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)

OMB No. 1545-0047

Department of the Treasury

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

Information about Form 990 and its instructions is at www.lrs.gov/form990.

A For the 2016 calendar year, or tax year beginning OCT 1, 2015 and ending SEP 30, 2016

Open to Public Inspection

Form 990 (2015)

-		and	ending 2	DEP 30, 2010			
В	Check it applicat	C Name of organization		D Employer identifica	ation number		
	Addr	90 AUDIO SCRIPTURE MINISTRIES					
	Nam	Doing business as		23-6296186			
	Initia		Room/suite				
	Final retwo termi alod	760 WAVERLY ROAD			96-5291		
_		and an interest provinces and an or foreign postal code		G Gross receipts \$	1,052,894.		
F	Amer	HOBIAND, MI 49423		H(a) Is this a group retu			
L	Appli tion pend	loe		for subordinates?	Yes X No		
_		SAME AS C ABOVE			uded? Yes No		
		tempt status: X 501(c)(3)	or 527	4,	st. (see instructions)		
				H(c) Group exemption	number >		
		forganization: Association Other ► Summary	L Year	of formation: 1967 M	State of legal domicile: MI		
	1	Briefly describe the organization's mission or most significant activities: ASM	TO CON	MIMMEID MO DD	OVIDING		
nce		THE BIBLE IN AUDIO THAT ALL MIGHT HAVE T	HE ODE	DO THINITO TO PR	OATDING		
E	2	Check this box if the organization discontinued its operations or dispo	and of more	then 0500 of the not see	HEAR GOD'S		
ove	3	Number of voting members of the governing body (Part VI, line 1a)	seu oi more	3 l	ers. 8		
Activities & Governance	4	Number of Independent voting members of the governing body (Part VI, line 1b)		4	8		
es	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	***************************************	5	11		
Ž	6	Total number of volunteers (estimate if necessary)		6	20		
Acti	1.9	Total unrelated business revenue from Part VIII, column (C), line 12		17a	0.		
_	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.		
				Prior Year	Current Year		
Pe	8	Contributions and grants (Part VIII, line 1h)		1,059,761.	1,044,829.		
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.		
Re.	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		28,074.	3,825.		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,410.	4,240.		
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,090,245.	1,052,894.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
10	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.			
Expenses	160	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		291,422.	293,312.		
per	h	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 26) 53,1	88	0.	0.		
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	00.	674,026.	630 311		
- 1	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		965,448.	620,211. 913,523.		
	19	Revenue less expenses. Subtract line 18 from line 12		124,797.	139,371.		
let Assets or and Balances		To the pass department of the first line 12		ginning of Gurrent Year			
Sets	20	Total assets (Part X, line 16)		1,255,094.	1,396,074.		
AB B		Total liabilities (Part X, line 26)		7,639.	9,248.		
왕		Net assets or fund balances. Subtract line 21 from line 20		1,247,455.	1,386,826.		
Pa	rtII	Signature Block					
Unde	er pena	ities of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of my	mowledge and belief, it is		
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wi	hich preparer	has any knowledge.			
		Constitute of allieur		DE	2 1,20		
Sign		Signature of officer		Date			
Here	B	DAVID HICKEY PRESIDENT Type or print name and title					
_	-			Tota T	II arell		
Paid		Print/Type preparer's name		Date Check	PTIN		
Prep				12/1/16 self-employed	P00111326		
Use		Firm's name DOLINKA, VANNOORD & COMPANY, FLI Firm's address 360 EAST BELTLINE NE STE 200	пР	Firm's EIN	38-2426290		
400		GRAND RAPIDS, MI 49506-1208		Dh	6\450 0000		
May	the It	RAPIDS, PIT 49306-1208		Phone no. (61	6)459-2233		
	1 12-1				X Yes No		
10200	1 15-1	instruction and instruction and instruction and instruction	ons.		Form 990 (2015)		

