List persons in the following order individual trus compensated employees, and former such person	stees or director		-					-		
Check this box if neither the organization no	r a <u>ny related o</u> r	rganızat	:ion c	.omp	ens)	ated a	any '	current officer, dire	ctor, or trustee	
(A) Name and Title	(B) Average hours per week (list any hours	perso	an on on is	ne bo both	ot che ox, u h an or/tru	unless office rustee)	er)	compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	- (W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(1) STEVE GREEN DIRECTOR & CHAIRMAN	5 00	х						0	0	0
(2) DR ROBERT COOLEY DIR & VICE CHAIRMAN	1 00	x						15,405	0	0
(3) REV BOB HOSKINS DIR & SEC /TREAS	1 00	х						0	0	0
(4) JAMES MOORE BOARD MEMBER	1 00	x						0	0	0
(5) MARK DEMOSS BOARD MEMBER	1 00	x						0	0	0
(6) MARY BANKS BOARD MEMBER	1 00	x						0	0	0
(7) HARRY CRISP III BOARD MEMBER	1 00	х						0	0	0
(8) GREGORY BAYLOR BOARD MEMBER	1 00	x						0	0	0
(9) DR CARLOS CAMPO BOARD MEMBER	1 00	x						0	0	0
(10) REV RICK WARREN BOARD MEMBER	1 00	х						0	0	0
(11) ALLON LEFEVER BOARD MEMBER	1 00	x						0	0	0
(12) ANNE BEILER	1 00					\Box				

0 0 BOARD MEMBER 55 00 (13) CARY L SUMMERS Χ 301,276 38,850 PRESIDENT/COO 55 00 (14) TIM SMITH Х 202,785 0 14.850 CHIEF DEV OFFICER 55 00 (15) STEVEN BICKLEY Χ 193,540 44,502

55 00

55 00

Χ

Х

185,630

178,208

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

0

12,032

29,350

(A)

Name and Title

Part VII

5

1

Section B. Independent Contractors

compensation from the organization ▶ 92

CLARK CONSTRUCTION GROUP LLC

7500 OLD GEORGETOWN ROAD BETHESDA, MD 20814 BRC IMAGINATION ARTS INC

2711 WINONA AVENUE BURBANK, CA 91504 DESIGN AND PRODUCTION INC

7110 RAINWATER PLACE LORTON, VA 22079 KUBIK MALTBIE

7000 COMMERCE PKWY C MT LAUREL, NJ 08054 S2N TECHNOLOGY GROUP LLC

7500 OLD GEORGETOWN ROAD BETHESDA, MD 20814

Page 8 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (C) (D) (E) (F)

Reportable

compensation

Reportable

compensation

4

5

Description of services

CONSTRUCTION

EXHIBIT DESIGN

CONSTRUCTION

CONSTRUCTION

CONSTRUCTION

Yes

No

(C)

Compensation

103,689,645

9.908.472

9,537,955

6,522,910

4,903,471

Form 990 (2016)

Estimated

amount of other

	week (list any hours	ny hours director/trustee)					1	from the organization (W-	from related organizations	compensation from the organization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	related organizations	
(18) DAVID J TROBISCH	55 00			x				155,999	0	28,124	
DIRECTOR OF COLLECTIONS (19) BENJAMIN T GREENE SENIOR DIRECTOR OF AFFILIATED PARTNERSHIPS	55 00					×		165,185	0	28,667	
(20) SETH W POLLINGER DIRECTOR OF CONTENT	55 00					Х		141,318	0	20,581	
(21) QUENTIN S BANKS DIRECTOR OF INTERACTIVE SYSTEMS	55 00					X		136,544	0	20,581	
(22) DEBBIE Y STACY DIRECTOR OF EVENTS	55 00					x		131,367	0	9,986	
(23) ANDREW J WORKMAN MANAGER OF INTERACTIVE SYSTEMS DEVELOPMENT	55 00					×		135,515	0	22,750	
1b Sub-Total				•	,	:					
d Total (add lines 1b and 1c)					<u>;</u>			1,942,772	0	270,273	

Position (do not check more

than one box, unless person

Average

hours per

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

from the organization Report compensation for the calendar year ending with or within the organization's tax year

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

(A)

Name and business address

d.	Total (add lines 1b and 1c)	0		270,273
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 24			
			Yes	No
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			

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

Part		II Statement of	Revenue								raye s
				a respo	onse or note to any	line in th	ıs Part VIII				🗆
				·		(<i>A</i> Total re	١)	(I Relat exe fund	ed or mpt ction	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1:	a Federated campaign	ıs	1a				reve	enue		512-514
nts nts		b Membership dues .		1b							
irai 10 u		c Fundraising events		1c							
s. C An		d Related organization		1d							
er Siff		e Government grants (co									
imi				1e							
Contributions, Giffs, Grants and Other Similar Amounts		f All other contributions, and similar amounts no above		1f	170,528,850						
but		above g Noncash contributio	ne included		<u> </u>						
ĒŠ		in lines 1a-1f \$	ns included								
Cont and		n Total. Add lines 1a-1i	f		•	170.	528,850				
					Business						
- Inc	2 a	CURATORIAL SERVICES				900099	1,2	20,000	1,220	,000	
Ę.	b	ADMISSIONS				900099	:	25,962	25	,962	
Service Revenue	C	-									
ξĒ	d	 		_							
E S	е			_		-					
Program	f	All other program ser	vice revenue								
Æ	g	Total.Add lines 2a-2f			▶	245,962					
	3	Investment income (in	cluding divid	ends, ı	nterest, and other		207.07				207.07
		similar amounts)			•	`}	307,073				307,073
		Income from investme Royalties				-					
	5	Royaldes	(ı) Rea		•	1					
	6a	Gross rents	(i) iteu	•	(ii) i ci sonai	-					
	Ŀ	Less rental expenses									
		Rental income or				-					
		(loss)	<i>(</i> 1)								
	•	Net rental income or ד	· · ·		· · · •	1					
	72	Gross amount	(ı) Securit	ties	(II) Other	-					
	-	from sales of assets other									
		than inventory									
	Ŀ	Less cost or other basis and									
		sales expenses									
		Gain or (loss)				_					
		I Net gain or (loss) . Gross income from fu		•	•	_					
<u>ə</u>	Ü.	(not including \$		of							
Other Revenue		contributions reported See Part IV, line 18		a							
lev.	,	Less direct expenses		ь		+					
ř		: Net income or (loss) i			ents 🕨						
the		Gross income from ga	amıng actıvıtı			1					
0		See Part IV, line 19		_							
	,	Less direct expenses		a b		-					
		: Net income or (loss) i			les						
		Gross sales of invento	ory, less								
		returns and allowance	es	_	1017						
			-14	a b	,	4					
		Less cost of goods so		_	·		-655,651		-655,651		
	_	Net income or (loss) to Miscellaneous l		invent	Business Code		<u>, </u>		,		
	11	-aOTHER INCOME			900099	9	7,735	;	7,735		
	Ŀ	·									
	,	All other revenue .									
		Total. Add lines 11a-			<u> </u>						
		2 Total revenue. See			-		7,735				
					· · · •		171,433,969	ı	598,046		0 307,073 Form 990 (2016)
											こうしい タタリ しとりまり

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Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other orga	inizations must comp	olete column (A)	_
Check if Schedule O contains a response or note to any	line in this Part IX			<u> U</u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	4,897,041	4,897,041		
2 Grants and other assistance to domestic individuals See Part IV, line 22	377,261	377,261		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	1,069,603	1,069,603		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,400,551	287,902	895,014	217,635
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	10,414,031	3,535,961	4,867,067	2,011,003
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	1,592,470	494,795	845,772	251,903
10 Payroll taxes	836,369	270,214	399,527	166,628
11 Fees for services (non-employees)				
a Management				
b Legal	361,413	36,333	316,669	8,411
c Accounting	54,212		54,212	
d Lobbying				
e Professional fundraising services See Part IV, line 17	2,330,181			2,330,181
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)	4,317,738	3,021,677	706,388	589,673
12 Advertising and promotion	6,273,773	2,219,501	2,539,116	1,515,156
13 Office expenses	876,687	65,176	363,102	448,409
14 Information technology	1,667,800	192,668	1,405,973	69,159
15 Royalties				
16 Occupancy	905,551	300,564	527,761	77,226
17 Travel	5,058,595	1,291,702	1,159,448	2,607,445

2,252,072

216,988

896,911

742,436

602,677

598,830

2,156,490

49,899,680

1,644,598

175,684

652,495

20,533,175

53,708

896,911

742,436

602,677

365,104

1,422,745

14,376,410

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553,766

41,304

233,726

81,250

14,990,095

18 Payments of travel or entertainment expenses for any federal, state, or local public officials . 19 Conferences, conventions, and meetings

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

25 Total functional expenses. Add lines 1 through 24e 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)

20 Interest . . .

23 Insurance . .

21 Payments to affiliates

expenses on Schedule O)

a SHOW PRODUCTION

b SPONSORSHIP

d OTHER EXPENSES

e All other expenses

c FOOD

22 Depreciation, depletion, and amortization .

Savings and temporary cash investments . . .

