Public Inspection

Form **990** — **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

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

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047 — **2018** — Open to Public Inspection

A For the 2018 calendar year, or tax year beginning JUL 1, 2018 and ending JUN 30, 2019

B Check if applicable: Address change; Name change; Initial return; Final return/terminated; Amended return; Application pending

C Name of organization: MUSEUM OF THE BIBLE

Doing business as

Number and street (or P.O. box if mail is not delivered to street address): 7507 SW 44TH ST — Room/suite

City or town, state or province, country, and ZIP or foreign postal code: OKLAHOMA CITY, OK 73179

D Employer identification number: 27-3444987

E Telephone number: 405-996-4900

G Gross receipts $ 143,380,495.

F Name and address of principal officer: HARRY HARGRAVE
7507 SW 44TH STREET, OKLAHOMA CITY, OK 7317

H(a) Is this a group return for subordinates? Yes [X] No

H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: [X] 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.MUSEUMOFTHEBIBLE.ORG

K Form of organization: [X] Corporation Trust Association Other ▶

L Year of formation: 2010 **M** State of legal domicile: OK

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: THE MUSEUM OF THE BIBLE IS AN INNOVATIVE, GLOBAL AND EDUCATIONAL INSTITUTION WHOSE PURPOSE IS TO

2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	471
6	Total number of volunteers (estimate if necessary)	6	203
7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	862,559.
b	Net unrelated business taxable income from Form 990-T, line 38	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	127,617,416.	128,097,292.
	9	Program service revenue (Part VIII, line 2g)	12,107,258.	10,275,669.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	106,866.	238,897.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	188,973.	1,842,668.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	140,020,513.	140,454,526.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,767,164.	757,859.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	24,622,587.	23,094,746.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	1,179,723.	1,204,715.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,671,546.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	80,831,489.	53,731,739.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	109,400,963.	78,789,059.
	19	Revenue less expenses. Subtract line 18 from line 12	30,619,550.	61,665,467.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	499,970,045.	498,625,589.
	21	Total liabilities (Part X, line 26)	73,968,334.	10,956,995.
	22	Net assets or fund balances. Subtract line 21 from line 20	426,001,711.	487,668,594.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer: H M Hargrave — Date: 3-11-20

▶ HARRY HARGRAVE, CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
CARLEY UMSTEAD				P00982177

Firm's name ▶ RSM US LLP — Firm's EIN ▶ 42-0714325

Firm's address ▶ 210 PARK AVENUE, SUITE 1725
OKLAHOMA CITY, OK 73102 — Phone no. 405-239-7961

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

THE MUSEUM OF THE BIBLE IS AN INNOVATIVE, GLOBAL, AND EDUCATIONAL INSTITUTION WHOSE PURPOSE IS TO INVITE ALL PEOPLE TO ENGAGE WITH THE HISTORY, THE IMPACT, AND THE NARRATIVE OF THE BIBLE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 55,574,268. including grants of $ 2,113.) (Revenue $ 10,966,138.)

PERMANENT MUSEUM AND COLLECTIONS - MUSEUM OF THE BIBLE IS AN IMMERSIVE, EDUCATIONAL INSTITUTION IN WASHINGTON D.C., THAT INVITES ALL PEOPLE TO ENGAGE WITH THE BIBLE BY EXPLORING ITS HISTORY, STORIES, AND IMPACT. RANKED ONE OF THE TOP MUSEUMS BY FODOR'S TRAVEL, MUSEUM OF THE BIBLE HAS WELCOMED WELL OVER A MILLION GUESTS. ACCORDING TO POST-VISIT SURVEYS, 80 PERCENT OF GUESTS WOULD STRONGLY RECOMMEND THE MUSEUM TO AN ACQUAINTANCE. THE MUSEUM REGULARLY INVITES THE PUBLIC INTO THE MUSEUM FOR LECTURES, CONFERENCES, AND EDUCATIONAL PROGRAMS FOR K-12 STUDENTS.

4b (Code:) (Expenses $ 272,679. including grants of $) (Revenue $)

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.

4c (Code:) (Expenses $ 984,361. including grants of $ 730,382.) (Revenue $)

RESEARCH - MUSEUM OF THE BIBLE SPONSORS RESEARCH THROUGH ITS SCHOLARS INITIATIVE, WHOSE MISSION IS TO FACILITATE RESEARCH (PRIMARILY ON ARTIFACTS IN THE MUSEUM COLLECTION) AND TO HELP PREPARE THE NEXT GENERATION OF SCHOLARS. TO THESE ENDS IT PROVIDES GRANTS TO SCHOLARS TO PURSUE RESEARCH AND PROVIDE STUDENTS WITH OPPORTUNITIES TO DEVELOP AS SCHOLARS THROUGH SCHOLAR/MENTOR RELATIONSHIPS. IN THE 2018-2019 ACADEMIC YEAR, SCHOLARS INITIATIVE COLLABORATED WITH OVER FORTY PROFESSIONAL RESEARCHERS AND GRADUATE FELLOWS ON A VARIETY OF RESEARCH PROJECTS.

4d Other program services (Describe in Schedule O.)

(Expenses $ 3,735,989. including grants of $ 25,364.) (Revenue $ 88,883.)

4e Total program service expenses ▶ 60,567,297.

SEE SCHEDULE O FOR CONTINUATION(S)

Part IV | Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c	X	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30	X	
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part 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
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	239			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	X	

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	471		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a	X	
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	X	
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		X
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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
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?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	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	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	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			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?		15		X
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		X
	If "Yes," complete Form 4720, Schedule O.				

Part VI Governance, Management, and Disclosure

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

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

Section 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. 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.	1a	13		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	12		
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			X
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			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
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			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			X

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

		Line	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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	X	
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	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		X
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		

Section C. Disclosure

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,HI,IL,KS

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

Own website ☐ Another's website ☒ Upon request ☐ Other *(explain in Schedule O)*

19 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 - 405-448-3372
7507 SW 44TH STREET, OKLAHOMA CITY, OK 73179

SEE SCHEDULE O FOR FULL LIST OF STATES

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) STEVE GREEN DIRECTOR & CHAIRMAN	5.00	X		X				0.	0.	0.
(2) HARRY CRISP, III VICE CHAIR	1.00	X		X				0.	0.	0.
(3) REV BOB HOSKINS DIR. & SEC./TREAS.	1.00	X		X				0.	0.	0.
(4) DR. BARRY H. COREY BOARD MEMBER	1.00	X						0.	0.	0.
(5) ROBERT D. MOSER, JR. BOARD MEMBER	1.00	X						0.	0.	0.
(6) BOBBY GRUENEWALD BOARD MEMBER	1.00	X						0.	0.	0.
(7) MARY BANKS BOARD MEMBER	1.00	X						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	X						0.	0.	0.
(11) ALLON LEFEVER BOARD MEMBER	1.00	X						0.	0.	0.
(12) ANNE BEILER BOARD MEMBER	1.00	X						0.	0.	0.
(13) GLENN A. YOUNGKIN BOARD MEMBER	1.00	X						0.	0.	0.
(14) MARWAN RIFKA INTERIM CEO	20.00			X				48,000.	0.	0.
(15) KENNETH MCKENZIE CEO	55.00			X				86,901.	0.	1,326.
(16) CARY L SUMMERS CHIEF RELATIONSHIP OFFICER	55.00			X				406,981.	0.	27,887.
(17) ALLEN QUINE VP INTERNATIONAL RELATIONS	55.00			X				189,216.	0.	12,370.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(18) JEFF KLOHA CHIEF CURATORIAL OFFICER	55.00			X				183,152.	0.	16,016.
(19) TONY ZEISS EXEC DIRECTOR OF THE MUSEUM	55.00			X				190,876.	0.	5,780.
(20) CHRISTOPHER LYONS CHIEF OPERATING OFFICER	55.00			X				167,603.	0.	1,544.
(21) DAVID SUEY CHIEF ADMINISTRATIVE OFFICER	55.00			X				8,077.	0.	0.
(22) LINDA G. KOLDENHOVEN DIRECTOR OF WOMEN'S INITIATIVES	55.00					X		187,199.	0.	6,868.
(23) FRANK CERUTTI DIRECTOR OF PARTNER RELATIONS	55.00					X		175,351.	0.	27,410.
(24) KAY PENINGER DIRECTOR OF MUSEUM EDUCATION	55.00					X		171,168.	0.	7,016.
(25) KAREN POTH CREATIVE DIRECTOR	55.00					X		156,184.	0.	3,074.
(26) DARRELL UTT DIRECTOR OF OPERATIONS	55.00					X		150,792.	0.	5,044.
1b Sub-total ▶								2,121,500.	0.	114,335.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								2,121,500.	0.	114,335.