	n 990 (2015) AUDIO SCRIPTURE MINISTRIES	23-6296186	Page 2
Pa	art III Statement of Program Service Accomplishments		
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: COMMITTED TO PROVIDING THE BIBLE IN AUDIO THAT ALL MIGHT HAVE THE OPPORTUNITY TO HEAR GOD'S WORD IN THEIR O		[X]
	OUR COMMITMENT TO THE GREAT COMMISSION DIRECTS US TO SER		
2	Did the organization undertake any significant program services during the year which were not listed on	VE OTHERS A	
_	the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes	X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as r Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported.		
4a	(Codo:) (Expenses \$ 709, 203 · including grants of \$) (Revenue	IPTURES IN)
4b	(Code:) (Expenses \$ 45,061. including grants of \$) (Revenue UNITED STATES MINISTRIES - RECORDING AND DISTRIBUTING THAUDIO		S IN
4c	(Code:) (Expenses \$	\$	
44	Other program services (Describe in Schedule O.)		
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$		

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 X 2 Is the organization required to complete Schedule B, Schedule of Contributors? X 2 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 X 3 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 X 4 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 X 5 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 X 6 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...... X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X 8 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 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 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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 X 11a 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 X 11b 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 X 11c 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 e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e 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 X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII X 12a 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 X 12b is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? X 14a 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 X 14b 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 X 15 Dld 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 X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 X 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 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Form 990 (2015)

X

complete Schedule G. Part III

Part IV | Checklist of Required Schedules (continued) Yes No 20a X 20a Did the organization operate one or more hospital facilities? If *Yes, * complete Schedule H 20b b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 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 X 23 Schedule J 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 X 24a Schedule K. If "No", go to line 25a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? d Did the organization act as an "on behalf of" Issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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 X 25b Schedule L, Part I 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," X 26 complete Schedule L, Part II 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 X 27 of any of these persons? If "Yes," complete Schedule L, Part III 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): X a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, X 28c director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X contributions? If "Yes," complete Schedule M 31 Did the organization liquidate, terminate, or dissolve and cease operations? X If "Yes," complete Schedule N, Part I 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and X Part V, line 1 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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? X If "Yes," complete Schedule R, Part V, line 2 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 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 Form 990 (2015)

Par	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 8	12 CH	100	20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	- 2		141					
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		A STATE OF						
	(gambling) winnings to prize winners?	10	X						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	NO.	That do						
	filed for the calendar year ending with or within the year covered by this return 2a 1.1								
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)	All S		12.02					
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							
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:	122.5	Mil.	1100					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	一种	A STATE OF	le u					
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							
	Organizations that may receive deductible contributions under section 170(c).		4.2	X					
a	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?								
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7c		X					
	If "Yes," indicate the number of Forms 8282 filed during the year 7d		ST. Three	STELL .					
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	70		X					
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X					
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	_						
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	70 7000						
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			STATE OF					
	sponsoring organization have excess business holdings at any time during the year?	8	White St.	th Clark					
	Sponsoring organizations maintaining donor advised funds.	ST 350	THE PERSON	Calls of					
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		-					
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	10.44.0	8/6-75					
	Section 501(c)(7) organizations. Enter:		Mar ala	445 (25) 22 (E.S.)					
	Initiation fees and capital contributions included on Part VIII, line 12	10.000	4						
		2.2	18.5%	and the					
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a	7	THE P	To Service					
				Lycus					
	Gross income from other sources (Do not net amounts due or paid to other sources against	-		2.2					
10-	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	APPLE COS	Statist's					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	7.76	W-100	7523					
	Section 501(c)(29) qualified nonprofit health insurance issuers.		411						
	Is the organization licensed to issue qualified health plans in more than one state?	13a	Sa Track	1,000					
	Note, See the instructions for additional information the organization must report on Schedule O.	8.374	Samuel Samuel	43.83					
	Enter the amount of reserves the organization is required to maintain by the states in which the	14457							
	organization is licensed to issue qualified health plans	19-3-10 19-4-10	4	+ 75					
	Enter the amount of reserves on hand 13c	Whate.	5190	× ×					
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X					
	If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b							