Pledges and grants receivable, net . . .

Notes and loans receivable, net

Prepaid expenses and deferred charges . 10a Land, buildings, and equipment cost or other

Investments—publicly traded securities .

Investments—other securities See Part IV, line 11 .

Investments—program-related See Part IV, line 11 .

Total assets.Add lines 1 through 15 (must equal line 34) . . .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

key employees, highest compensated employees, and disqualified

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ightharpoonup and

basis Complete Part VI of Schedule D

Intangible assets

Other assets See Part IV, line 11 .

Grants payable . . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances .

Unrestricted net assets

Accounts payable and accrued expenses

Tax-exempt bond liabilities

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

Total liabilities. Add lines 17 through 25 . .

complete lines 27 through 29, and lines 33 and 34.

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

and complete lines 30 through 34.

Capital stock or trust principal, or current funds

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

Retained earnings, endowment, accumulated income, or other funds

Accounts receivable, net .

II of Schedule L

Part II of Schedule L

Inventories for sale or use .

Less accumulated depreciation

Check if Schedule O contains a response or note to any line in this Part IX . Cash-non-interest-bearing .

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9)

voluntary employees' beneficiary organizations (see instructions) Complete

10a

10b

Beginning of year 16,913,455 394.022 10,370,421

213,728

85.748

2.317.161

268,248,904

213,655,538

512,198,977

38,011,262

38,011,262

464.812.257

474,187,715

512.198.977

9.375.458

442,610,863

6.368.953

(A)

5

6

8

9

10c

11

12

13

14

15

16

17

18

19

20

21

22 23

24

25

26

27

28

29

30

31

32

33

34

392.864

(B)

End of year

16,115,997 3,565,504

Page **11**

28,603,055

423.027

2.118.587

436.241.910

14.863,170

502,324,114

31,941,953

75 000 000

106,941,953

381,973,860

13.408.301

395,382,161

502.324.114

Form **990** (2016)

Liabilities

2

3

Assets

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

34

Net

☐ Both consolidated and separate basis

2c

3a

3b

Yes

No

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

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

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

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?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Consolidated basis

consolidated basis, or both

Separate basis

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version:

EIN: 27-3444987

Name: THE MUSEUM OF THE BIBLE INC.

Form 990 (2016)

Form 990, Part III, Line 4a:

TRAVELING EXHIBITS - REACHING OVER 500,000 PEOPLE TO DATE, OUR EXHIBITS HAVE TRAVELED ACROSS THE COUNTRY AND AROUND THE WORLD. WE HAVE BROUGHT UNIQUE AND BENEFICIAL EXHIBITS ON DIFFERENT ASPECTS OF THE BIBLE TO DOZENS OF U.S. CITIES AND 5 COUNTRIES INCLUDING ISRAEL, CUBA, ARGENTINA, GERMANY AND VATICAN CITY, WITH MORE PLANNED IN THE COMING YEAR EACH OF THESE EXHIBITS PROVIDED A SCHOLARLY AND IMMERSIVE PRESENTATION ON THE BIBLE'S HISTORY, NARRATIVE AND IMPACT FROM A VARIETY OF VANTAGE POINTS. ALL OF THESE EXHIBITS INCLUDED PUBLIC VIEWING OF BIBLICAL ARTIFACTS FROM VARIOUS COLLECTIONS

PERMANENT MUSEUM - OUR MUSEUM, OPENING NOVEMBER 2017, WILL BE HOUSED IN A 430,000 SQUARE-FOOT FACILITY IN THE HEART OF WASHINGTON, D C JUST STEPS FROM THE NATIONAL MALL AND THE U S CAPITOL DISPLAYING ARTIFACTS FROM THE MUSEUM'S COLLECTIONS, THE MUSEUM WILL SHARE THE BIBLE'S HISTORY, NARRATIVE AND IMPACT THROUGH A SERIES OF HIGH-TECH EXHIBITS, IMMERSIVE SETTINGS AND INTERACTIVE EXPERIENCES DESIGNED FOR GUESTS OF ALL AGES, WALKS OF LIFE AND FAITH BACKGROUNDS TO ENGAGE WITH THE BIBLE IN ADDITION TO ITS OWN COLLECTION. THE MUSEUM CURATES OTHER COLLECTIONS, FOR A

Form 990, Part III, Line 4b:

FEE, THAT MAY BE DISPLAYED FROM TIME TO TIME IN ITS MUSEUM AND EXHIBITS

Form 990, Part III, Line 4c: RESEARCH - MUSEUM OF THE BIBLE SPONSORS RESEARCH THROUGH ITS SCHOLARS INITIATIVE, WHICH FACILITATES A GLOBAL NETWORK OF SCHOLARS TO PURSUE RESEARCH AND PROVIDE STUDENTS WITH AN OPPORTUNITY TO DEVELOP AS SCHOLARS UNDER THE GUIDANCE OF SCHOLAR-MENTORS KEY TO THIS RESEARCH MODEL

PREVIOUSLY UNPUBLISHED DEAD SEA SCROLL FRAGMENTS, AND INSPIRED STUDENTS TO PURSUE ADVANCED DEGREES IN BIBLICAL STUDIES FORENSIC IMAGING PROJECTEMPLOYING THE MULTI-NATIONAL TEAMS OF THE LAZARUS PROJECT AND THE EARLY MANUSCRIPTS ELECTRONIC LIBRARY, PRODUCING MULTI-SPECTRAL IMAGES OF HIGH-VALUE MANUSCRIPTS IN THE MOTB COLLECTION THESE IMAGES ARE THE BASIS FOR IDENTIFYING FORGERIES, RECOVERING LOST TEXT AND PRODUCING MEDIA OF THE HIGHEST CALIBER FOR ACADEMIC AND POPULAR AUDIENCES GREEK PAUL PROJECTTHIS YEAR, THIS MOTB COLLABORATION BETWEEN SCHOLARS IN NORTH AMERICA AND GREECE WAS INVITED TO PRODUCE THE STANDARD CRITICAL EDITION (EDITIO CRITICA MAIOR) ON THE PASTORAL EPISTLES. WHICH WOULD BE THE BASIS FOR FUTURE EDITIONS OF THE NEW TESTAMENT. DOZENS OF COLLABORATING STUDENTS HAVE PRODUCED APPROXIMATELY TWO HUNDRED TRANSCRIPTIONS OF BYZANTINE GREEK MANUSCRIPTS OF THE PAULINE EPISTLES. WHICH WILL UNDERGO A FIVE-POINT ACCURACY REVIEW GREEK PSALTER

IS THE INVOLVEMENT OF LEADING INTERNATIONAL SCHOLARS WHO PROVIDE SUPERVISION AND OVERSIGHT. THE PROGRAM INCLUDES MORE THAN 60 INSTITUTIONS AND OVER 100 SCHOLARS IN SIX COUNTRIES THE INITIATIVE HAS ALREADY YIELDED NEW DISCOVERIES OF INTERNATIONAL ACCLAIM, A BRILL SERIES VOLUME ON 13

PROJECTSCHOLARS ASSOCIATED WITH TRINITY WESTERN UNIVERSITY ARE ORGANIZING A NEW CRITICAL EDITION OF RA 2110 (MOTB PAP 170). PROBABLY THE MOST ANCIENT PAPYRUS WITNESS TO THE PSALMS TO HAVE SURVIVED TO THIS DAY PROFESSORS AND THEIR STUDENTS ARE TRANSCRIBING IMAGES OF THE MOST IMPORTANT WITNESSES TO THE GREEK AND HEBREW TRADITIONS OF THE OLD TESTAMENT PSALMS SYRIAC JOHN CLIMACUS PROJECTTHE CODEX CLIMACI RESCRIPTUS. AN EMINENT ARTIFACT FROM THE MOTB COLLECTION, PRESERVES THE OLDEST SYRIAC TRANSLATION OF THE LADDER OF DIVINE ASCENT AND THE LETTER TO THE