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 ▶ 50

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
OKLAHOMA INVESTIGATIVE GROUP, INC. DBA TRIC PO BOX 32316, OKLAHOMA CITY, OK 73123	MUSEUM SECURITY	5,161,951.
BLUECROSS BLUE SHIELD OF OKLAHOMA P.O. BOX 731428, DALLAS, TX 75373-1428	INSURANCE	2,004,737.
RED COATS, INC., 4520 EAST WEST HWY #200, BETHESDA, MD 20814	MUSEUM SERVICES	1,400,838.
COMPEDIA SOFTWARE & HARDWARE LTD 2 BEN-GURION ST , RAMAT-GAN, ISRAEL 52573	SOFTWARE	1,109,328.
MARSH & MCLENNAN AGENCY LLC P.O. BOX 848315, DALLAS, TX 75284	INSURANCE	899,180.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 63

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	128,097,292.				
	g Noncash contributions included in lines 1a-1f: $		94,900.				
	h **Total.** Add lines 1a-1f ▶			128,097,292.			
Program Service Revenue		Business Code					
	2 a ADMISSIONS	900099		7,768,851.	7,768,851.		
	b CURATORIAL SERVICES	900099		1,635,000.	1,635,000.		
	c MUSEUM RESTAURANT	900099		871,818.	871,818.		
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f ▶			10,275,669.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			181,678.			181,678.
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
		(i) Real	(ii) Personal				
	6 a Gross rents	593,545.					
	b Less: rental expenses	390,045.					
	c Rental income or (loss)	203,500.					
	d Net rental income or (loss) ▶			203,500.		2,743.	200,757.
	7 a Gross amount from sales of assets other than inventory	(i) Securities 57,219.	(ii) Other				
	b Less: cost or other basis and sales expenses	0.					
	c Gain or (loss)	57,219.					
	d Net gain or (loss) ▶			57,219.			57,219.
	8 a Gross income from fundraising events (not including $ ______ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
	c Net income or (loss) from fundraising events ▶						
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities ▶						
	10 a Gross sales of inventory, less returns and allowances	a	4,175,092.				
	b Less: cost of goods sold	b	2,535,924.				
	c Net income or (loss) from sales of inventory ▶			1,639,168.	779,352.	859,816.	
	Miscellaneous Revenue	Business Code					
	11 a						
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d ▶						
	12 **Total revenue.** See instructions ▶			140,454,526.	11,055,021.	862,559.	439,654.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	602,947.	602,947.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	30,613.	30,613.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	124,299.	124,299.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,334,125.	878,287.	48,857.	406,981.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	488,734.		488,734.	
7 Other salaries and wages	17,773,306.	11,268,016.	5,355,973.	1,149,317.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	328,588.	206,035.	100,431.	22,122.
9 Other employee benefits	1,678,242.	869,210.	702,808.	106,224.
10 Payroll taxes	1,491,751.	955,470.	430,118.	106,163.
11 Fees for services (non-employees):				
a Management				
b Legal	611,499.	136,584.	474,915.	
c Accounting	102,292.		102,292.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	1,204,715.			1,204,715.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	6,595,438.	5,226,543.	1,374,982.	-6,087.
12 Advertising and promotion	2,454,029.	2,363,209.	38,364.	52,456.
13 Office expenses	1,262,895.	152,409.	1,087,856.	22,630.
14 Information technology	2,190,735.	351,518.	1,831,692.	7,525.
15 Royalties				
16 Occupancy	3,126,756.	3,050,221.	-22,647.	99,182.
17 Travel	1,836,962.	1,015,193.	311,458.	510,311.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	1,416,096.	1,416,096.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	23,416,717.	23,021,634.	347,084.	47,999.
23 Insurance	723,629.	19,377.	704,252.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SECURITY	5,436,863.	5,436,863.		
b BAD DEBT	1,083,374.	433,597.		649,777.
c TEMPORARY EXHIBITS	768,308.	768,308.		
d				
e All other expenses	2,706,146.	2,240,868.	173,047.	292,231.
25 **Total functional expenses.** Add lines 1 through 24e	78,789,059.	60,567,297.	13,550,216.	4,671,546.
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)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		299,079.	1	14,844,917.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		9,619,567.	3	19,343,953.
	4	Accounts receivable, net		554,937.	4	516,900.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	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 instr). Complete Part II of Sch L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		4,110,111.	8	2,649,654.
	9	Prepaid expenses and deferred charges		1,471,934.	9	939,610.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 503,062,643.			
	b	Less: accumulated depreciation	10b 43,252,693.	481,450,938.	10c	459,809,950.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		2,463,479.	15	520,605.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		499,970,045.	16	498,625,589.
Liabilities	17	Accounts payable and accrued expenses		6,552,092.	17	10,956,995.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties		67,416,242.	24	0.
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		73,968,334.	26	10,956,995.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		409,701,438.	27	466,246,432.
	28	Temporarily restricted net assets		16,300,273.	28	21,422,162.
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		426,001,711.	33	487,668,594.
	34	Total liabilities and net assets/fund balances		499,970,045.	34	498,625,589.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	140,454,526.
2	Total expenses (must equal Part IX, column (A), line 25)	2	78,789,059.
3	Revenue less expenses. Subtract line 2 from line 1	3	61,665,467.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	426,001,711.
5	Net unrealized gains (losses) on investments	5	1,416.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	487,668,594.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other ____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	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 Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2018
Open to Public Inspection

Name of the organization MUSEUM OF THE BIBLE

Employer identification number 27-3444987

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 [ ] A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 [ ] A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
3 [ ] A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 [ ] A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
5 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 [ ] A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 [ ] A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 [ ] An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
10 [ ] An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
11 [ ] An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
12 [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a [ ] **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b [ ] **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c [ ] **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d [ ] **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e [ ] Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations ....

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	156450194	167868366	170528850	127617416	128097292	750562118
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	156450194	167868366	170528850	127617416	128097292	750562118
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						52176904.
6 **Public support.** Subtract line 5 from line 4.						698385214

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	156450194	167868366	170528850	127617416	128097292	750562118
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	394,688.	51,253.	307,073.	106,866.	765,672.	1625552.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						752187670

12 Gross receipts from related activities, etc. (see instructions) ..... 12 | 28,986,084.

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ..... ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) ..... 14 | 92.85 %

15 Public support percentage from 2017 Schedule A, Part II, line 14 ..... 15 | 84.10 %

16a **33 1/3% support test - 2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ..... ▶ ☒

b **33 1/3% support test - 2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ..... ▶ ☐

17a **10% -facts-and-circumstances test - 2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... ▶ ☐

b **10% -facts-and-circumstances test - 2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... ▶ ☐

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 ..... ▶ ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) | 15 | %

16 Public support percentage from 2017 Schedule A, Part III, line 15 | 16 | %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2018** (line 10c, column (f), divided by line 13, column (f)) | 17 | %

18 Investment income percentage from **2017** Schedule A, Part III, line 17 | 18 | %

19a **33 1/3% support tests - 2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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 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 in 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.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
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		
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 foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in* **Part VI,** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* **Part VI.**	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV **Supporting Organizations** *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	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**		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* **Part VI** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	**1**		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* **Part VI** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	**2**		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* **Part VI** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	**1**		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**1**		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* **Part VI** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* **Part VI** *the role the organization's supported organizations played in this regard.*	**3**		

Section 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 instructions).**

- **a** ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*
- **b** ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- **c** ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a government entity (see instructions).*

			Yes	No
2	Activities Test. **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**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.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* **Part VI.**	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*	**3b**		

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	8		

Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in **Part VI**):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 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		

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

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

Section D - Distributions		**Current Year**
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**). See instructions.	
7	**Total annual distributions.** Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9	Distributable amount for 2018 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)		**(i)** Excess Distributions	**(ii)** Underdistributions Pre-2018	**(iii)** Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in **Part VI**). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
c	From 2015			
d	From 2016			
e	From 2017			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in **Part VI.** See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in **Part VI**. See instructions.			
7	**Excess distributions carryover to 2019.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014			
b	Excess from 2015			
c	Excess from 2016			
d	Excess from 2017			
e	Excess from 2018			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B