Form 990 (2015)

Form 990 (2015) AUDIO SCRIPTURE MINISTRIES 23-6296186 Page 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
Sec	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	3	77.77	
	If there are material differences in voting rights among members of the governing body, or if the governing	12.E.L		All this
7.	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			
b	Enter the number of voting members included in line 1a, above, who are independent1b	3	TO ME A	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1	Mary 1	
•	officer, director, trustee, or key employee?	2		Х
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		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		X
7a	a series of a policy of a property and the power to close of appoint one of	10000		
	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:	25.50		
a	The governing body?	8a	X	
	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	laster (X
sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			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		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	X	
	Describe in Schadule O the process, if any, used by the organization to review this Form 990.	400		
	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			
V-12-11	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	Printing.	2 7 7 7 7	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	新型装	36 · 2	31,772
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		40.00	
	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	property and the second		
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filed ►AL, CA, CO, FL, GA, TL, KS, KY, ME			,MI
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X 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	d financ	cial	
	statements available to the public during the tax year.			
	State the name, address, and telephone number of the person who possesses the organization's books and records:		75.0	
	WANDA MALOY - 616-396-5291			
_	760 WAVERLY ROAD, HOLLAND, MI 49423			
32006	12-16-15 SEE SCHEDULE O FOR FULL LIST OF STATES	Form	990 (2015)

Part VIII 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.

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

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

(A) Name and Title	(B) Average hours per week	pox	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trusies or director	Institutional trustee	Officer	Kay employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JAMISON WORST	1.00	x		77				0.	0.	0.
CHAIRMAN OF THE BOARD OF DIRECTORS	3.00	A	-	X	-	-	-	0.	0.	0.
(2) RANDALL BRONDYKE	3.00	x		x				0.	0.	0.
CHIEF FINANCIAL OFFICER/DI (3) DAVID HICKEY	1.00	Δ	-	1	-	-	-	0.	0.	
PRESIDENT/TREASURER/DIRECTOR	1.00	X		x		ĺ		0.	0.	0.
(4) TOM VANDENBERG	1.00	Δ	-	Α	\vdash	-	-	- 0.	0.	
SECRETARY/DIRECTOR	1.00	X		X		1		0.	0.	0.
(5) TOM VANWYNEN	1.00	**	-	-		-				
DIRECTOR	1.00	x						0.	0.	0.
(6) BECKY MOREHOUSE	1.00		1			_	\vdash			
DIRECTOR		x						0.	0.	0.
(7) BRIAN PETROELJE	1.00					-				
DIRECTOR		x		1				0.	0.	0.
(8) LORAINE SLAGH	1.00		-	\vdash		1	1			
DIRECTOR AT LARGE		X						0.	0.	0.
(9) ART BROOKS	1.00					\vdash				
FORMER CHAIRMAN		X						0.	0.	0.
(10) RONALD BEERY	1.00									
FORMER PRESIDENT		X	Ĺ					8,340.	0.	0 .
(11) KATHI HAVEMAN	1.00						Г			
DIRECTOR		X						0.	0.	0.
(12) STEVE BOSSENBROCK	1.00		П		-					
DIRECTOR		X						0.	0.	0.
(13) JAMES LOKER	40.00								Page 1	Larra Carrena
EXECUTIVE DIRECTOR				X				82,246.	0.	30,366.
(14) ANN HEMMEKE	1.00					1		Tan I		
VICE PRESIDENT		H	-	X	\vdash	+	-	0.	0.	0.
		-		T	-	T	1			
										Form 990 /2015

532007 12-16-15

532008

Form 990 (2015)