PASTOR, TWO FAMOUS WORKS BY SAINT JOHN CLIMACUS THIS PROJECT TEAM IS GATHERING IMAGES OF THE PRIMARY GREEK AND SYRIAC WITNESSES TO THIS TEXT IN PREPARATION OF A NEW CRITICAL EDITION OTHER COLLABORATIVE PROJECTS OTHER ON-GOING PROJECTS INCLUDE RESEARCH ON ARAMAIC PRAYER BOWLS (EXETER, ENGLAND), RECOVERY OF ERASED GREEK AND CHRISTIAN PALESTINIAN ARAMAIC TEXTS (CAMBRIDGE), THE BYZANTINE TEXT OF THE NEW TESTAMENT (VOLOS, GREECE), GREEK PAPYRI (BAYLOR), ASSYRIOLOGY (DC)EXPLORATIONS ISRAELTWENTY-SEVEN STUDENTS AND PROFESSORS PARTICIPATED IN THE MOTB TEL

SHIMRON EXCAVATION AND EXPLORED THE CULTURAL HISTORIC ENVIRONS OF JERUSALEM ON A SUBSEQUENT EIGHT-DAY TOUR EACH SUMMER THE SCHOLARS

INITIATIVE SUPPORTS ONE OR MORE DEVELOPMENT OPPORTUNITIES FOR A SELECT GROUP OF THE LOGOS FELLOWS, ENCOURAGING AND EQUIPPING THE NEW

GENERATION OF BIBLICAL SCHOLARS

efile	e GR/	APHIC prii	nt - DO NOT PROCESS	As Filed Data -		DLN: 93493312025367		
SCI	HED	ULE A	Public	Charity Statu	s and Put	olic Supp	ort	OMB No 1545-0047
(For	m 990			rganization is a sect	ion 501(c)(3) d	organization o		2016
990E	ZZ)			4947(a)(1) nonexe ▶ Attach to Form 9				2010
		the Treasury	► Information abo	ut Schedule A (Form			uctions is at	Open to Public Inspection
Name	e of th	ne Service ne organiza		<u>www.irs.go</u>	<u>0V/10/111990</u> .		Employer identific	<u> </u>
HE M	USEUM	OF THE BIBLE	INC				27-3444987	
Pai			for Public Charity Stat				See instructions.	
	rganız		a private foundation because	•	•	•	(4)(1)	
1	Ц	•	onvention of churches, or as			. , , ,)(A)(I).	
2	Ц		scribed in section 170(b)(,			
3		•	or a cooperative hospital ser	-				
4		name, city,	esearch organization operat and state					·
5			ation operated for the benef (iv). (Complete Part II)	it of a college or univer	rsity owned or op	perated by a gov	vernmental unit descri	bed in section 170
6		A federal, s	tate, or local government o	r governmental unit de	scribed in sectio	on 170(b)(1)(A	A)(v).	
7	✓		ation that normally receives (O(b)(1)(A)(vi). (Complete		s support from a	governmental u	unit or from the gener	al public described in
8		A communi	ty trust described in sectio i	n 170(b)(1)(A)(vi)	(Complete Part I	I)		
9			ural research organization d rant college of agriculture S					ege or university or a
LO		from activit	ation that normally receives ties related to its exempt fur income and unrelated busing ties section 509(a)(2). (Co	nctions—subject to cert ness taxable income (le	tain exceptions, a	and (2) no more	than 331/3% of its su	pport from gross
11		•	ation organized and operate	•	r public safety S	ee section 509)(a)(4).	
12		more public	ation organized and operate ly supported organizations through 12d that describes	described in section 5	09(a)(1) or sec	ction 509(a)(2). See section 509 (a	
а		Type I. A so	supporting organization oper n(s) the power to regularly Part IV, Sections A and B	rated, supervised, or co appoint or elect a majo	ontrolled by its si	upported organı	zation(s), typically by	
b		Type II. A manageme	supporting organization sup nt of the supporting organiz plete Part IV, Sections A	pervised or controlled in ation vested in the san				
c		Type III f	unctionally integrated. A programming property of the programming of t	supporting organization				ted with, its
d		Type III n functionally	on-functionally integrate integrated The organization You must complete Pa	ed. A supporting organi on generally must satisf	zation operated : fy a distribution :	ın connection w	th its supported organ	
e		Check this	box if the organization recei or Type III non-functionally	ved a written determin	ation from the II	RS that it is a Ty	ype I, Type II, Type II	I functionally
f	Enter		of supported organizations	g. atoa oapportg	o. ga2ao			
g			ing information about the si	T	Γ'			
(i)N	ame o	f supported o	organization (ii)EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv Is the organiz your governin	ation listed in	Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No	1	
Total			tion Act Notice, see the I		Cat No 11285		 Schedule A (Form 9	

	III. If the organization i						y under Part
s	ection A. Public Support	to quam, ur		50.077, pica.	22 comprete rare	,	
	Calendar year (or fiscal year beginning in) ▶	(a)2012	(b) 2013	(c)2014	(d) 2015	(e)2016	(f)Total
	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	116,565,200	73,026,880	156,450,194	167,868,366	170,528,850	684,439,490
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	paid to or expended on its benan						
_	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 3	116,565,200	73,026,880	156,450,194	167,868,366	170,528,850	684,439,490
	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly supported organization) included on						165,087,604
	line 1 that exceeds 2% of the						103,067,004
	amount shown on line 11, column						
6	(f) Public support. Subtract line 5 from line 4						519,351,886
S	ection B. Total Support	ll		l	L	L	
	Calendar year	(a)2012	(b) 2013	(c)2014	(d)2015	(e)2016	(f)Total
	(or fiscal year beginning in) ▶				` '		
7	Amounts from line 4	116,565,200	73,026,880	156,450,194	167,868,366	170,528,850	684,439,490
8	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties	9,703,583	7,603,330	394,688	51,253	307,073	18,059,927
	and income from similar sources	, ,		, j	.	,	. ,
9	Net income from unrelated						
9	business activities, whether or not						
	the business is regularly carried on						
	Other manner. De met melude sem						
10	Other income Do not include gain or loss from the sale of capital				520,494	7,735	528,229
	assets (Explain in Part VI)				,	.,	,
11	Total support. Add lines 7						703,027,646
	through 10 Gross receipts from related activities,	ata (asa instructi	ons\				
12	· ·	•	•			12	3,736,135
13	First five years. If the Form 990 is f						nization,
	check this box and stop here					▶ ⊔	
	ection C. Computation of Publ						
14	Public support percentage for 2016 (I		· ·	column (f))		14	73 870 %
	Public support percentage for 2015 S					15	62 360 %
16 a	33 1/3% support test—2016. If th				e 14 is 33 1/3% or	more, check this b	
	and stop here. The organization qua						▶ ☑
b	33 1/3% support test— 2015. If t	he organization dic	I not check a box	on line 13 or 16a, a	and line 15 is 33 1/	'3% or more, check	_
	box and stop here. The organizatio						▶□
17a	10%-facts-and-circumstances tes is 10% or more, and if the organizati in Part VI how the organization meet:	on meets the "fact:	s-and-circumstand	es" test, check this	s box and stop he	re. Explain	
	organization			-	. ,		►□
h	10%-facts-and-circumstances te	est—2015. If the o	organization did no	t check a box on li	ne 13, 16a, 16b, o	r 17a, and line	
٠	15 is 10% or more, and if the organ	ızatıon meets the "	facts-and-circums	tances" test, check	k this box and stop	here.	
	Explain in Part VI how the organizat	ion meets the "fact	s-and-circumstan	ces" test The orga	nization qualifies a	s a publicly	_
	supported organization				-		▶□

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2016

Section A. Public Support	
the organization fails to qualify under the tests listed below, please complete Part II.)	
(Complete only if you checked the box on line 10 of Part 1 or if the organization failed to qualify under Part 11. I	ίT

