

## Public Inspection

EXTENDED TO MAY 15, 2019

Form 990-T

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

OMB No. 1545-0687

For calendar year 2017 or other tax year beginning JUL 1, 2017 and ending JUN 30, 2018

2017

Department of the Treasury  
Internal Revenue Service

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).

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

|                                                                                                                                                                                                                                    |               |                                                                                                                                                                                                      |                                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| A <input type="checkbox"/> Check box if address changed                                                                                                                                                                            | Print or Type | Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)                                                                                                     | D Employer identification number (Employees' trust, see instructions.) |
| B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) |               | THE MUSEUM OF THE BIBLE, INC.                                                                                                                                                                        | 27-3444987                                                             |
|                                                                                                                                                                                                                                    |               | Number, street, and room or suite no. If a P.O. box, see instructions.<br>7507 SW 44TH STREET<br>City or town, state or province, country, and ZIP or foreign postal code<br>OKLAHOMA CITY, OK 73179 | E Unrelated business activity codes (See instructions.)<br>453220      |
| C Book value of all assets at end of year<br>499,970,045.                                                                                                                                                                          |               | F Group exemption number (See instructions.)                                                                                                                                                         |                                                                        |
|                                                                                                                                                                                                                                    |               | G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust    |                                                                        |

H Describe the organization's primary unrelated business activity. MUSEUM GIFT SHOP

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                                                         | 1,110,171. |               |              |          |
| b Less returns and allowances                                                      |            | 1c 1,110,171. |              |          |
| 2 Cost of goods sold (Schedule A, line 7)                                          |            | 2 628,647.    |              |          |
| 3 Gross profit. Subtract line 2 from line 1c                                       |            | 3 481,524.    |              | 481,524. |
| 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 partnerships and S corporations (attach statement)            |            | 5             |              |          |
| 6 Rent income (Schedule C)                                                         |            | 6             |              |          |
| 7 Unrelated debt-financed income (Schedule E)                                      |            | 7             |              |          |
| 8 Interest, annuities, royalties, and rents from controlled organizations (Sch. 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) STATEMENT 1                    |            | 12 21,420.    |              | 21,420.  |
| 13 Total. Combine lines 3 through 12                                               |            | 13 502,944.   |              | 502,944. |

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  | 206,401.     |
| 16 Repairs and maintenance                                                                                                                    | 16  |              |
| 17 Bad debts                                                                                                                                  | 17  |              |
| 18 Interest (attach schedule)                                                                                                                 | 18  |              |
| 19 Taxes and licenses                                                                                                                         | 19  | 18,116.      |
| 20 Charitable contributions (See instructions for limitation rules) STATEMENT 4 SEE STATEMENT 2                                               | 20  | 0.           |
| 21 Depreciation (attach Form 4562)                                                                                                            | 21  | 155,738.     |
| 22 Less depreciation claimed on Schedule A and elsewhere on return                                                                            | 22a | 22b 155,738. |
| 23 Depletion                                                                                                                                  | 23  |              |
| 24 Contributions to deferred compensation plans                                                                                               | 24  | 1,637.       |
| 25 Employee benefit programs                                                                                                                  | 25  | 6,168.       |
| 26 Excess exempt expenses (Schedule I)                                                                                                        | 26  |              |
| 27 Excess readership costs (Schedule J)                                                                                                       | 27  |              |
| 28 Other deductions (attach schedule) SEE STATEMENT 3                                                                                         | 28  | 145,357.     |
| 29 Total deductions. Add lines 14 through 28                                                                                                  | 29  | 533,417.     |
| 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13                                       | 30  | -30,473.     |
| 31 Net operating loss deduction (limited to the amount on line 30)                                                                            | 31  |              |
| 32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30                                                 | 32  | -30,473.     |
| 33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)                                                        | 33  | 1,000.       |
| 34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 | 34  | -30,473.     |

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## Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation.

Controlled group members (sections 1561 and 1563) check here ☐ See instructions and

a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order).

(1) \$ (2) \$ (3) \$

b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$

(2) Additional 3% tax (not more than \$100,000) \$

c Income tax on the amount on line 34

35c 0.