		Check if Schedule O contains			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
1	a	Federated campaigns	1a					
	b	Membership dues	1b		Here Types		TENER PROPERTY AND	
	C	Fundraising events						
	d	Related organizations			444.			
		Government grants (contributions		-				
	f	All other contributions, gifts, grants, a similar amounts not included above.	4 0 1	4,829.				
	g	Noncash contributions included in lines 14-	ır: \$		STATE OF STA			A CONTRACTOR
	h	Total. Add lines 1a-1f	******		1,044,829.		ALD STATE	MAGE TELEVISION
			Busi	iness Code				REPORT OF
2	а							
	b							
	C							
	d							
	е							
	f	All other program service revenue	e					
	g	Total. Add lines 2a-2f	************				-14	Alexander with
3		Investment income (including div						
		other similar amounts)			3,825.	3,825.		
4		Income from investment of tax-ex	empt bond proce	eds >				
5		Royalties						WE TO REPORT A REAL PROPERTY.
		_		Personal		A Mark The Company of		
		Gross rents	4,240.					
	b	Less: rental expenses	0.					-
	C	Rental income or (loss)	4,240.					
	d				4,240.	THE R. P. LEWIS CO., LANSING STREET, LANSING S	To CAMPINE STATE	4,240
7	a	Gross amount from sales of(i) Securities	(ii) Other			As Some	The state of
1		assets other than inventory				TOTAL TOTAL		
	b	Less: cost or other basis				Demokratik des end		
		and sales expenses						The Art Town
		Gain or (loss)					经现在特征基本	
		Net gain or (loss)			- Charles Zool Checking	TAMES AND A STREET OF STREET	THE PARTON GROOM CONTRACTOR	SWCHOOL WHITE VIEW
8	a	Gross income from fundraising en	vents (not			ALC: THE RESERVE OF T		
		including \$	of					
		contributions reported on line 1c)						
		Part IV, line 18	a					
	b	Less: direct expenses	b					520000000000000000000000000000000000000
		Net income or (loss) from fundrais		Þ	SHORT SHAPE OF THE	19.2.5 12.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	ALC: THE MANAGEMENT	Caration of the Line
9	a	Gross income from gaming activi				The contract of the contract o	Call The State	- 1 To 100
l		Part IV, line 19	a					
		Less: direct expenses						(February)
		Net income or (loss) from gaming	Committee of the Commit		eterioris algorithmic (2007) (2007)	REAL PROPERTY PAGE		CONTRACTOR OF STREET
10	a	Gross sales of inventory, less ret	100,000,000					
		and allowances						
		Less: cost of goods sold				Maria Contraction	从在工程的数据的	1925 A.M. 1779 A.M.
-	C	Net income or (loss) from sales o		NEWSTER DATE OF THE PARTY OF TH	See 1950 Land Sec. 1950 Land - Se	The second of the second of	NAME OF THE PARTY	21 CONTRACTOR AND STREET
	_	Miscellaneous Revenue	Bus	iness Code		· 图 · · · · · · · · · · · · · · · · · ·	श्रीकृत्या । एक्षित्र म्	15 11 17 17
11								
	b							
1	C							
	d	All other revenue				HEREN STREET	Manager of the Owner, and	CHARLES CONTROL
	e	Total. Add lines 11a-11d			1 052 004	3 005		4,240
12		Total revenue. See instructions			1,052,894.	3,825.	0.	4,240