Se	ection A. Public Support						
	Calendar year	(a)2012	(b) 2013	(c)2014	(d)2015	(e) 2016	(f)Total
1	(or fiscal year beginning in) ► Gifts, grants, contributions, and						
_	membership fees received (Do not	I					
	ınclude any "unusual grants`")	<u> </u>					
2	Gross receipts from admissions,	I					
	merchandise sold or services performed, or facilities furnished in	I					
	any activity that is related to the	I					
	organization's tax-exempt purpose	I					
_	Cross receipts from activities that are						
3	Gross receipts from activities that are not an unrelated trade or business	I					
	under section 513	I					
4	Tax revenues levied for the						
	organization's benefit and either paid	I					
5	to or expended on its behalf The value of services or facilities						
,	furnished by a governmental unit to	I					
	the organization without charge	ļ					
6	Total. Add lines 1 through 5	<u></u>					
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	I					
	5 received from disqualified persons	<u> </u>					
b	Amounts included on lines 2 and 3						
	received from other than disqualified	I					
	persons that exceed the greater of \$5,000 or 1% of the amount on line	I					
	13 for the year	I					
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6)						
31	ection B. Total Support	Г	1	T	Т		
	Calendar year (or fiscal year beginning in) ▶	(a)2012	(b) 2013	(c)2014	(d) 2015	(e) 2016	(f)Total
9	Amounts from line 6						
.0a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
ь	income from similar sources Unrelated business taxable income						
U	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975						
	Add lines 10a and 10b Net income from unrelated business						
11	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)						
13	Total support. (Add lines 9, 10c,						
	11, and 12) First five years. If the Form 990 is fo	r the organization	te first second the	hird fourth or fift	 	ction 501/c)(2) a:	raanization
14	check this box and stop here	Tale organización	r a mac, second, ti	ma, iourtii, or iiit	ii tax yeai as a se	CCOT 301(C)(3) 01	yanızatıon, ► □
<u> </u>	ection C. Computation of Public	Support Perce	ntage				
15	Public support percentage for 2016 (lin			column (f))		15	
16	Public support percentage from 2015 S		· ·	(.,,		16	
	ection D. Computation of Invest	<u> </u>				10	
17	Investment income percentage for 20:			line 13, column (f))	17	
18	Investment income percentage from 2			,(••	18	
	331/3% support tests—2016. If the			on line 14, and lir	e 15 is more than		e 17 is not
	more than 33 1/3%, check this box and						▶ □
	33 1/3% support tests—2015. If the						. —

not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

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

7

8

10a

Schedule A (Form 990 or 990-EZ) 2016

Sections A and D, and complete Part V) Section 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			
	ın section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below	1 - '		l

	(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	L
	m section 305(a)(1) or (2)	L
	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)	
	below	Γ
•	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	

	III Section 309(a)(1) or (2)	2	i
3a	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	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	3с	Ī

	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	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?		
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	checked 12a or 12b in Part I, answer (b) and (c) below	4a	
	Did the eventualities have obtained and discussion in deciding whather to make make to the fewers commented	\Box	

		30	l
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	3с	
a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	checked 12a or 12b ın Part I, answer (b) and (c) below	4a	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported		
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b	
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections	·	
	501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support		

	to the foleigh supported organization was used exclusively for section 170(e)(2)(b) purposes	4c	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by		
	amendment to the organizing document)	5a	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its		

6

7

8

9a

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2016

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing

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

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

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

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

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

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

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

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

complete Part I of Schedule L (Form 990 or 990-EZ)

the organization had excess business holdings)

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

provide detail in Part VI.

answer line 10b below

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

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

Par	** Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described 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		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
C-	ection B. Type I Supporting Organizations			
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 of	ır 🗆	1.03	""
	elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Pa			
	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	N.
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees	of [res	No
1	were a majority of the organization's directors of trustees during the tax year also a majority of the directors of trustees each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the	or		
	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		Τ.,	
	Did the appropriate provide to each of the growth of account to the last the cold of the cold of the	,	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of			
	Form 990 that was most recently filed as of the date of notification, and (III) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?	<u> </u>	-	<u> </u>
2	Were any of the organization's officers directors or trustoes either (1) appointed or elected by the supported arrangement	n 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)	<u> </u>		
_	Divinion of the valeting described in (2) did the surround of	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in torganization's investment policies and in directing the use of the organization's income or assets at all times during the t			
	year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
			1	
	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instr	actions)		
a				
b				
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instru	ictions))
2	Activities Test Answer (a) and (b) below.	_	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the			
	supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supporte organizations and explain how these activities directly furthered their exempt purposes, how the organization was	3		
	responsive to those supported organizations, and how the organization determined that these activities constituted	<u> </u>		
	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 each the supported organizations? Provide details in Part VI.	of 3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its	<u> </u>	1	
,	supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	3b		
		,	1	

-	Add lifles 1 till odgif 5			
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

d	Total (add lines 1a, 1b, and 1c)	1d	
е	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
	Section C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

Schedule A (Form 990 or 990-EZ) (2016)

e Excess from 2016. . . .

Schedule A (F	Form 990 or 990-EZ) 21	016	ule A (Form 990 or 990-EZ) 2016 Page 8					
Part VI	Provide the explana lines 1, 2, 3b, 3c, 4 line 1; Part IV, Sect Section B, line 1e;	formation. ations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section ations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section 24b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete the boal information. (See instructions).	on C,					
	Facts And Circumstances Test							
990 Sched	lule A, Supplement	zal Information						
Ret	Return Reference Explanation							
SUPPLEMEN ⁻	MENTAL INFORMATION THE COLLECTION OF THE ORGANIZATION CONTAINS NUMEROUS BIBLICAL ARTIFACTS THAT ALLOW IT TO C ARRY OUT ITS EXEMPT PURPOSES AS DESCRIBED IN PART I OF THE FORM 990							

Schedule A (Form 990 or 990-F7) 2016

efile GRAPHIC print - DO NOT PROCESS SCHEDULE D

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

As Filed Data -

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.

Open to Public

DLN: 93493312025367 OMB No 1545-0047

(Form 990)

Department of the Treasury Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service Name of the organization **Employer identification number** THE MUSEUM OF THE BIBLE INC 27-3444987 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during 3 Aggregate value of grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located > 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? ☐ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not 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, 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 (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 2 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

Cat No 52283D

Schedule D (Form 990) 2016

art	***	Organizations Ma	aintaining Col	lections o	of Art, H	istori	cal Tı	reasu	ıres, or	Other	Similar	Assets	(contii	nued)	
3		the organization's acq (check all that apply)	uisition, accession	n, and other	records,	check a	ny of	the fol	llowing th	nat are a	sıgnıfıcan	t use of i	s colle	ection	
а	\checkmark	Public exhibition				d	✓	Loan	or excha	nge prog	rams				
b	✓	Scholarly research				e		Other	r						
c	✓	Preservation for future	e generations												
4	Provid Part X	de a description of the	organızatıon's col	lections and	explain h	now the	y furth	ner the	e organiza	ation's ex	empt pur	pose in			
5		g the year, did the org s to be sold to raise fur									ılar	□ Y	es	☑ N	o
Par	t IV	Escrow and Cust Complete if the ord X, line 21.			" on Fori	m 990,	, Part	IV, lır	ne 9, or	reporte	d an am	ount on	Form	990,	Part
1a		e organization an agent ded on Form 990, Part I		an or other	ıntermedı	ary for	contril	butions	s or othe	r assets	not	□ Y	es	□ N	o
ь	If "Ye	es," explain the arrange	ement in Part XIII	and comple	ete the fol	lowing	table					Amount	:		_
С		nning balance		•						1c					_
d	Addıtı	ions during the year								1d					_
e	Distri	butions during the year	r							1e					_
f	Endın	ig balance								1f					
2a	Did th	ne organization include	an amount on Fo	rm 990, Par	t X, line 2	21, for e	escrow	or cus	stodial a	count lia	bility?	□ Y	es	\square N	0
b	If "Ye	es," explain the arrange													
Pai	rt V	Endowment Fun	ds. Complete ıf										1		
1_	D. a. v. v.	ung of vory balance		(a)Curren	it year	(b) Pr	ior yea	r ((c) Two ye	ars back	(d)Three	years back	(e)F	our yea	rs back
	_	ing of year balance .													
		outions	as and losses					-							
		or scholarships			-			_							
		expenditures for facilities						_							
		ograms	es es												
f	Admını	strative expenses .													
g	End of	year balance													
2 a		de the estimated perce d designated or quasi-e	-	ent year end	balance	(line 1g	ı, colu	mn (a))) held as	;					
ь	Perma	anent endowment 🕨													
С	Temp	orarily restricted endov	wment >												
•		ercentages on lines 2a		ld equal 100	0%										
3a		here endowment funds	not in the posses	sion of the	organızatı	on that	are h	eld and	d adminis	stered fo	r the				
	-	nization by											2-(:)	Yes	No
		nrelated organizations elated organizations .					•						Ba(i) Ba(ii)		
b	. ,	elated organizations . es" on 3a(II), are the re			equired o	n Sche	· · · dule R	· .				. F	3b		
4		ribe in Part XIII the inte	-												
Par	t VI	Land, Buildings,	and Equipme	nt.											
		Complete of the or	f									art X, III			
	Descri	ption of property	(a) Cost or oth (Investme		(b) Cost o	or other b	pasis (d	other)	(c)Accu	mulated d	epreciation		(d) Bo	ok value	9
1a	Land						37,00	2,600						37	7,002,600
	Buildin				1			99,877							3,399,877
		old improvements													
		nent					1,56	55,056			833,64	1			731,415
							390,64	13,330			5,535,31	2		385	5,108,018