(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2018

Name of the organization	Employer identification number
MUSEUM OF THE BIBLE	27-3444987

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[ ] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year .... ▶ $ ____________

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2018
Open to Public Inspection

Name of the organization: MUSEUM OF THE BIBLE

Employer identification number: 27-3444987

Part I 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 year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 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? ☐ Yes ☐ No

Part II Conservation Easements.
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (e.g., recreation or education)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of a historically important land area
- ☐ Preservation of a certified historic structure

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 Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ ______

4 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? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ ______

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ ______

8 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)? ☐ Yes ☐ No

9 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.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a 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.

b 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 ▶ $ ______

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ ______

b Assets included in Form 990, Part X ▶ $ ______

Part III **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a [X] Public exhibition
b [X] Scholarly research
c [X] Preservation for future generations
d [X] Loan or exchange programs
e [ ] Other ______

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? [ ] Yes [X] No

Part IV **Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? [ ] Yes [ ] No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? [ ] Yes [ ] No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII [ ]

Part V **Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	0.				
b Contributions	14,100,000.				
c Net investment earnings, gains, and losses	58,634.				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	14,158,634.				

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ 92.91 %

b Permanent endowment ▶ .00 %

c Temporarily restricted endowment ▶ 7.09 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) unrelated organizations	3a(i)		X
(ii) related organizations	3a(ii)		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI **Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		37,002,600.		37,002,600.
b Buildings		323,020,364.	34,472,660.	288,547,704.
c Leasehold improvements				
d Equipment		8,864,763.	480,059.	8,384,704.
e Other		134,174,916.	8,299,974.	125,874,942.

Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶ 459,809,950.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII [X]

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

1	Total revenue, gains, and other support per audited financial statements			1	143,381,911.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	1,416.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	2,925,969.		
e	Add lines **2a** through **2d**			2e	2,927,385.
3	Subtract line **2e** from line **1**			3	140,454,526.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	140,454,526.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements			1	81,715,028.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	2,925,969.		
e	Add lines **2a** through **2d**			2e	2,925,969.
3	Subtract line **2e** from line **1**			3	78,789,059.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	78,789,059.

Part XIII Supplemental Information.

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.

PART III, LINE 1A:

THE MUSEUM'S COLLECTIONS CONSIST OF DONATED AND PURCHASED BIBLICAL ARTIFACTS, FACSIMILES AND RESTORATION COSTS FOR ITEMS HELD FOR PUBLIC EXHIBITION, EDUCATION, OR RESEARCH IN THE FURTHERANCE OF PUBLIC SERVICE RATHER THAN FINANCIAL GAIN; ARE PROTECTED, KEPT UNENCUMBERED, CARED FOR AND PRESERVED IN PERPETUITY AND, AS A RESULT, THEIR SERVICE POTENTIAL IS UNDIMINISHED.

IN CONFORMITY WITH ACCOUNTING POLICIES GENERALLY FOLLOWED BY MUSEUMS WITH SIMILAR COLLECTIONS, THE VALUE OF THE MUSEUM'S COLLECTIONS HAS BEEN EXCLUDED FROM THE STATEMENT OF FINANCIAL POSITION, AND GIFTS OF ARTIFACTS ARE EXCLUDED FROM REVENUE IN THE STATEMENT OF ACTIVITIES. PURCHASES OF

Part XIII Supplemental Information *(continued)*

ARTIFACTS FOR THE COLLECTION BY THE MUSEUM ARE RECORDED AS DECREASES IN NET ASSETS IN THE STATEMENT OF ACTIVITIES AS WITH OR WITHOUT DONOR RESTRICTIONS BASED ON THE RESTRICTION OF THE DONOR. PROCEEDS FROM THE DEACCESSION OF BIBLICAL ARTIFACTS ARE RECORDED AS NET ASSETS WITH DONOR RESTRICTIONS AND ARE RESTRICTED TO THE ACQUISITION OF OTHER BIBLICAL ARTIFACTS.

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; ARE PROTECTED, KEPT UNENCUMBERED, CARED FOR, AND PRESERVED IN PERPETUITY AND, AS A RESULT, THEIR SERVICE POTENTIAL IS UNDIMINISHED.

PART V, LINE 4:

THE ENDOWMENT'S INVESTMENT EARNINGS ARE ALLOCATED IN A REASONABLE AND BALANCED WAY BETWEEN CURRENT DISTRIBUTION AND REINVESTMENT FOR FUTURE EARNINGS. DISTRIBUTIONS SHOULD PROVIDE A REASONABLY STABLE AND PREDICTABLE SOURCE OF FUNDS FOR THE ACTIVITIES OF THE MUSEUM THAT ARE SUPPORTED BY THE ENDOWMENT. SUBJECT TO OK UPMIFA (TO THE EXTENT APPLICABLE), THE ANNUAL DISTRIBUTABLE FUNDS FROM THE ENDOWMENT WILL BE NO MORE THAN 4.5%. THE DISTRIBUTION PERCENTAGE RATE WILL BE DEFINED USING A THREE-YEAR INVESTMENT AVERAGE. UNTIL AN ENDOWMENT HAS BEEN INVESTED FOR THREE YEARS, THE ANNUAL AVERAGE WILL BE USED AFTER THE INITIAL 12 MONTHS. SPECIFIC GIFTS MAY BE EXCLUDED FROM AVERAGING AND/OR BE SUBJECT TO OTHER DISTRIBUTION RULES, WHEN EXPLICITLY DIRECTED BY THE DONOR OR BY A 75% APPROVAL OF THE BOARD OF DIRECTORS. THE MUSEUM'S POLICY PERMITS SPENDING FROM UNDERWATER ENDOWMENT FUNDS WHEN DEEMED PRUDENT BY 75% OF THE BOARD OF DIRECTORS. DISTRIBUTIONS

Part XIII Supplemental Information *(continued)*

WILL BE MADE ANNUALLY, AND ENDOWMENTS MAY BE HELD FOR MORE THAN 12 MONTHS BASED ON THE DATE OF THE CHARITABLE GIFT.

PART X, LINE 2:

MANAGEMENT HAS EVALUATED THEIR TAX POSITIONS AND CONCLUDED THEY HAVE TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD	2,535,924.
RENTAL EXPENSE	390,045.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	2,925,969.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD	2,535,924.
RENTAL EXPENSE	390,045.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	2,925,969.

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2018
Open to Public Inspection

Name of the organization: MUSEUM OF THE BIBLE

Employer identification number: 27-3444987

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ...... [X] **Yes** [ ] **No**

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in the region	**(d)** Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in the region	**(f)** Total expenditures for and investments in the region
EUROPE	0	0	GRANTMAKING		120,299.
3 a Subtotal	0	0			120,299.
b Total from continuation sheets to Part I	0	0			0.
c **Totals** (add lines 3a and 3b)	0	0			120,299.

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule F (Form 990) 2018**

832071 10-31-18

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	CREATE A CRITICAL EDITION OF THE ERASED TEXT OF THE CODEX CLIMACI RESCRIPTUS	74,533.	WIRE	0.		FMV
		EUROPE	PROOF READ OF TRANSCRIPTIONS OF 1 TIMOTHY FOR THE MOTB GREEK PAUL PROJECT	20,000.	WIRE	0.		FMV
		EUROPE	GREEK SCHOLAR TRANSCRIPTIONS OF 1 AND 2 THESSALONIANS FOR THE MOTB GREEK	402.	WIRE	0.		FMV
		EUROPE	HALF OF REGISTRATION FEES FOR MUSEUM OF THE BIBLE EUROPE	25,364.	WIRE	0.		FMV

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ 4

3 Enter total number of other organizations or entities ▶ 0

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	**(b)** Region	**(c)** Number of recipients	**(d)** Amount of cash grant	**(e)** Manner of cash disbursement	**(f)** Amount of noncash assistance	**(g)** Description of noncash assistance	**(h)** Method of valuation (book, FMV, appraisal, other)

Part 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; don't file with Form 990)* ☐ 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)* ☐ 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; don't file with Form 990)* ☐ Yes ☒ No

Part V Supplemental Information

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

PART II, COLUMN (D):

REGION: EUROPE

(D) PURPOSE OF GRANT: GREEK SCHOLAR TRANSCRIPTIONS OF 1 AND 2 THESSALONIANS FOR THE MOTB GREEK PAUL PROJECT

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.