Part IX Statement of Functional Expenses

2000	Check if Schedule O contains a response not include amounts reported on lines 6b, 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		CAPONOOS	gonotal expenses	
25.0	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals, See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			THE RESERVE OF THE RE	37.12%。并,完
5	Compensation of current officers, directors,		2000		
	trustees, and key employees	81,615.	55,498.	18,771.	7,346
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	1			
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	137,919.	109,497.	21,384.	7,038
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	54,602.	36,457.	12,087.	6,058
10	Payroll taxes	19,176.	14,709.	3,211.	1,256
11	Fees for services (non-employees):				
а	Management				
b	Legal				
C	Accounting	9,225.		9,225.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g		0 000		2 225	
	column (A) amount, list line 11g expenses on Sch O.)	3,286.		3,286.	01 000
12	Advertising and promotion	24,899.	113 660	06 004	24,899
13	Office expenses	140,593.	113,669.	26,271.	653
14	Information technology	14,089.	9,581.	3,804.	704
15	Royalties	00.405	40.000	1.504	1 026
16	Occupancy	20,407.	13,877.	4,694.	1,836
17	Travel	71,989.	70,900.	1,089.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	CAF	420	140	FO
19	Conferences, conventions, and meetings	645.	439.	148.	58
50	Interest	2,518.			2,518
21	Payments to affiliates	0 122	C 010	2 101	022
22	Depreciation, depletion, and amortization	9,133.	6,210.	2,101.	822
23	Insurance	12 4/4 A C 15 A C 17 A S A C 17 A C 17 A S A C 17 A C 17 A S A C 17 A C 17 A S A C 17 A S A C 17 A C	And the Association of the Company o	experiment on heavy of the New York	CHARLE THE CONTRACT CO.
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 0.)				
а	OVERSEAS MINISTRIES	209,217.	209,217.		
b	MISSIONARY MINISTRIES	114,210.	114,210.		19 1777-17870 177
c		,/4×80			
d					
e	All other expenses	0.0			
25	Total functional expenses. Add lines 1 through 24e	913,523.	754,264.	106,071.	53,188
26	Joint costs. Complete this line only if the organization	TANKS - NO.	1.0		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

					(A)		(B)
_					Beginning of year	_	End of year
	1	Cash - non-interest-bearing			131,456. 818,198.	_	266,126. 830,595.
	2	Savings and temporary cash investments			818,198.	2	830,595
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		STATE OF THE STATE	4	Complete Management Complete States	
	5	Loans and other receivables from current and for trustees, key employees, and highest compensa-	ated empl	oyees. Complete			= 1
	1722	Part II of Schedule L				5	AND COLUMN TO SERVICE STREET
	6	Loans and other receivables from other disquali			THE STATE OF THE STATE OF		
		section 4958(f)(1)), persons described in section			THE AND THE WA		
		employers and sponsoring organizations of sect			VICENSTALL STREET	10200	
2000	0000	employees' beneficiary organizations (see instr).				6	
	7	Notes and loans receivable, net		27 225	7	20 201	
`	8	Inventories for sale or use			27,335.	8	30,381.
	9	Prepaid expenses and deferred charges				9	
	10 a	Land, buildings, and equipment: cost or other		160 160	The second secon	10	
	20	basis. Complete Part VI of Schedule D		462,468. 193,496.	270 105	William.	260 072
		Less: accumulated depreciation			278,105.	10c	268,972
- 1	11	Investments - publicly traded securities			11		
- 1	12	Investments - other securities, See Part IV, line 1		12			
- 1	13	Investments - program-related. See Part IV, line				13	
- 1	14	Intangible assets		14			
1	15	Other assets, See Part IV, line 11	1 055 001	15	4 200 001		
_	16	Total assets. Add lines 1 through 15 (must equa	al line 34)		1,255,094.	-	1,396,074.
1	17	Accounts payable and accrued expenses		3,126.	17	5,522.	
- 1	18	Grants payable			18		
1	19	Deferred revenue				19	
1	20	Tax-exempt bond liabilities				20	
1	21	Escrow or custodial account liability. Complete I				21	
3	22	Loans and other payables to current and former					
		key employees, highest compensated employee			英雄 医二氏		
		Complete Part II of Schedule L				22	
1	23	Secured mortgages and notes payable to unrela				23	
1	24	Unsecured notes and loans payable to unrelated				24	
1	25	Other liabilities (including federal income tax, pa	yables to	related third			
		parties, and other liabilities not included on lines	17-24). (Complete Part X of			
		Schedule D			4,513.		3,726.
	20	Total liabilities. Add lines 17 through 25			7,639.	26	9,248.
	26			here X and	Complete and Continued	AT-	
	20	Organizations that follow SFAS 117 (ASC 958), check	norop and			CONTROL OF STREET ASSESSMENT OF THE PARTY OF
	20	complete lines 27 through 29, and lines 33 am	d 34.	1			
	27	complete lines 27 through 29, and lines 33 and Unrestricted net assets	d 34.		902,487.	27	
	27		d 34.		902,487. 344,968.	27 28	
	27 28	complete lines 27 through 29, and lines 33 and Unrestricted net assets	d 34.		902,487.		
	27 28	complete lines 27 through 29, and lines 33 and Unrestricted net assets	d 34.		902,487.	28	
	27 28	complete lines 27 through 29, and lines 33 and Unrestricted net assets Temporarily restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117 (A and complete lines 30 through 34.	d 34. SC 958),	check here	902,487.	28	
	27 28	complete lines 27 through 29, and lines 33 am Unrestricted net assets Temporarily restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117 (A and complete lines 30 through 34. Capital stock or trust principal, or current funds	d 34. SC 958),	check here	902,487.	28 29	
	27 28 29	complete lines 27 through 29, and lines 33 and Unrestricted net assets Temporarily restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117 (A and complete lines 30 through 34.	d 34. SC 958),	check here	902,487.	28 29	
	27 28 29 30 31	complete lines 27 through 29, and lines 33 and Unrestricted net assets Temporarily restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117 (A and complete lines 30 through 34. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or explications of the principal surplus, and complete lines 30 through 34.	d 34. SC 958), juipment come, or	check here	902,487. 344,968.	28 29 30	982,389. 404,437.
	27 28 29 30 31	complete lines 27 through 29, and lines 33 and Unrestricted net assets Temporarily restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117 (A and complete lines 30 through 34. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or ex-	d 34. SC 958), juipment come, or	check here	902,487.	28 29 30 31	