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

436,241,910

	Investments—Other Securities. Complete if the organise Form 990, Part X, line 12.	anızatıon answ	ered 'Yes' on For	m 990, Part IV, line 11b.
	(a) Description of security or category (including name of security)	(b)Book value		Method of valuation end-of-year market value
.)Financial o	derivatives			
Other	eld equity interests	_		
)				
)				
)				
))				
)				
)				
i)				
1)				
	(b) must equal Form 990, Part X, col (B) line 12)	•		
art VIII	Investments—Program Related. Complete if the or See Form 990, Part X, line 13.	ganization ans	wered 'Yes' on Fo	orm 990, Part IV, line 11c.
		(b) Book value		Method of valuation end-of-year market value
L)				
2)				
1)				
1)				
5)				
i)				
')				
3)				
))				
	(b) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets. Complete if the organization answered 'Yes' (a) Description	on Form 990, Pai	tiv, me iid See	(b) Book value
.)				
2)				
)				
)				
)				
·)				
')				
5)				
)				
	nn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer	ed 'Yes' on Fo	rm 990, Part IV,	▶ line 11e or 11f.
	See Form 990, Part X, line 25. (a) Description of liability		ook value	
	come taxes			
)				
)				
,)				
)				
)				
')				
3)				
))	(b) must equal Form 990, Part X, col (B) line 25)			

Part XI

2

а

b

c

d

е

3

4

5

1

2

b

d

е 3

а

b

C

Part XIII

5

4

b

Part XII

Schedule D (Form 990) 2016

Page 4

660,468

171,433,969

171,433,969

50,560,148

660,468

49.899.680

49,899,680

Schedule D (Form 990) 2015

Other (Describe in Part XIII)

Add lines 4a and 4b . . .

Donated services and use of facilities .

Prior year adjustments . . .

Other (Describe in Part XIII) .

Add lines 2a through 2d .

Add lines 4a and 4b .

Return Reference

See Additional Data Table

Subtract line 2e from line 1 .

Other losses .

Net unrealized gains (losses) on investments . . .

Donated services and use of facilities . Add lines 2a through 2d . . . Subtract line 2e from line 1 . Amounts included on Form 990, Part VIII, line 12, but not on line 1

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

Investment expenses not included on Form 990, Part VIII, line 7b.

Total expenses and losses per audited financial statements .

Amounts included on line 1 but not on Form 990, Part IX, line 25

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

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,

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

Other (Describe in Part XIII)

Supplemental Information

2c 2d

2a

2b

2a

2b

2c

2d

4b

Explanation

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

4a 4b

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

660.468

660.468

2e

3

4c

2e

3

4c

5

Page 5	Schedule D (Form 990) 2015
tinued)	Part XIII Supplemental Information (co
Explanation	Return Reference

Schedule D (Form 990) 2016

Additional Data

Software Version:

EIN: 27-3444987

Name: THE MUSEUM OF THE BIBLE INC

Explanation

Software ID:

Supplemental Information Return Reference

PART III, LINE 4 THE MUSEUM'S COLLECTIONS CONSIST OF BIBLICAL ARTIFACTS THAT ARE HELD FOR PUBLIC EXHIBITION , EDUCATION OR RESEARCH IN THE FURTHERANCE OF PUBLIC SERVICE RATHER THAN FINANCIAL GAIN, A RE PROTECTED, KEPT UNENCUMBERED, CARED FOR, AND PRESERVED IN PERPETUITY AND, AS A RESULT, THEIR SERVICE POTENTIAL IS UNDIMINISHED

Supplemental Information	
Return Reference	Explanation
PART X, LINE 2	MANAGEMENT HAS EVALUATED THEIR TAX POSITIONS AND CONCLUDED THEY HAVE TAKEN NO UNCERTAIN TA
	X POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS WITH FEW E XCEPTIONS, THE MUSEUM IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U S FEDERAL, STATE, OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2014

upplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	COGS FOR CURRICULUM 660,468

Sι

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	COGS FOR CURRICULUM 660,468

-

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493312025367 OMB No 1545-0047 SCHEDULE F Statement of Activities Outside the United States (Form 990) 2016 ► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. Open to Public ► Attach to Form 990. ► See separate instructions. Department of the Treasury Inspection ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization **Employer identification number** THE MUSEUM OF THE BIBLE INC 27-3444987 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed) 3 (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is a (f) Total expenditures offices in the employees, agents, region (by type) (e q, program service, describe for and investments and independent fundraising, program specific type of in region region contractors in services, investments, grants service(s) in region region to recipients located in the region) (1) See Add'l Data (2) (3) (4) (5) 1,069,603 3a Sub-total b Total from continuation sheets to Part I c Totals (add lines 3a and 3b) 1,069,603 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50082W Schedule F (Form 990) 2016

(16)

				es Outside the Unit Part II can be dupli		ete if the organization of the space is needed.	on answered "Yes" t	o Form 990, Part
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1) See Add'l Data								
(2)								
(3)								
(4)								
2 ⁵⁾ Enter total numb	er of recipient	organizations listed	above that are recog	nized as charities by	the foreign country,	recognized as tax-		6
(6) exempt by the If		n the grantee or coul ganizations or entities			Ivalency letter			0
3 Enter total numb (7)	er or other ort	anizacions or entitles		<u> </u>				29
							Schedule	F (Form 990) 2016
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								

(3) (4) (5) (6)

(7) (8) (9) (10) (11) (12)

(13) (14)

(15) (16) (17) (18) Page 3

Schedule F (Form 990) 2016

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 assistance (c) Number of (b) Region (d) Amount of (e) Manner of cash (f) Amount of (h) Method of (g) Description

	recipients	casn grant	aispursement	non-casn assistance	or non-cash assistance	valuation (book, FMV, appraisal, other)
(1)						
(2)						

			assistance	assistance	(book, FMV, appraisal, other)
(1)					
(2)					

Sche	dule F (Form 990) 2016		Page 4
Par	t IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)		
		☐ Yes	✓ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)		
	Corporations (see Instructions for Form 5471)	☐ Yes	✓ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)		
		☐ Yes	✓ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713)	□Yes	☑ No

Schedule F (Form 990) 2016 Page 5								
Provide the information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method) amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).								
Return Reference		Explanation						
ADDITIONAL INFORMATION		THE ORGANIZATION REQUIRES CONFIRMATION OF THE USE OF ALL GRANTS MADE TO VARIOUS ORGANIZATIONS THAT WERE MADE AS PART OF THEIR ARTIFACT SHARING MISSION						

Additional Data

AFRICA

NORTH AMERICA

Software ID: Software Version:

EIN: 27-3444987

Name: THE MUSEUM OF THE BIBLE INC

393,095

Form 990 Schedule F Part 1 - Activities Outside The United States										
(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					
EUROPE	0	0	GRANTMAKING		257,658					
MIDDLE EAST AND NORTH	n	0	GRANTMAKING		418,850					

0 GRANTMAKING

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV. non-cash cash organization and EIN(If cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) 313,458 WIRE ICANADA ISCHOLARS IFMV INITIATIVE **IPROJECT ICANADA** ISCHOLARS 79.636 WIRE **IFMV** INITIATIVE PROJECT (GREEK

PSALTER)

Form 990 Schedule F Part II - Grants or Entities Outside The United States (I) Method of l(b) IRS code (h) Description (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(If cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) EUROPE DONATION FOR 54,440 WIRE IFMV. "THE FEMALE ISIDE OF GOD" EXHIBITION **EUROPE** BOHAIRIC BIBLE 384 WIRE IFMV **IPROJECT**

Form 990 Schedule F Part II - Grants or Entities Outside The United States (1) Method of (b) IRS code (h) Description (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(If cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) EUROPE SCHOLARS 141,585 WIRE IFMV INITIATIVE **IPROJECT EUROPE** ISCHOLARS 31.000 WIRE lFM∨ INITIATIVE **IPROJECT**

(GREEK IPSALTER)

(i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) **IEUROPE** PUBLICATION 250 WIRE lFM∨

30.000 WIRE

lFM∨

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

YAMAUCHI

AWARD

IEUROPE



Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (g) Amount of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region (book, FMV, non-cash cash organization and EIN(If cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) 1,050 WIRE MIDDLE EAST ISCHOLARS IFMV IAND NORTH INITIATIVE IAFRICA **IPROJECT** MIDDLE EAST IFDUCATION AND 407.500 WIRE **IFMV** IAND NORTH IENGAGEMENT **IAFRICA** BETWEEN JEWISH AND CHRISTIAN ICOMMUNITIES

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(If cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) MIDDLE EAST PUBLICATION 9,000 WIRE IFMV IAND NORTH IAFRICA MIDDLE EAST IRESEARCH 1.300 WIRE lFM∨ IAND NORTH

IAFRICA

DLN: 93493312025367

2016

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

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

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

THE MUSEUM OF THE BIBLE INC

►Attach to Form 990 or Form 990-EZ.