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization: MUSEUM OF THE BIBLE

Employer identification number: 27-3444987

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a [X] Mail solicitations
b [X] Internet and email solicitations
c [X] Phone solicitations
d [X] In-person solicitations
e [X] Solicitation of non-government grants
f [ ] Solicitation of government grants
g [X] Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? [X] Yes [ ] No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	No	(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
LYNCH PINNACLE GROUP, LLC - 5425 WISCONSIN AVENUE, SUITE	CONSULTING		X	0.	372,750.	-372,750.
VOX CARITAS LIMITED - 6 NORTHLANDS ROAD, UNITED	CONSULTING		X	0.	129,398.	-129,398.
JACKSON CONSULTING GROUP, LLC - 54 W CHEYENNE MOUNTAIN	CONSULTING		X	0.	110,000.	-110,000.
RALPH D VEERMAN (VEERMAN & ASSOCIATES) - 801 N. ORANGE	CONSULTING		X	0.	100,000.	-100,000.
LISA C ROWAN - 604 DEER HOLLOW DRIVE, MOUNT AING, MD	CONSULTING		X	0.	98,050.	-98,050.
MIKE KING - 25706 E 32 TER CT, BLUE SPRINGS, MO 64015	CONSULTING		X	0.	90,000.	-90,000.
R.K. STRATEGIES LTD - SHDEROT CHEN 42 APT 5, TEL AVIV,	CONSULTING		X	0.	89,400.	-89,400.
INVERNESS CONSULTING SERVICES LLC - 1005 INVERNESS CT,	CONSULTING		X	0.	87,900.	-87,900.
TED SQUIRES DBA TED SQUIRES, LLC - 5879 SEVEN POINTS	CONSULTING		X	0.	66,664.	-66,664.
STRATEGIES FOR GIVING LLC (ROBERT D. THOMPSON, JR) - 55	CONSULTING		X	0.	60,553.	-60,553.
Total ▶					1,204,715.	-1,204,715.

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

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

SEE PART IV FOR CONTINUATIONS

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

		(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	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) ▶				

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: ______

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: ______

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: ______

11 Does the organization conduct gaming activities with nonmembers? ☐ **Yes** ☐ **No**

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ **Yes** ☐ **No**

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility **13a** %

b An outside facility **13b** %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ **Yes** ☐ **No**

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ ______ and the amount of gaming revenue retained by the third party ▶ $ ______

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ **Yes** ☐ **No**

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: LYNCH PINNACLE GROUP, LLC

(I) ADDRESS OF FUNDRAISER:

5425 WISCONSIN AVENUE, SUITE 600, CHEVY CHASE, MD 20815

(I) NAME OF FUNDRAISER: VOX CARITAS LIMITED

(I) ADDRESS OF FUNDRAISER: 6 NORTHLANDS ROAD, UNITED KINGDOM

Part IV Supplemental Information *(continued)*

(I) NAME OF FUNDRAISER: JACKSON CONSULTING GROUP, LLC

(I) ADDRESS OF FUNDRAISER:

54 W CHEYENNE MOUNTAIN BLVD, COLORADO SPRINGS, CO 80906

(I) NAME OF FUNDRAISER: RALPH D VEERMAN (VEERMAN & ASSOCIATES)

(I) ADDRESS OF FUNDRAISER:

801 N. ORANGE AVE SUITE 820, WINTER PARK, FL 32789

(I) NAME OF FUNDRAISER: LISA C ROWAN

(I) ADDRESS OF FUNDRAISER: 604 DEER HOLLOW DRIVE, MOUNT AING, MD 21771

(I) NAME OF FUNDRAISER: R.K. STRATEGIES LTD

(I) ADDRESS OF FUNDRAISER: SHDEROT CHEN 42 APT 5, TEL AVIV, ISRAEL

(I) NAME OF FUNDRAISER: INVERNESS CONSULTING SERVICES LLC

(I) ADDRESS OF FUNDRAISER: 1005 INVERNESS CT, FLOWER MOUND, TX 75022

(I) NAME OF FUNDRAISER: TED SQUIRES DBA TED SQUIRES, LLC

(I) ADDRESS OF FUNDRAISER: 5879 SEVEN POINTS TRACE, HERMITAGE, TN 37076

(I) NAME OF FUNDRAISER: STRATEGIES FOR GIVING LLC (ROBERT D. THOMPSON, JR)

(I) ADDRESS OF FUNDRAISER: 55 UNION PL STE 118, SUMMIT, NJ 07901

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization: MUSEUM OF THE BIBLE

Employer identification number 27-3444987

Part I — General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II — 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.

1 (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 noncash assistance	(h) Purpose of grant or assistance
WHEATON COLLEGE ARCHAEOLOGY PROGRAM - 501 COLLEGE AVENUE - WHEATON, IL 60187	36-2182171	501C3	500,000.	0.			ARCHAEOLOGICAL EXCAVATION AT TEL SHIMRON IN JEZREEL VALLEY REGION OF ISRAEL.
UNIVERSITY OF EXETER US FOUNDATION 1000 N WEST NO 1200 WILMINGTON, DE 19801	47-1604216	501C3	24,947.	0.			SCHOLARSHIP AND DISSERTATION PUBLICATION OF ARAMAIC "MAGIC" BOWLS IN THE COLLECTION OF THE
ABILENE CHRISTIAN UNIVERSITY PO BOX 29120 ABILENE, TX 79699	75-0851900	501C3	72,000.	0.			STUDY OF CODEX CLIMACI RESCRIPTUS FOCUSING ON TWO SYRIAC TEXTS BY JOHN CLIMACUS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 3.

3 Enter total number of other organizations listed in the line 1 table ▶ 0.

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule I (Form 990) (2018)**

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

832101 11-02-18

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIP STIPEND	4	30,500.	0.		

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

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.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF EXETER US FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: SCHOLARSHIP AND DISSERTATION PUBLICATION OF ARAMAIC "MAGIC" BOWLS IN THE COLLECTION OF THE

Part IV Supplemental Information

VORDERASIATISCHES MUSEUM (BERLIN).

832291
04-01-18

Public Inspection

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2018
Open to Public Inspection

Name of the organization: MUSEUM OF THE BIBLE
Employer identification number 27-3444987

Part I Questions Regarding Compensation

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CARY L SUMMERS	(i)	362,481.	20,000.	24,500.	8,250.	19,637.	434,868.	0.
CHIEF RELATIONSHIP OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ALLEN QUINE	(i)	173,568.	3,970.	11,678.	5,839.	6,531.	201,586.	0.
VP INTERNATIONAL RELATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JEFF KLOHA	(i)	155,452.	3,200.	24,500.	5,555.	10,461.	199,168.	0.
CHIEF CURATORIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) TONY ZEISS	(i)	170,253.	9,167.	11,456.	5,728.	52.	196,656.	0.
EXEC DIRECTOR OF THE MUSEUM	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) CHRISTOPHER LYONS	(i)	167,418.	0.	185.	93.	1,451.	169,147.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) LINDA G. KOLDENHOVEN	(i)	170,984.	15,250.	965.	483.	6,385.	194,067.	0.
DIRECTOR OF WOMEN'S INITIATIVES	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) FRANK CERUTTI	(i)	163,059.	1,150.	11,142.	5,571.	21,839.	202,761.	0.
DIRECTOR OF PARTNER RELATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) KAY PENINGER	(i)	120,129.	1,500.	49,539.	4,130.	2,886.	178,184.	0.
DIRECTOR OF MUSEUM EDUCATION	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) KAREN POTH	(i)	129,434.	2,250.	24,500.	3,072.	2.	159,258.	0.
CREATIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) DARRELL UTT	(i)	135,173.	3,120.	12,499.	4,530.	514.	155,836.	0.
DIRECTOR OF OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

PART I, LINE 1A:

TRAVEL FOR COMPANION IS ALLOWED FOR THE CEO AND IS INCLUDED IN TAXABLE COMPENSATION.