36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:

☐ Tax rate schedule or ☐ Schedule D (Form 1041)

36

37 Proxy tax. See instructions

37

38 Alternative minimum tax

38

39 Tax on Non-Compliant Facility Income. See instructions

39

40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies

40 0.

## Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)

41a

b Other credits (see instructions)

41b

c General business credit. Attach Form 3800

41c

d Credit for prior year minimum tax (attach Form 8801 or 8827)

41d

e Total credits. Add lines 41a through 41d

41e

42 Subtract line 41e from line 40

42 0.

43 Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule)

43

44 Total tax. Add lines 42 and 43

44 0.

45a Payments: A 2016 overpayment credited to 2017

45a

b 2017 estimated tax payments

45b

c Tax deposited with Form 8868

45c

d Foreign organizations: Tax paid or withheld at source (see instructions)

45d

e Backup withholding (see instructions)

45e

f Credit for small employer health insurance premiums (Attach Form 8941)

45f

g Other credits and payments:

☐ Form 2439 ☐ Form 4136 ☐ Other

Total

45g

46 Total payments. Add lines 45a through 45g

46

47 Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐

47

48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed

48 0.

49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid

49 0.

50 Enter the amount of line 49 you want: Credited to 2018 estimated tax

Refunded

50

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

51 At any time during the 2017 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

Yes No

X

52 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

53 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 and correct. I am the preparer (other than taxpayer) is based on an information of which preparer has any knowledge.

*Carley Umstead*

11/13/18

INTERIM CEO

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

*Carley Umstead*

Digitally signed by Carley Umstead Date: 2018.11.13 12:00:00

P00982177

Firm's name RSM US LLP

Firm's EIN 42-0714325

210 PARK AVENUE, SUITE 1725

Firm's address OKLAHOMA CITY, OK 73102

Phone no (405) 239-7961

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**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  |  | 8 | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? | Yes | No |
| 4a | Additional section 263A costs (attach schedule) | 4a |  |   |                                                                                                                    |     |    |
| b  | Other costs (attach schedule)                   | 4b |  |   |                                                                                                                    |     | X  |
| 5  | Total. Add lines 1 through 4b                   | 5  |  |   |                                                                                                                    |     |    |

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

0.

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)                                                                                               |                                                                                       | %                                                           |                                                                              |                                                                     |
| Totals <b>►</b>                                                                                   |                                                                                       |                                                             | Enter here and on page 1, Part I, line 7, column (A). 0.                     | Enter here and on page 1, Part I, line 7, column (B). 0.            |
| Total dividends-received deductions included in column 8 <b>►</b>                                 |                                                                                       |                                                             |                                                                              | 0.                                                                  |

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**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.<br>Enter here and on page 1, Part I, line 8, column (A).       | Add columns 6 and 11.<br>Enter here and on page 1, Part I, line 8, column (B). |
| <b>Totals</b> ..... |                                                   |                                     | 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).   |
| <b>Totals</b> .....      |                     | 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.                                      |
| <b>Totals</b> .....                  |                                                           | 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)                                              |                             |                             |                                                                                            |                       |                     |                                                                                   |
| <b>Totals (carry to Part II, line (5))</b> ..... |                             | 0.                          | 0.                                                                                         |                       |                     | 0.                                                                                |

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**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) | 0.                          | 0.                          |                                                                                            |                       |                     | 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.                                                 |

Form 990-T (2017)

# Public Inspection

Form **8868**  
(Rev. January 2017)

## Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury  
Internal Revenue Service

► File a separate application for each return.

► Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

|                                                                |                                                                                          | Enter filer's identifying number        |
|----------------------------------------------------------------|------------------------------------------------------------------------------------------|-----------------------------------------|
| Type or print                                                  | Name of exempt organization or other filer, see instructions.                            | Employer identification number (EIN) or |
|                                                                | <b>THE MUSEUM OF THE BIBLE, INC.</b>                                                     | <b>27-3444987</b>                       |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions.                   | Social security number (SSN)            |
|                                                                | <b>7507 SW 44TH STREET</b>                                                               |                                         |
|                                                                | City, town or post office, state, and ZIP code. For a foreign address, see instructions. |                                         |
|                                                                | <b>OKLAHOMA CITY, OK 73179</b>                                                           |                                         |

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

| Application Is For                       | Return Code | Application Is For                | Return Code |
|------------------------------------------|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          | Form 990-T (corporation)          | 07          |
| Form 990-BL                              | 02          | Form 1041-A                       | 08          |
| Form 4720 (individual)                   | 03          | Form 4720 (other than individual) | 09          |
| Form 990-PF                              | 04          | Form 5227                         | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069                         | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870                         | 12          |

**DAVID DUBOIS**

• The books are in the care of ► **7507 SW 44TH STREET - OKLAHOMA CITY, OK 73179**  
Telephone No. ► **405-448-3372** Fax No. ►

• If the organization does not have an office or place of business in the United States, check this box ☐   
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year \_\_\_\_\_ or  
► ☒ tax year beginning **JUL 1, 2017**, and ending **JUN 30, 2018**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

|                                                                                                                                                                                        |    |    |    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----|----|
| 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                   | 3a | \$ | 0. |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ | 0. |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.              | 3c | \$ | 0. |

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

Form 8868 (Rev. 1-2017)

# Public Inspection

THE MUSEUM OF THE BIBLE, INC.

27-3444987

|            |              |           |   |
|------------|--------------|-----------|---|
| FORM 990-T | OTHER INCOME | STATEMENT | 1 |
|------------|--------------|-----------|---|

| DESCRIPTION                              | AMOUNT  |
|------------------------------------------|---------|
| SEC. 512(A)(7) QUALIFIED PARKING EXPENSE | 21,420. |
| TOTAL TO FORM 990-T, PAGE 1, LINE 12     | 21,420. |

|            |               |           |   |
|------------|---------------|-----------|---|
| FORM 990-T | CONTRIBUTIONS | STATEMENT | 2 |
|------------|---------------|-----------|---|

| DESCRIPTION/KIND OF PROPERTY         | METHOD USED TO DETERMINE FMV | AMOUNT     |
|--------------------------------------|------------------------------|------------|
| ABILENE CHRISTIAN UNIVERSITY         | N/A                          | 80,000.    |
| NATIONAL CHRISTIAN FOUNDATION        | N/A                          |            |
| HEARTLAND                            |                              | 65,000.    |
| NEW ORLEANS BAPTIST                  | N/A                          |            |
| THEOLOGICAL SEMINARY                 |                              | 18,000.    |
| OHR TORAH STONE INSTITUTIONS         | N/A                          |            |
| OF ISRAEL                            |                              | 20,000.    |
| PASSAGES AMERICA ISRAEL INC.         | N/A                          | 1,483,333. |
| SHEPHERDS THEOLOGICAL SEMINARY       | N/A                          | 85,000.    |
| THE EARLY MANUSCRIPTS                | N/A                          |            |
| ELECTRONIC LIBRARY                   |                              | 60,000.    |
| UNIVERSITY OF EXETER US              | N/A                          |            |
| FOUNDATION                           |                              | 25,787.    |
| WHEATON COLLEGE ARCHAEOLOGY          | N/A                          |            |
| PROGRAM                              |                              | 275,000.   |
| WORLD OF THE BIBLE MINISTRIES        | N/A                          | 125,000.   |
| TOTAL TO FORM 990-T, PAGE 1, LINE 20 |                              | 2,237,120. |

|            |                  |           |   |
|------------|------------------|-----------|---|
| FORM 990-T | OTHER DEDUCTIONS | STATEMENT | 3 |
|------------|------------------|-----------|---|

| DESCRIPTION               | AMOUNT  |
|---------------------------|---------|
| BANK FEES                 | 563.    |
| MEALS AND ENTERTAINMENT   | 1,499.  |
| MISCELLANEOUS             | 8,183.  |
| OFFICE SUPPLIES           | 414.    |
| OTHER CONTRACT SERVICES   | 16,739. |
| PRODUCT FEES              | 4,696.  |
| SHIPPING                  | 15,436. |
| SOFTWARE                  | 21,873. |
| STAFF DEVELOPMENT EXPENSE | 869.    |
| SUPPLIES                  | 47,281. |

# Public Inspection

THE MUSEUM OF THE BIBLE, INC.