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.

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

Employer identification number 27-3444987

	Form 990-EZ file	rs are not required	to com	piete this	s part.		
1	Indicate whether the orga	nızatıon raısed funds	through a	any of the	following activities Chec	k all that apply	
а	✓ Mail solicitations				e 🗸 Solicitation of no	n-government grants	
b	b ☑ Internet and email solicitations f ☐ Solicitation of government gran						
c	✓ Phone solicitations						
d	✓ In-person solicitations						
2 a	Did the organization have or key employees listed in					· • —	es 🗆 No
b	If "Yes," list the ten higher to be compensated at leas			fundraiser	rs) pursuant to agreement		
	(i) Name and address of ındıvıdual or entity (fundraiser)	(ii) Activity	fundrai custo cont) Did ser have ody or trol of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1		CONSULTING	Yes	No			
_	BBS & ASSOCIATES 130 SPRINGSIDE DR 200	CONSOLITING		No	0	428,831	-428,83
_	AKRON, OH 44333	CONCLUTING					
2	IDEATION CONSULTANCY	CONSULTING					
	INC 222 W 6TH ST 350			No	0	266,000	-266,000
	SAN PEDRO, CA 90731						
3	CHRISTIAN MEDIA	CONSULTING					
	CORPORATION 1400 EYE STREET NW STE 375			No	0	250,000	-250,000
	WASHINGTON DC, DC 20005						
4	MARK MARKIEWICZ SO50 7DG	CONSULTING		No	0	213,411	-213,41
	HORTON HEALTH, UK						
5		CONSULTING					
	AACC 129 VISTA CENTRE DRIVE STE B PO BO			No	0	200,000	-200,000
6	FOREST, VA 24551	CONSULTING					
0	TOP SECRET LLC 522 W OREGON AVE	CONSOLTING		No	0	197,360	-197,360
7	PHOENIX, AZ 85013	CONSULTING					
/	WESTFALL PRODUCTIONS 75 FOURTEENTH STREET NE SUITE 3050	CONSOLITING		No	0	148,825	-148,82!
	ATLANTA, GA 30309						
8	JACKSON CONSULTING GROUP LLC 501 NEVADA AVE	CONSULTING		No	0	110,000	-110,000
	COLORADO SPRINGS, CO						
9	80903	CONSULTING					
	IGNITE CONSULTING LLC 706 N LINDENWOOD DR			No	0	90,750	-90,750
10	OLATHE, KS 66062 JEREMIAH J JOHNSTON	CONSULTING					
	20510 SPARROWS SPUR STREET			No	0	90,000	-90,000
	RICHMOND, TX 77406]				
Tot	al			•		1,995,177	-1,995,17
3	List all states in which the oi	rganization is registe	red or lice	nsed to s	olicit contributions or has	been notified it is exempt	from registration or

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

Cat No 50083H

licensing

	edule G (Form 990 or 990-EZ) 2016				Page 2
Pa	rt II Fundraising Events. Complethan \$15,000 of fundraising egross receipts greater than \$	event contributions and			
	gross receipts greater than \$	(a)Event #1	(b) Event #2	(c)Other events	(d) Total events (add col (a) through
Revenue		(event type)	(event type)	(total number)	col (c))
	1 Gross receipts				
	2 Less Contributions				
	4 Cash prizes				
S	5 Noncash prizes				
JSe	6 Rent/facility costs				
Expenses	7 Food and beverages				
១	8 Entertainment				
Direct	9 Other direct expenses				
_	10 Direct expense summary Add lines 4	through 9 in column (d)		•	
	11 Net income summary Subtract line 10) from line 3, column (d)		•	
Pai	Gaming. Complete if the org on Form 990-EZ, line 6a.		es" on Form 990, Part 1	IV, line 19, or reported	i more than \$15,000
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	1 Gross revenue				
Expenses	2 Cash prizes				
ង័	3 Noncash prizes				
ect	4 Rent/facility costs				
<u>ā</u>	5 Other direct expenses				
		☐ Yes%	☐ Yes %	☐ Yes %	
	6 Volunteer labor	□ No	□ No	□ No	
	7 Direct expense summary Add lines 2	through 5 in column (d)			
	8 Net gaming income summary Subtrac	t line 7 from line 1, colun	nn (d)	•	
9 a b	Enter the state(s) in which the organizat Is the organization licensed to conduct g If "No," explain	aming activities in each o	f these states?		☐ Yes ☐ No
10a b	If "Yes," explain	censes revoked, suspende	ed or terminated during the	e tax year?	☐ Yes ☐ No

Sche	dule G (Form 990 or 990-EZ) 2016					F	age					
11	Does the organization conduct gaming	j activities with nonmember	s?		☐Yes	□No						
12	Is the organization a grantor, benefici- formed to administer charitable gamin		a member of a partnership or other entity		□Yes	□No						
13	Indicate the percentage of gaming act	ivity conducted in										
а	The organization's facility			13a								
b	An outside facility			13b			(
14	Enter the name and address of the pe	rson who prepares the orga	nization's gaming/special events books and re	ecords								
	Name •											
	Address >											
15a	Does the organization have a contract revenue?	with a third party from who	om the organization receives gaming		□Yes	□No						
b			ganization ▶ \$ and th	ne								
	amount of gaming revenue retained b	y the third party $ hildsymbol{ ho}$ \$										
С	If "Yes," enter name and address of the	ne third party										
	Name ▶											
	Address ►											
16	Gaming manager information											
	Name ►											
	Gaming manager compensation ▶ \$											
	Description of services provided ▶											
	☐ Director/officer	☐ Employee	☐ Independent contractor									
17	Mandatory distributions											
а	,	te law to make charitable di	stributions from the gaming proceeds to		_							
_	retain the state gaming license?				☐ Yes	□ No						
b	·		uted to other exempt organizations or spent									
D.	in the organization's own exempt activ			- (···) -	and (). a	ad Dawt						
Pal		l5c, 16, and 17b, as app	tions required by Part I, line 2b, column licable. Also complete this part to provid									
	Return Reference		Explanation									
			<u>'</u>	ule G (F	orm 990 or	990-EZ)	201					

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493312025367 OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations,** (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number THE MUSEUM OF THE BIBLE INC. 27-3444987 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of sect3 Enter total number of other		_					16
For Paperwork Reduction Act Notes				Cat No 50055			edule I (Form 990) 2016

Schedule I (Form 990) 2016					Page 2
Part III Grants and Other Assistance to Part III can be duplicated if addition	Domestic Individua onal space is needed	ils. Complete if the orga	nization answered "Yes"	on Form 990, Part IV, line 22	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) RESEARCH GRANT FOR EARLY CHRISTIAN LIVES, PROTEUS/ANCIENT LIVES, AND IMAGING PAPYRI PROJECTS AS WELL AS ESTABLISHING A RESEARCH CENTER	1	225,311			
(2) SCHOLARSHIP STIPEND	58	151,950			
(2)					
(3)			I		
(4)					
(5)					
(6)					
(7)					
Part IV Supplemental Informati	on. Provide the info	ormation required in F	Part I, line 2, Part III	I, column (b), and any other ad-	Iditional information.

Explanation Return Reference

PART I, LINE 2 THE ORGANIZATION REQUIRES CONFIRMATION OF THE USE OF ALL GRANTS MADE TO VARIOUS ORGANIZATIONS THAT WERE MADE AS PART OF THEIR AFTIFACT SHARING MISSION

Schedule I (Form 990) 2016

Additional Data

PASSAGES AMERICA ISRAEL

50 S MAIN STREET SUITE 200

NAPERVILLE, IL 60540

ARCHAEOLOGY PROGRAM

WHEATON COLLEGE

501 COLLEGE AVENUE

WHEATON, IL 60187

INC

Software ID: **Software Version:**

81-2453820

36-2182171

EIN: 27-3444987

Name: THE MUSEUM OF THE BIBLE INC

3,476,000

500,000

Form 990,Schedule I, Part	II, Grants and	Other Assistance to	o Domestic Organiza	tions and Domest	ic Governments.	
(a) Name and address of	(b) EIN	(a) IBC costion	(d) Amount of each	(a) Amount of non	(f) Mothod of valuation	

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valu
organization		ıf applıcable	grant	cash	(book, FMV, appra
or government				accietance	other)