PART I, LINE 4A:

KAY PENINGER: SEVERANCE PACKAGE OF $35,772

PART I, LINE 7:

BONUSES INCLUDED A NON-FIXED DISCRETIONARY AMOUNT. THE BONUS POOL WAS APPROVED BY THE BOARD OF DIRECTORS.

Public Inspection

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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Open To Public Inspection

Name of the organization: MUSEUM OF THE BIBLE

Employer identification number: 27-3444987

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
Total						▶ $						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
HOBBY LOBBY STORES, INC.	SEE NOTE BELOW	2,187,779.	SEE NOTE BE		X

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: HOBBY LOBBY STORES, INC.

(D) DESCRIPTION OF TRANSACTION: SEE NOTE BELOW

STEVE GREEN, CHAIRMAN OF THE MUSEUM OF THE BIBLE, IS A MORE THAN 35% SHAREHOLDER 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 $2,187,779.

Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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2018

Open to Public Inspection

Name of the organization: MUSEUM OF THE BIBLE

Employer identification number: 27-3444987

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art	X	5	44,900.	FMV
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (LUNAR BIBLE)	X	1	50,000.	FMV
26	Other ▶ ( )				
27	Other ▶ ( )				
28	Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

NON-CASH CONTRIBUTIONS ARE REPORTED BY NUMBER OF CONTRIBUTIONS

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

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2018
Open to Public Inspection

Name of the organization	Employer identification number
MUSEUM OF THE BIBLE	27-3444987

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

INVITE ALL PEOPLE TO ENGAGE WITH THE HISTORY, THE IMPACT AND THE NARRATIVE OF THE BIBLE. WE DO SO THROUGH FOUR MAIN INITIATIVES: OUR PERMANENT MUSEUM IN WASHINGTON, D.C., TRAVELING EXHIBITIONS, EDUCATION AND RESEARCH. THESE ARE FURTHER DESCRIBED AT WWW.MUSEUMOFTHEBIBLE.ORG/MUSEUM/ABOUT-US.

FORM 990, PART I - ADDITIONAL INFORMATION

FUNDRAISING EXPENSES ARE PAYMENTS TO OUTSIDE FIRMS ENGAGED TO ASSIST IN THE FORMULATION AND EXECUTION OF A FUNDRAISING STRATEGY.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

ARAMAIC MAGIC BOWLS PROJECT

THIS PROJECT RESEARCHES ARAMAIC MAGIC BOWLS IN THE COLLECTION OF THE VORDERASIATISCHES MUSEUM (BERLIN), PRODUCING EDITIONS OF CURRENTLY UNPUBLISHED BOWL TEXTS AS WELL AS THEMED STUDIES ON RELATED TOPICS, FOR PUBLICATION IN THE BRILL SERIES 'MAGICAL AND RELIGIOUS LITERATURE OF LATE ANTIQUITY'. PARTICIPANTS ARE PRODUCING A MONOGRAPH CONSISTING OF A CORPUS OF NEWLY EDITED BOWL TEXTS, INCLUDING TRANSCRIPTION, TRANSLATION, AND COMMENTARY. IN THE 2018-2019 ACADEMIC YEAR, COLLABORATORS COMPLETED TRANSCRIPTIONS, TRANSLATIONS, GLOSSARIES, AND PHILOLOGICAL NOTES FOR TWENTY OUT OF TWENTY-FOUR BOWLS TO BE EXAMINED.

Name of the organization	Employer identification number
MUSEUM OF THE BIBLE	27-3444987

GREEK PAUL PROJECT

THE GREEK PAUL PROJECT ENGAGES STUDENTS IN THE TEXTUAL EXAMINATION OF THE PAULINE EPISTLES, INTRODUCING THEM TO THE GREEK MINUSCULE SCRIPT AND ITS TRANSCRIPTION THROUGH THE MNSTER VIRTUAL MANUSCRIPT ROOM (VMR). THE RESULTANT TRANSCRIPTIONS WILL SUPPORT NEW CRITICAL EDITIONS OF THE NEW TESTAMENT, INCLUDING BUT NOT LIMITED TO THE PAULINE EPISTLES EDITIO CRITICA MAIOR, A NEW BYZANTINE EDITION OF THE NEW TESTAMENT AND FUTURE EDITIONS OF THE NESTLE-ALAND NOVUM TESTAMENTUM GRAECE. BY THE END OF THE 2018-2019 ACADEMIC YEAR, THE PROJECT HAD TRANSCRIBED, PROOFREAD, AND PUBLISHED NEARLY 300 MANUSCRIPTS OF 1 TIMOTHY AND PRESENTED THE RESULTS AND METHODS OF THEIR WORK AT MULTIPLE ACADEMIC CONFERENCES, INCLUDING THE ANNUAL SOCIETY OF BIBLICAL LITERATURE MEETING IN DENVER, COLORADO.

SPECULUM HUMANAE SALVATIONIS PUBLICATION PROJECT

THE MEDIEVAL LATIN POEM SPECULUM HUMANAE SALVATIONIS (CONTAINED IN THE MOTB COLLECTION DIGITIZED MANUSCRIPT MOTB MS.000321 AND KNOWN IN ENGLISH AS THE MIRROR OF HUMAN SALVATION) WAS ONE OF THE MOST POPULAR WORKS OF THE FOURTEENTH AND FIFTEENTH CENTURIES WITH PREACHERS AND LAITY ALIKE. ALTHOUGH THE WORK SURVIVES IN HUNDREDS OF MANUSCRIPTS AND EARLY PRINT BOOKS IN EVERY MAJOR EUROPEAN LANGUAGE, THERE IS NO COMPLETE MODERN EDITION AND TRANSLATION. THIS PROJECT INVOLVES THE TALENTS OF OVER A DOZEN UNDERGRADUATES TO PRODUCE THE FIRST MODERN TRANSCRIPTION AND ENGLISH TRANSLATION OF THE LATIN SPECULUM, ACCOMPANIED BY ANNOTATIONS TRACING THE BIBLICAL REFERENCES AND DAVID LYLE JEFFREY'S DETAILED NOTES EXPLAINING THE VISUAL ICONOGRAPHY. THE

Name of the organization MUSEUM OF THE BIBLE | Employer identification number 27-3444987

PROJECT THUS MAKES THIS SIGNIFICANT TEXT OF CHRISTIAN INTERPRETATION NEWLY ACCESSIBLE TO READERS IN THE UNIVERSITY, PULPIT, AND PEW TODAY.

FRATER PETRUS CODEX PUBLICATION PROJECT

THIS PROJECT, DIRECTED BY DAN NODES, WILL PRODUCE A SCHOLARLY EDITION OF GC.MS.000465, A MANUSCRIPT CURRENTLY IN THE GREEN COLLECTION. THE MANUSCRIPT CONTAINS THE ONLY COMPLETE COPY OF THE COLLATIONES DE TEMPORE OF FRATER PETRUS (LATIN, 14TH C). THE COLLATIONS ARE REFLECTIONS ON THE LITURGICAL READINGS FROM THE MEDIEVAL LECTIONARY FOR ALL THE SUNDAYS AND FEAST DAYS OF AN ENTIRE ECCLESIASTICAL YEAR. THE LESSONS WERE FOR PRIVATE REFLECTION BUT WERE ALSO PRESENTED AS GUIDELINES FOR PREACHERS, SYSTEMATICALLY GIVING MORAL AND THEOLOGICAL DISTINCTIONS ON KEY PASSAGES, COMPLEMENTED BY CITATIONS OF BIBLICAL PROOF-TEXTS IN SUPPORT OF THE GIVEN LESSONS.

CHARLES V PRAYERBOOK PUBLICATION PROJECT

THE CURRENT PROJECT, DIRECTED BY JOSEPH DILUZIO, INVOLVES COMPLETING A SCHOLARLY EDITION, TRANSLATION, AND INTRODUCTION OF A SIXTEENTH CENTURY ILLUMINATED PRAYERBOOK THAT WAS ONCE OWNED BY CHARLES V, BEFORE HE WAS ELECTED HOLY ROMAN EMPEROR. IT IS THE EARLIEST OF THE FOUR KNOWN PRAYERBOOKS ONCE OWNED BY CHARLES V. WHILE THE TEXT AND TRANSLATION OF THE PRAYERS WERE COMPLETED IN 2014-2015, THE PRESENT PHASE OF THE PROJECT INVOLVES WRITING AN INTRODUCTION IN TWO PARTS: (1) CODICOLOGY AND (2) ART HISTORICAL ANALYSIS.