27-3444987

TRAVEL

27,804.

TOTAL TO FORM 990-T, PAGE 1, LINE 28

145,357.

# Public Inspection

THE MUSEUM OF THE BIBLE, INC.

27-3444987

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT

4

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

FOR TAX YEAR 2012

FOR TAX YEAR 2013

FOR TAX YEAR 2014

FOR TAX YEAR 2015

FOR TAX YEAR 2016

TOTAL CARRYOVER

TOTAL CURRENT YEAR 10% CONTRIBUTIONS

2,237,120

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

# Public Inspection

Form **4562**  
Department of the Treasury  
Internal Revenue Service (99)  
Name(s) shown on return

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

▶ Attach to your tax return.  
▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2017**

Attachment  
Sequence No. 179

THE MUSEUM OF THE BIBLE, INC.

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                            | 510,000.         |
| 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                            | 2,030,000.       |
| 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 2016 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 2018. 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 2017                                                  | 17 | 155,738. |
| 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 2017 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 2017 Tax Year Using the Alternative Depreciation System

|                |   |  |         |    |     |  |
|----------------|---|--|---------|----|-----|--|
| 20a Class life |   |  |         |    | S/L |  |
| b 12-year      |   |  | 12 yrs. |    | S/L |  |
| c 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 | 155,738. |
| 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 |          |

# Public Inspection

Form 4562 (2017)

THE MUSEUM OF THE BIBLE, INC.

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**Part V** **Listed Property** (Include automobiles, certain other vehicles, certain aircraft, certain computers, 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)<br>Type of property<br>(list vehicles first) | (b)<br>Date<br>placed in<br>service | (c)<br>Business/<br>investment<br>use percentage | (d)<br>Cost or<br>other basis | (e)<br>Basis for depreciation<br>(business/investment<br>use only) | (f)<br>Recovery<br>period | (g)<br>Method/<br>Convention | (h)<br>Depreciation<br>deduction | (i)<br>Elected<br>section 179<br>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)<br>Vehicle |    | (b)<br>Vehicle |    | (c)<br>Vehicle |    | (d)<br>Vehicle |    | (e)<br>Vehicle |    | (f)<br>Vehicle |    |
|---------------------------------------------------------------------------------------------------------|----------------|----|----------------|----|----------------|----|----------------|----|----------------|----|----------------|----|
| 30 Total business/investment miles driven during the year ( <b>don't</b> 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.<br>Add lines 30 through 32 .....                                 |                |    |                |    |                |    |                |    |                |    |                |    |
| 34 Was the vehicle available for personal use during off-duty hours? .....                              | Yes            | No | Yes            | No | Yes            | No | Yes            | No | Yes            | No | Yes            | No |
| 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.

|                                                                                                                                                                                                                                        |     |    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? .....                                                                                        | Yes | No |
| <b>38</b> 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 ..... |     |    |
| <b>39</b> Do you treat all use of vehicles by employees as personal use? .....                                                                                                                                                         |     |    |
| <b>40</b> 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? .....                                                   |     |    |
| <b>41</b> 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)<br>Description of costs | (b)<br>Date amortization<br>begins | (c)<br>Amortizable<br>amount | (d)<br>Code<br>section | (e)<br>Amortization<br>period or percentage | (f)<br>Amortization<br>for this year |
|-----------------------------|------------------------------------|------------------------------|------------------------|---------------------------------------------|--------------------------------------|
|-----------------------------|------------------------------------|------------------------------|------------------------|---------------------------------------------|--------------------------------------|

**42** Amortization of costs that begins during your 2017 tax year:

|  |   |   |  |  |  |
|--|---|---|--|--|--|
|  | : | : |  |  |  |
|  | : | : |  |  |  |

**43** Amortization of costs that began before your 2017 tax year ..... **43****44** Total. Add amounts in column (f). See the instructions for where to report ..... **44**