501C3

501C3

on or government assistance otner)

nount of non- cash	(f) Method of valuation (book, FMV, appraisa

(g) Description of

non-cash assistance

(h) Purpose of grant

TRIPS TO ISRAEL TO

STUDENTS ON ROOTS

EDUCATE COLLEGE

OF BIBLICAL FAITH

ARCHAEOLOGICAL

EXCAVATION AT TEL

SHIMRON IN JEZREEL

VALLEY REGION OF

ISRAEL

or assistance

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable arant cash non-cash assistance or assistance or government other) assistance 59-3645285 501C3 222.386 STUDY AND AMERICAN FRIENDS OF TYNDALE HOUSE CAMBRIDGE PUBLICATION OF FRASED TEXTS OF PO BOX 1062 WHEATON, IL 60187 CODEX CLIMICI RESCRIPTUS AND SCHOLAR MENTORING SAINT LOUIS UNIVERSITY 43-0654872 501C3 56,986 RESEARCH ON AND

DIGITIZATION OF

MEDIEVAL MANUSCRIPTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

3545 LINDBELL BLVD

ST LOUIS, MO 63108

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 95-1744369 501C3 25.000 POST-DOCTORAL AZUSA PACIFIC UNIVERSITY 901 E ALOSTA AVE FELLOWSHIP FOR BIBLICAL RESEARCH AZUSA, CA 71702 AND IDENTIFICATION OF CONNECTIONS WITH ITEMS IN MUSEUM'S COLLECTION 47-1604216 501C3 38.413 SCHOLARSHIP AND DISSERTATION

PUBLICATION OF ARAMAIC "MAGIC"

BOWLS IN THE COLLECTION

UNIVERSITY OF EXETER US FOUNDATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1000 N WEST NO 1200

WILMINGTON, DE 19801

organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) OHR TORAH STONE 13-3275531 501C3 40.000 3RD PARTY PEER

(e) Amount of non-

(f) Method of valuation

(g) Description of

(h) Purpose of grant

INSTITUTIONS OF ISRAEL 49 WEST 45TH STREET NEW YORK, NY 10036	13-32/3331	30163	40,000				REVIEW OF MOTB STATEMENTS AND RESEARCH WITH REGARDS TO MANUSCRIPTS AND ARTIFACTS IN ITS COLLECTION WHERE GRANTEE HAS EXPERTISE
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35,000 THE DEAD SEA SCROLLS 35-1855580 501C3 DEAD SEA SCROLL FOUNDATION RESEARCH AND PO BOX 1775 PUBLICATION

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

WARSAW, IN 46581

(b) EIN

or government assistance other) THE EARLY MANUSCRIPTS 35-2253653 501C3 163,470 SPECTRAL IMAGING RESEARCH TO ELECTRONIC LIBRARY 904 SILVER SPUR ROAD 254 DIGITALLY RESURRECT ROLLING HILLS ESTATES, CA FRASED WRITING 90274 THROUGH DIAGNOSTIC SCIENTIFIC ANALYSIS OF INKS AND PARCHMENTS OF

(e) Amount of non-

cash

(f) Method of valuation

(book, FMV, appraisal,

(g) Description of

non-cash assistance

(h) Purpose of grant

or assistance

THFIR

CONGREGATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(d) Amount of cash

grant

(c) IRC section

if applicable

(a) Name and address of

organization

(b) EIN

VARIOUS COLLECTION ITEMS NATIONAL CHRISTIAN 43-1890105 501C3 95,000 TRIPS FOR CHRISTIAN FOUNDATION HEARTLAND PASTORS TO THE HOLY 7171 W 95TH STREET STE 501 LAND TO ENCOUNTER OVERLAND PARK, KS 66212 THE ROOTS OF THEIR BIBLICAL FAITH FIRST HAND AND RETURN TO SHARE THE EXPERIENCE WITH

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization arant cash non-cash assistance or assistance or government other) assistance 23-7083811 501C3 72.000 WF ALBRIGHT INSTITUTE OF FUND PUBLICATIONS ARCH RES OF THE RESEARCH ALBRIGHT INSTITUTE LEXCAVATIONS OF TEL

AS DISCUSSED IN THE

BIBLE

PHILADELPHIA, PA 19106 MIONE-EKRON IN **ISRAEL** 501C3 57,753 JERUSALEM UNIVERSITY 36-2392710 STUDENT GROUP TRIP COLLEGE TO GAIN

4249 EAST STATE ST STE 203 UNDERSTANDING OF ROCKFORD, IL 61108 HISTORY AND GEOGRAPHY OF ISRAEL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 501C3 37,500 FUND EQUIPMENT AND NEW ORLEANS BAPTIST 72-0494592 THEOLOGICAL SEMINARY TWO DOCTORAL 3939 GENTILY BLVD FELLOWS FOR GREEK NEW ORLEANS, LA 70126 PAUL PROJECT AT HAGGARD CENTER FOR NEW TESTAMENT TEXTUAL STUDIES AND IN GREECE 501C3 29,000 20-0180768 RESEARCH AND TRANSCRIPTION OF

THE PAULINE CORPUS

AS PART OF THE GREEK PAUL PROJECT

SHEPHERDS THEOLOGICAL SEMINARY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

6051 TRYON RD

CARY, NC 27518

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

74-2722401

ABILENE CHRISTIAN	75-0851900	501C3	28,533		STUDY OF CODEX
UNIVERSITY					CLIMACI RESCRIPTUS
PO BOX 29120					FOCUSING ON TWO
ABILENE, TX 79699					SYRIAC TEXTS BY JOHN
·					CLIMACUS

FUND EXCAVATION AND

RESTORATION EFFORTS

I OF OUMRAN CAVE

COMPLEX IN ISRAEL

20,000

WORLD OF THE BIBLE

SAN MARCOS, TX 78666

MINISTRIES

110 EASY STREET

Compensation Information

DLN: 93493312025367

OMB No 1545-0047

2015

Open to Public Inspection

Schedule J (Form 990)

Department of the

Name of the organization

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.

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

Treasury Internal Revenue Service

Employer identification number

1111	MOSEON OF THE BIBLE INC	27-3444987			
Рa	rt I Questions Regarding Compensation	· · · · · · · · · · · · · · · · · · ·			
				Yes	No
1 a		vided any of the following to or for a person listed on Form to provide any relevant information regarding these items			
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	┌ Tax idemnification and gross-up payments	─ Health or social club dues or initiation fees			
	Discretionary spending account	→ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement or provision of all of the expenses de	ganization follow a written policy regarding payment or scribed above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to redirectors, trustees, officers, including the CEO/Exec	eimbursing or allowing expenses incurred by all cutive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the filing organ organization's CEO/Executive Director Check all th used by a related organization to establish compens				
	Compensation committee				
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, or a related organization	Part VII, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	payment?	4a	Yes	
b	Participate in, or receive payment from, a supplemen	ntal nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-ba	ased compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro	ovide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizat	ions must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A compensation contingent on the revenues of	, line 1a, did the organization pay or accrue any			
а	The organization?		5a		Νo
b	Any related organization?		5b		Νo
	If "Yes," on line 5a or 5b, describe in Part III				
6	For persons listed on Form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1a, did the organization pay or accrue any			
а	The organization?		6 a		Νo
b	Any related organization?		6b		Νo
	If "Yes," on line 6a or 6b, describe in Part III				
7	For persons listed on Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes," d		7		No
8	Were any amounts reported on Form 990, Part VII, ; subject to the initial contract exception described in	paid or accured pursuant to a contract that was Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	in Part III	(4,0)	8		Νo
9	If "Yes" on line 8, did the organization also follow the section 53 4958-6(c)?	e rebuttable presumption procedure described in Regulations	9		

Schedule J (Form 990) 2015							Page Z
Part II Officers, Director	s, Trustees, Key Er	nployees, and Hig	hest Compensate	ed Employees. Use	duplicate copies if	additional space is	needed.
For each individual whose compens instructions, on row (ii) Do not list Note. The sum of columns (B)(i)-(iii	any individuals that are	not listed on Form 990	, Part VII		-	·	
(A) Name and Title	(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
	Base (1) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990

Schedule J (Form 990) 2015

Cahadula 1 (Form 000) 201 F

See Additional Data Table

Schedule J (Form 990) 2015	Page 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							
PART I, LINE 4A	DEBBIE Y STACY SEVERANCE PACKAGE OF \$34,712 ANDREW J WORKMAN SEVERANCE PACKAGE OF \$21,956						

Schedule J (Form 990) 2015

C - L - d. . L - 1 (E - 000) 201 E

Software ID: Software Version:

EIN: 27-3444987

Name: THE MUSEUM OF THE BIBLE INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of (i) Base Compensation	f W-2 and/or 1099-MIS (ii) Bonus & Incentive compensation		(C) Retirement and other deferred compensation	(D) Nontaxable benefits		(F) Compensation in column (B) reported as deferred on prior Form 990
1CARY L SUMMERS PRESIDENT/COO	(1)	297,366	0	3,910	24,000	14,850	340,126	0
	(11)	0	0	0	0	- 0		0
1TIM SMITH CHIEF DEV OFFICER	(1)	198,875	0	3,910	0	14,850	217,635	0
	(11)	0	0	0	0			0
2STEVEN BICKLEY VP MARKETING, FINANC	(1)	188,277	0	5,263	23,921	20,581	238,042	0
,	(11)	0	0	0	0		0	0
3JEFFREY K SCHNEIDERCIO	(1)	181,343	0	4,287	0	12,032	197,662	0
	(11)	0	0	0	0			0
4ALLEN QUINE VP INTERNATIONAL	(1)	172,970	0	5,238	8,769	20,581	207,558	0
RELATIONS	(11)	0	0	0	0	-		0
5DAVID J TROBISCH DIRECTOR OF COLLECTIONS	(1)	154,462	0	1,537	21,273	6,851	184,123	0
	(11)	0	0	0	0			0
6 BENJAMIN T GREENE SENIOR DIRECTOR OF	(1)	159,922	0	5,263	8,086	20,581	193,852	0
AFFILIATED PARTNE	(11)	0	0	0	0	- 0		0
7 SETH W POLLINGER DIRECTOR OF CONTENT	(1)	136,151	0	5,167	0	20,581	161,899	0
	(11)	0	0	0	0			0
8 QUENTIN S BANKS DIRECTOR OF INTERACTIVE	(1)	131,281	0	5,263	0	20,581	157,125	0
SYSTEMS	(11)	0	0	0	0			0
9ANDREW J WORKMAN MANAGER OF INTERACTIVE	(1)	128,631	0	6,884	3,969	18,781	158,265	0
SYSTEMS DEVEL	(11)	0	0	0	0	- 0	0	0

efile GRAPHI	C print - DO NO	iled Data -					DL	.N: 93	4933	120	25367		
(Form 990 or 990-EZ) ► Complete if the organization answered								мв No 2(
Department of the Tre Internal Revenue Serv	isurv	ormation abo	► Atta	ch to Form 99 ule L (Form 99 <i>www.irs.gov</i>	0 or Form 99 00 or 990-EZ	0-EZ.	ructio	ns is	at		∠ Open Inst	to P	ıblic
Name of the org THE MUSEUM OF T								-	yer ide 4987	entifica	ition n	umb	er
	ss Benefit Trar lete if the organiza									ne 40b			
) Name of disquali			Relationship be				(c) [escript ansacti	on of) Cor es	No No
4958 3 Enter the ar	mount of tax incurion mount of tax, if an ans to and/or I applete if the organiorted an amount o (b) Relationship with organization	y, on line 2, a From Inter zation answe n Form 990, I (c) Purpose	ested Per red "Yes" o Part X, line (d) Loan	bursed by the orsons. n Form 990-EZ, 5, 6, or 22	rganization .		. : <u> </u>	rt IV,	line 26	\$ 5, or if ' h) ved by	(janiza i)Writ jreem	ten
			То	From	- amount		Yes	No	1	No	Yes		No
			10	110111			163	140	163	110	163		110
Total					<u> </u> ▶ \$								
	nts or Assistar					line 27.							
(a) Name of Inter	rested person (b	Relationship erested perso organizat	n and the	(c) Amount	of assistance	(d) Type	of assi	stand	ce	(e) Pu	rpose o	of ass	stance
Ear Damanuari- Da	luction Act Notice s	oo the Tret	stions for F	Nem 000 av 000 5	7 0-	at No. 50056A				. /5		000	E7\ 2016

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sh o organiz reven	f atıon's				
				Yes	No				
(1) STEVE GREEN	CHAIRMAN		SEE NOTE BELOWSTEVE GREEN, CHAIRMAN OF THE MUSEUM OF THE BIBLE, IS THE PRESIDENT OF HOBBY LOBBY STORES, INC THE MUSEUM LEASES OFFICE SPACE FROM HOBBY LOBBY, PROVIDES AND BILLS FOR CURATORIAL SERVICES TO HOBBY LOBBY AMONG OTHER EXPENSES AND REVENUES PAID TO AND RECEIVED FROM HOBBY LOBBY TOTALING \$3,117,563 OF THIS AMOUNT, \$2,424,246 IS RELATED TO ONE-TIME EXPENDITURES IN CONNECTION WITH THE CONSTRUCTION OF THE PERMANENT MUSEUM IN WASHINGTON D C FOR AIR AND DEVELOPMENT RIGHTS WHICH HOBBY LOBBY HAD PREVIOUSLY PURCHASED AT APPRAISED VALUE AND RESOLD TO THE MUSEUM FOR ITS COST		No				
(2) MARK DEMOSS	BOARD MEMBER	, ,	SEE NOTE BELOWMARK DEMOSS IS PRESIDENT OF A FIRM THAT PROVIDES MARKETING AND PUBLIC RELATIONS CONSULTING SERVICES FOR MUSEUM OF THE BIBLE		No				
Part V Supplemental Information		Schodulo I (see instructi) 						
Return Reference	on for responses to questions on	responses to questions on Schedule L (see instructions) Explanation							

efile GRAPHIC	N: 93493312025367						
SCHEDULE	O Supplement	tal Informatio	on to Form 990 or 9	190_E7	OMB No 1545-0047		
(Form 990 or 9 EZ) Department of the Trea	2016 Open to Public Inspection						
Internal Revenue Cornec Name of the organization THE MUSEUM OF THE BIBLE INC 27-3444987							
	O, Supplemental Informatio	on	Fundamentan				
Return Reference	Explanation						
FORM 990, PART I - ADDITIONAL INFORMATION	FUNDRAISING EXPENSES ARE EXECUTION OF A FUNDRAISIN		SIDE FIRMS ENGAGED TO AS	SSIST IN THE FO	DRMULATION AND		

Return Explanation

FORM 990, PAID CONTRACTORS REVIEW CONSTRUCTION INVOICES RELATED TO WASHINGTON DC CONSTRUCTION, OVERS EE EXHIBIT DESIGN, AND THE SCHOLARS INITIATIVE PROGRAM SECTION A, LINE 3

Return Explanation
Reference
FORM 990, A DRAFT FORM 990 IS PROVIDED TO THE BOARD PRIOR TO FILING THE RETURN

PART VI, SECTION B, LINE 11B

Return Explanation
Reference

FORM 990,	THE ORGANIZATION MONITORS THE CONFLICT OF INTEREST POLICY BY REQUIRING BOARD MEMBERS TO ABSTAIN
PART VI,	FOR A VOTE IN WHICH THEY HAVE A CONFLICT
SECTION B,	
LINE 12C	

Return Explanation Reference

990 Schedule O, Supplemental Information

FORM 990, PART VI, BY THE COMPENSATION OF ALL OFFICERS OF THE ORGANIZATION INCLUDING THE PRESIDENT IS DETERMINED BY THE COMPENSATION COMMITTEE IN PARTICULAR, THE BOARD COMP COMMITTEE EVALUATES THE PRESIDENT INDIVIDUALLY AND REVIEWS/APPROVES A COMPENSATION STUDY ON ALL OTHER EMPLOYEES FOR US LINE 15 E IN DETERMINING MARKET RATES FOR POSITIONS INDIVIDUAL COMPENSATION FOR THESE NON-PRESIDE

NT LEVEL EMPLOYEES IS SET BASED ON A DISCUSSION AMONG THE PRESIDENT AND VICE PRESIDENTS.

Return Explanation
Reference

LINE 19

FORM 990, THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEME PART VI, NTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST SOME SUMMARY INFORMATION, ALONG WITH A FORM SECTION C. TO INQUIRE, IS AVAILABLE ON THE WEBSITE

Return

Reference	
FORM 990, PART XI,	ON JULY 1, 2016, THE MUSEUM ELECTED TO CHANGE ITS POLICY OVER COLLECTIONS TO NO LONGER REC OGNIZE DONATED OR PURCHASED ARTIFACTS IN THE STATEMENT OF FINANCIAL POSITION PRIOR TO JUL
LINE 9	Y 1, 2016, THE MUSEUM'S POLICY WAS TO CAPITALIZE DONATED AND PURCHASED BIBLICAL ARTIFACTS IN THE STATEMENT OF FINANCIAL POSITION AND RECORD CONTRIBUTIONS OF ARTIFACTS AT FAIR VALUE AT THE DATE OF RECEIPT WHEN ACQUIRED BY DONATION OR AT COST WHEN PURCHASED BY THE MUSEUM
	THE MUSEUM HAS ELECTED TO DERECOGNIZE DONATED AND PURCHASED BIBLICAL ARTIFACTS IN ACCORDA NCE WITH ACCOUNTING POLICIES GENERALLY FOLLOWED BY MUSEUMS WITH SIMILAR COLLECTIONS

Explanation