SYRIAC CODEX CLIMACI RESCRIPTUS PROJECT

Name of the organization: MUSEUM OF THE BIBLE

Employer identification number: 27-3444987

THE PRESENT PROJECT INVOLVES STUDENTS IN THE STUDY OF THE FAMOUS CODEX CLIMACI RESCRIPTUS (CCR; MOTB.MS.000149), FOCUSING ON TWO SYRIAC TEXTS BY JOHN CLIMACUS. PARTICIPANTS INTERACT WITH CODICOLOGY, PALEOGRAPHY, TRANSLATION TECHNIQUE AND THE TEXTUAL AND RECEPTION HISTORIES OF THESE SYRIAC TRANSLATIONS. THE PRIMARY GOAL IS THE PRODUCTION OF A CRITICAL EDITION OF THE RELEVANT SYRIAC TEXTS WHICH CRITICALLY ENGAGES THE GREEK TEXT. THE EDITION WILL EXPLORE THE ROLE OF THE SYRIAC TRANSLATION AS A WITNESS TO THE ARAMAIC WORLD IN WHICH THE SYRIAC TEXT HAD BEEN CREATED AND WOULD FLOURISH FOR CENTURIES. THE CCR ENJOYS A CENTRAL ROLE, BUT THE PROJECT ALSO TRANSCRIBES AND INCORPORATES PARALLEL TEXTS IN GREEK AND SYRIAC. AS OF THE CONCLUSION OF THE INITIAL CONTRACT IN THE SUMMER OF 2019, THE PROJECT HAS IDENTIFIED ALL MANUSCRIPTS TO BE UTILIZED, STRUCTURED DIGITAL INDICES, ESTABLISHED IMAGE MANAGEMENT PROCESSES, LAUNCHED A DESIGNATED ONLINE TRANSCRIPTION TOOL, PREPARED A SYRIAC BASE TEXT, DRAFTED A GREEK BASE TEXT, AND CREATED DIGITAL TRANSCRIPTION GUIDELINES FOR THE SYRIAC LANGUAGE. THE PROJECT IS IN THE PROCESS OF SUBMITTING A PROPOSAL FOR A SECOND PHASE.

TYNDALE HOUSE CODEX CLIMACI RESCRIPTUS PROJECT

THE AIM OF THE PROJECT IS TO READ THE UNDERWRITING OF THE CODEX CLIMACI RESCRIPTUS (CCR; MOTB.MS.000149), WHOSE UPPER WRITING WAS INSCRIBED ON PARCHMENT LEAVES TAKEN FROM OLDER MANUSCRIPTS WHICH WERE ERASED AND RE-PURPOSED FOR THE NEW MANUSCRIPT. THE ERASED LEAVES (WHOSE TEXT CAN BE READ VIA MSI IMAGING) COME FROM ABOUT ELEVEN PREVIOUS MANUSCRIPTS, EACH OF WHICH WAS IS NOW INCOMPLETE. THESE PREVIOUS MANUSCRIPTS ARE EITHER IN ARAMAIC OR GREEK AND COME FROM THE FOURTH TO SIXTH CENTURIES.

Name of the organization: MUSEUM OF THE BIBLE

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TRANSCRIPTIONS OF THESE TEXTS WILL BE PUBLISHED IN TWO BRILL VOLUMES, ONE EACH FOR THE GREEK AND ARAMAIC TEXTS. AS OF APRIL 2019, COLLABORATORS HAVE COMPLETED ABOUT 75% OF DRAFTS FOR ALL ARAMAIC AND GREEK TEXT AND SUGGESTED SEVERAL CORRECTIONS TO LEXICA AND GRAMMARS FOR CHRISTIAN PALESTINIAN ARAMAIC.

EDITORSHIP FOR MOTB-BRILL LATIN SUBSERIES: MICHELLE BROWN

MICHELLE BROWN DEVELOPS AND EDITS VOLUMES INTENDED FOR PUBLICATION IN THE LATIN AND WESTERN VERNACULARS SERIES IN MOTB'S BRILL SERIES PUBLICATIONS OF MUSEUM OF THE BIBLE. BROADLY, MICHELLE GUIDES AND ADVISES AUTHORS WORKING ON A MONOGRAPH WHOSE SUBJECT MATTER FALLS WITHIN THE EDITOR'S PURVIEW. ONCE A FULL DRAFT HAS BEEN PROVIDED, SHE EDITS THE WORK FOR STYLE, CONTENT, AND ACCURACY, REQUESTING ANY NECESSARY REVISIONS FROM THE AUTHOR IN ORDER TO PREPARE THE DRAFT FOR TYPESETTING. PUBLICATION PROJECTS CURRENTLY UNDER MICHELLE'S EDITORSHIP INCLUDE THE SPECULUM HUMANAE SALVATIONIS PUBLICATION PROJECT, THE FRATER PETRUS PUBLICATION PROJECT, AND THE CHARLES V PRAYERBOOK PUBLICATION PROJECT.

POSTDOCTORAL GRANT: CHRISTOPHER DAVIS

DR. DAVIS RESEARCHES THE DEVELOPMENT AND IMPLEMENTATION OF CRITERIA AND METHODS FOR THE NON-DESTRUCTIVE EVALUATION OF ANCIENT MANUSCRIPTS. THIS GRANT OPERATES IN CONJUNCTION WITH HIS WORK AS PART OF THE NORWEGIAN RESEARCH COUNCIL PROJECT (201720) "LYING PEN OF SCRIBES,"

Name of the organization: MUSEUM OF THE BIBLE

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AND WILL INCLUDE EVALUATION OF ARTEFACTS BELONGING TO MOTB. THE RESULTANT MONOGRAPH WILL APPEAR IN THE MOTB BRILL SERIES.

POSTDOCTORAL GRANT: CALEB HOWARD

CALEB HOWARD'S RESEARCH CONCERNS THE ANCIENT NEAR EASTERN BACKGROUND OF NAMES KNOWN FROM THE HEBREW BIBLE. SPECIFICALLY, CALEB HAS BEEN DEVELOPING A DIGITAL DATABASE FOCUSING ON LINGUISTIC ANALYSIS AND PROSOPOGRAPHY OF NAMES FROM CUNEIFORM SOURCES OF THE SECOND MILLENNIUM BC, AS WELL AS THE NAMES CONTAINED IN THE OLD TESTAMENT. HE IS WORKING TO INCORPORATE DATA FROM NEARLY FOUR THOUSAND TEXTS, PRIMARILY FROM ALALAH AND UGARIT FOR THE DURATION OF THIS GRANT. THE SUPPORT OF THIS GRANT ALSO ENABLES CALEB TO ADVANCE A BOOK PROJECT ON A NEO-ASSYRIAN TEXT CALLED THE "STANDARD INSCRIPTION OF ASHURNASIRPAL II".

POSTDOCTORAL GRANT: JACOB LOLLAR

AS A POSTDOCTORAL FELLOW FOR THE MOTB SYRIAC CODEX CLIMACI RESCRIPTUS (CCR) PROJECT, JACOB LOLLAR WORKS TOWARD THE FULFILLMENT OF THE PUBLICATION GOALS OF THE SYRIAC CCR PROJECT ADMINISTERED BY THE CENTER FOR THE STUDY OF ANCIENT RELIGIOUS TEXTS AT ABILENE CHRISTIAN UNIVERSITY. HIS WORK TRANSCRIBING AND COLLABORATING WITH OTHER TRANSCRIBERS AND MENTORS CONTRIBUTES DIRECTLY TO THE BRILL CCR SERIES. IN PARTICULAR, JACOB CONDUCTS RESEARCH IN PREPARATION OF A SEPARATE BRILL VOLUME DETAILING THE VERSIONAL AND TRANSMISSION HISTORY OF THE LADDER OF DIVINE ASCENT. THESE AIMS ARE SPECIFIED AMONG THE LINES OF INQUIRY AND PUBLICATION GOALS OF THE SYRIAC CCR PROJECT PLAN.

Name of the organization: MUSEUM OF THE BIBLE

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RESEARCH GRANT: TOMMY WASSERMAN

THIS GRANT HAS SUPPORTED TOMMY WASSERMAN BOTH FOR HIS OWN RESEARCH AND FOR HIS ASSISTANCE IN MOTB PROJECTS AND PROVENANCE RESEARCH. HIS OWN RESEARCH HAS FOCUSED PRIMARILY ON MANUSCRIPT FORGERIES, PARTICULARLY THOSE PRODUCED BY CONSTANTINE SIMONIDES, THE PROCESS AND RESULTS OF WHICH WORK HE HAS BEEN ABLE TO SHARE AT MULTIPLE ACADEMIC CONFERENCES. TOMMY HAS FURTHER PROVIDED CONSULTATION AND ADVANCED TRANSCRIPTION SERVICES TO THE MOTB GREEK PAUL PROJECT TEAMS, AND HAS ASSISTED WITH PROVENANCE RESEARCH ON SEVERAL ARTEFACTS.

EDWIN M. YAMAUCHI AWARD FOR EXCELLENCE IN TEXTUAL STUDIES

SCHOLARS INITIATIVE GRANTS AN ANNUAL AWARD TO A STUDENT PREPARING FOR GRADUATE RESEARCH, USUALLY AS PART OF A PHD PROGRAM, IN BIBLICAL STUDIES. THE AWARD RECOGNIZES AND HONORS OUTSTANDING ACHIEVEMENT AND SIGNIFICANT PROMISE IN THE FIELD OF BIBLICAL STUDIES OR RELATED AREAS OF RESEARCH. THE ACTUAL SIZE OF THE AWARD DEPENDS UPON NEED AS DESCRIBED IN A PERSONAL FINANCIAL STATEMENT PROVIDED BY THE SUCCESSFUL CANDIDATE AND IS RENEWABLE FOR A PERIOD RELATIVE TO THE CANDIDATE'S COURSE OF STUDY, UP TO THREE YEARS. STUDENTS RECEIVING AWARD FUNDS IN 2019 INCLUDED MERON GEBREANANYE (DURHAM UNIVERSITY), GREG BARNHILL (BAYLOR UNIVERSITY), AND JACOB IMAM (UNIVERSITY OF OXFORD).

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

EDUCATION - MUSEUM OF THE BIBLE BRINGS CUTTING-EDGE INNOVATION TO EDUCATION BY OFFERING PRINT AND DIGITAL CURRICULA DESIGNED FOR HIGH SCHOOL STUDENTS. THE USE OF ENHANCED MEDIA ELEMENTS, GAMIFICATION,

Name of the organization: MUSEUM OF THE BIBLE

Employer identification number: 27-3444987

AUGMENTED REALITY, AND IMMERSIVE TECHNOLOGY CREATES A POWERFUL LEARNING TOOL FOR USE IN AMONG THIS TECHNOLOGICALLY-SAVVY GENERATION. THE RESULT IS A ROBUST LEARNING ENVIRONMENT WHERE STUDENTS LEARN ABOUT THE HISTORY, STORIES, AND IMPACT OF THE BIBLE. THE CURRICULUM IS CURRENTLY IN USE IN SOME PUBLIC SCHOOLS IN ISRAEL, THE UNITED STATES, WITH PILOT TESTING HAPPENING IN RWANDA AND OTHER PARTS OF AFRICA. IT IS NOW AVAILABLE IN SPANISH AND WILL SOON BE AVAILABLE IN OTHER LANGUAGES FOR WORLDWIDE DISTRIBUTION. IT IS ALSO IN USE IN HOME SCHOOL EDUCATION AND SOME CHURCH SETTINGS.

EXPENSES $ 3,735,989. INCLUDING GRANTS OF $ 25,364. REVENUE $ 88,883.

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

MANAGEMENT AND THE FINANCE/AUDIT COMMITTEE REVIEW THE FORM 990 WITH THE OUTSIDE TAX PREPARER. THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO FILING THE RETURN.

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

THE ORGANIZATION MONITORS THE CONFLICT OF INTEREST POLICY BY REQUIRING BOARD MEMBERS TO DISCLOSE AND ABSTAIN.

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

THE COMPENSATION OF ALL OFFICERS OF THE ORGANIZATION INCLUDING THE CEO IS DETERMINED BY THE COMPENSATION COMMITTEE. IN PARTICULAR, THE BOARD COMP COMMITTEE EVALUATES THE CEO INDIVIDUALLY AND REVIEWS/APPROVES A COMPENSATION STUDY ON ALL OTHER EMPLOYEES FOR USE IN DETERMINING MARKET RATES FOR POSITIONS. INDIVIDUAL COMPENSATION FOR THESE EMPLOYEES IS SET BASED ON A DISCUSSION AMONG THE CEO AND COO.

Name of the organization: MUSEUM OF THE BIBLE

Employer identification number: 27-3444987

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL,AK,AZ,AR,CA,CO,CT,FL,GA,HI,IL,KS,KY,MD,MA,MI,MN,MS,NH,NJ,NM,NY,ND,OH,OK OR,PA,RI,SC,TN,UT,VA,WV

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

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. SOME SUMMARY INFORMATION, ALONG WITH A FORM TO INQUIRE, IS AVAILABLE ON THE WEBSITE.

EXTENDED TO MAY 15, 2020

Form **990-T**

Department of the Treasury
Internal Revenue Service

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

For calendar year 2018 or other tax year beginning JUL 1, 2018 , and ending JUN 30, 2019 .

▶ Go to www.irs.gov/Form990T for instructions and the latest information.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0687
2018
Open to Public Inspection for 501(c)(3) Organizations Only

A ☐ Check box if address changed

B Exempt under section
☒ 501(c)(3)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a)

C Book value of all assets at end of year 498,625,589.

Print or Type

Name of organization (☐ Check box if name changed and see instructions.)
MUSEUM OF THE BIBLE

Number, street, and room or suite no. If a P.O. box, see instructions.
7507 SW 44TH ST

City or town, state or province, country, and ZIP or foreign postal code
OKLAHOMA CITY, OK 73179

D Employer identification number (Employees' trust, see instructions.)
27-3444987

E Unrelated business activity code (See instructions.)
453220

F Group exemption number (See instructions.) ▶

G Check organization type ▶ ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust

H Enter the number of the organization's unrelated trades or businesses. ▶ 2 Describe the only (or first) unrelated trade or business here ▶ MUSEUM GIFT SHOP . If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ ☐ Yes ☒ No
If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ DAVID DUBOIS Telephone number ▶ 405-448-3372

Part I Unrelated Trade or Business Income

			(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 2,471,601.				
b	Less returns and allowances c Balance ▶	1c	2,471,601.		
2	Cost of goods sold (Schedule A, line 7)	2	1,611,785.		
3	Gross profit. Subtract line 2 from line 1c	3	859,816.		859,816.
4a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
c	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach statement)	5			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions; attach schedule)	12			
13	**Total.** Combine lines 3 through 12	13	859,816.		859,816.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)		14	
15	Salaries and wages		15	389,947.
16	Repairs and maintenance		16	
17	Bad debts		17	
18	Interest (attach schedule) (see instructions)		18	
19	Taxes and licenses		19	
20	Charitable contributions (See instructions for limitation rules) SEE STATEMENT 2		20	0.
21	Depreciation (attach Form 4562)	21 553,551.		
22	Less depreciation claimed on Schedule A and elsewhere on return	22a 2,594.	22b	550,957.
23	Depletion		23	
24	Contributions to deferred compensation plans		24	
25	Employee benefit programs		25	
26	Excess exempt expenses (Schedule I)		26	
27	Excess readership costs (Schedule J)		27	
28	Other deductions (attach schedule) SEE STATEMENT 1		28	78,161.
29	**Total deductions.** Add lines 14 through 28		29	1,019,065.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30	-159,249.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		31	
32	Unrelated business taxable income. Subtract line 31 from line 30		32	-159,249.

Part III Total Unrelated Business Taxable Income

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	2,469.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) STMT 3	35	2,469.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	36	
37	Specific deduction (Generally $1,000, but see line 37 instructions for exceptions)	37	1,000.
38	**Unrelated business taxable income.** Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	38	0.

Part IV Tax Computation

39	**Organizations Taxable as Corporations.** Multiply line 38 by 21% (0.21) ▶	39	0.
40	**Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 38 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041) ▶	40	
41	**Proxy tax.** See instructions ▶	41	
42	Alternative minimum tax (trusts only)	42	
43	**Tax on Noncompliant Facility Income.** See instructions	43	
44	**Total.** Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0.

Part V Tax and Payments

45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a			
b	Other credits (see instructions)	45b			
c	General business credit. Attach Form 3800	45c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d			
e	**Total credits.** Add lines 45a through 45d			45e	
46	Subtract line 45e from line 44			46	0.
47	Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule)			47	
48	**Total tax.** Add lines 46 and 47 (see instructions)			48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2			49	0.
50 a	Payments: A 2017 overpayment credited to 2018	50a			
b	2018 estimated tax payments	50b			
c	Tax deposited with Form 8868	50c			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d			
e	Backup withholding (see instructions)	50e			
f	Credit for small employer health insurance premiums (attach Form 8941)	50f			
g	Other credits, adjustments, and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other Total ▶	50g			
51	**Total payments.** Add lines 50a through 50g			51	
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ ☐			52	
53	**Tax due.** If line 51 is less than the total of lines 48, 49, and 52, enter amount owed ▶			53	
54	**Overpayment.** If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid ▶			54	
55	Enter the amount of line 54 you want: **Credited to 2019 estimated tax** ▶ **Refunded** ▶			55	

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

		Yes	No
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶		X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
58	Enter the amount of tax-exempt interest received or accrued during the tax year ▶$		

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

▶ H M Hargrave 3/10/20 ▶ CEO

Signature of officer Date Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
CARLEY UMSTEAD				P00982177
Firm's name ▶ RSM US LLP			Firm's EIN ▶	42-0714325
Firm's address ▶ 210 PARK AVENUE, SUITE 1725 OKLAHOMA CITY, OK 73102			Phone no.	405-239-7961

Public Inspection

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶ N/A

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 **Cost of goods sold.** Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3				
4a Additional section 263A costs (attach schedule)	4a				
b Other costs (attach schedule)	4b				
5 **Total.** Add lines 1 through 4b	5				

8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes [ ] No [X]

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)
(2)
(3)
(4)

	2. Rent received or accrued (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)			
(2)			
(3)			
(4)			
Total	0.	0.	

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶ 0.

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ▶ 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property (a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)			
(2)			
(3)			
(4)			

	4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			%		
(2)			%		
(3)			%		
(4)			%		
				Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Totals			▶	0.	0.
Total dividends-received deductions included in column 8				▶	0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations 3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals ▶			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization
(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).
Totals ▶	0.			0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income
(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Totals ▶	0.	0.				0.

Schedule J - Advertising Income (see instructions)
Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) ▶	0.	0.				0.

Public Inspection

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶	0.	0.				0.
Totals, Part II (lines 1-5) ▶	Enter here and on page 1, Part I, line 11, col. (A). 0.	Enter here and on page 1, Part I, line 11, col. (B). 0.				Enter here and on page 1, Part II, line 27. 0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		▶	0.

MUSEUM OF THE BIBLE 27-3444987

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 1

DESCRIPTION	AMOUNT
MARKETING	476.
MISCELLANEOUS	21,382.
OPERATIONS	14,444.
OTHER CONTRACT SERVICES	8,834.
TECHNOLOGY	31,586.
STAFF DEVELOPMENT EXPENSE	1,439.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	78,161.

FORM 990-T	CONTRIBUTIONS SUMMARY		STATEMENT 2
QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT			
CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS			
FOR TAX YEAR 2013			
FOR TAX YEAR 2014			
FOR TAX YEAR 2015			
FOR TAX YEAR 2016			
FOR TAX YEAR 2017	2,237,120		
TOTAL CARRYOVER		2,237,120	
TOTAL CURRENT YEAR 10% CONTRIBUTIONS			
TOTAL CONTRIBUTIONS AVAILABLE		2,237,120	
TAXABLE INCOME LIMITATION AS ADJUSTED		0	
EXCESS 10% CONTRIBUTIONS		2,237,120	
EXCESS 100% CONTRIBUTIONS		0	
TOTAL EXCESS CONTRIBUTIONS		2,237,120	
ALLOWABLE CONTRIBUTIONS DEDUCTION			0
TOTAL CONTRIBUTION DEDUCTION			0

FORM 990-T NET OPERATING LOSS DEDUCTION STATEMENT 3

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/18	51,893.	0.	51,893.	51,893.
NOL CARRYOVER AVAILABLE THIS YEAR			51,893.	51,893.

Public Inspection

ENTITY 1

SCHEDULE M (Form 990-T)

Department of the Treasury
Internal Revenue Service (99)

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning JUL 1, 2018 , and ending JUN 30, 2019 .

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0687

2018

Open to Public Inspection for 501(c)(3) Organizations Only

Name of the organization: MUSEUM OF THE BIBLE

Employer identification number: 27-3444987

Unrelated business activity code (see instructions) ▶ 532000

Describe the unrelated trade or business ▶ EVENT SPACE RENTAL

Part I Unrelated Trade or Business Income

		Line	(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances / c Balance ▶	1c			
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
c	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach statement)	5			
6	Rent income (Schedule C)	6	9,551.		9,551.
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions; attach schedule)	12			
13	**Total.** Combine lines 3 through 12	13	9,551.		9,551.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

				Line	Amount
14	Compensation of officers, directors, and trustees (Schedule K)			14	
15	Salaries and wages			15	1,229.
16	Repairs and maintenance			16	
17	Bad debts			17	
18	Interest (attach schedule) (see instructions)			18	
19	Taxes and licenses			19	
20	Charitable contributions (See instructions for limitation rules) STATEMENT 4 STMT 5			20	274.
21	Depreciation (attach Form 4562)	21	553,551.		
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	550,957.	22b	2,594.
23	Depletion			23	
24	Contributions to deferred compensation plans			24	
25	Employee benefit programs			25	
26	Excess exempt expenses (Schedule I)			26	
27	Excess readership costs (Schedule J)			27	
28	Other deductions (attach schedule) SEE STATEMENT 6			28	2,985.
29	**Total deductions.** Add lines 14 through 28			29	7,082.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			30	2,469.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)			31	
32	Unrelated business taxable income. Subtract line 31 from line 30			32	2,469.

FORM 990-T (M)	CONTRIBUTIONS	STATEMENT 4

DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
ABILENE CHRISTIAN UNIVERSITY	N/A	72,000.
UNIVERSITY OF EXETER US FOUNDATION	N/A	24,947.
WHEATON COLLEGE ARCHAEOLOGY PROGRAM	N/A	500,000.
VARIOUS	N/A	6,000.
TOTAL TO SCHEDULE M, PART II, LINE 20		602,947.

FORM 990-T (M)	CONTRIBUTION LIMITATIONS	STATEMENT 5

	CONTRIBUTIONS SUBJECT TO THE 10% LIMIT	QUALIFIED DISASTER RELIEF CONTRIBUTIONS	TOTAL CONTRIBUTIONS
TOTAL CONTRIBUTIONS	602,947.	0.	602,947.
10% TAXABLE INCOME	274.		
CURRENT YEAR AMOUNT	274.		274.

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 6

DESCRIPTION	AMOUNT
MARKETING	19.
MISCELLANEOUS	616.
OPERATIONS	74.
OTHER CONTRACT SERVICES	150.
SPONSORSHIPS	71.
STAFF DEVELOPMENT	2,014.
TRAVEL	41.
TOTAL TO SCHEDULE M, PART II, LINE 28	2,985.

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property) 990-T

▶ Attach to your tax return.

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

OMB No. 1545-0172

2018
Attachment Sequence No. 179

Name(s) shown on return	Business or activity to which this form relates	Identifying number
MUSEUM OF THE BIBLE	FORM 990-T PAGE 1	27-3444987

Part I **Election To Expense Certain Property Under Section 179 Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,000,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,500,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	

8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2017 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12 ▶	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II **Special Depreciation Allowance and Other Depreciation (Don't** include listed property.**)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III **MACRS Depreciation (Don't** include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2018	17	553,551.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B - Assets Placed in Service During 2018 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year	/		30 yrs.	MM	S/L	
d 40-year	/		40 yrs.	MM	S/L	

Part IV **Summary** (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	553,551.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property

Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use						25		
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
30 Total business/investment miles driven during the year (**don't** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2018 tax year:					
43 Amortization of costs that began before your 2018 tax year				43	
44 **Total.** Add amounts in column (f). See the instructions for where to report				44	