Form	990 (2015) AUDIO SCRIPTURE MINISTRIES	23-62	96186	Pag	e 12
Par	T XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
		32	1,052	9	94
1	Total revenue (must equal Part VIII, column (A), line 12)	1	913	1 5	23
2	Total expenses (must equal Part IX, column (A), line 25)	2			71.
3	Revenue less expenses, Subtract line 2 from line 1	3	1,247		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,44	, 4	23.
5	Net unrealized gains (losses) on investments	5			
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,	10	1,386	5.8	26.
Da	column (B))	10		, -	
Pa	t XII Financial Statements and Reporting				X
	Check if Schedule O contains a response or note to any line in this Part XII			Yes	No
			4,30	SECTION AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF	NAME OF STREET
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	_		Yai.	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.	0.000	100 PM	Х
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	100 F	1
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a	70	200	
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		1000	UKEY	Tier to the
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 separa	te basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				200
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,		in the	1000
	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 Sch	redule O.	1000	1	W. 25
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ingle Audit			
-	Act and OMB Circular A-133?		За		X
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			10.172.53
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
_	or about or and a series of the series of th		Comm	000	(2015)

SCHEDULE A

Department of the Treasury

(Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization Employer Identification number AUDIO SCRIPTURE MINISTRIES 23-6296186 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 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 _ 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv), (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4), An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. 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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. 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. 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 (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of listed in your poverning document? (described on lines 1-9 organization support (see other support (see above (see instructions)) instructions) instructions

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015 AUDIO SCRIPTURE MINISTRIES 23-6296186 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

_	fails to qualify under the test	is listed below, plea	ise complete Part	Ht.)			
	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,262,538.	977,642.	908,961.	1,084,761.	1,044,829,	5,278,731.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to	1		3	1	l i	
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to				l l		
	the organization without charge						
4	Total. Add lines 1 through 3	1,262,538.	977,642.	908,961.	1,084,761.	1,044,829.	5,278,731.
	The portion of total contributions	11. 11. mg/ 1. 6. 2. 10. 1				A William State St.	the second secon
	by each person (other than a						
	governmental unit or publicly	4 H		en aller in the second			
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,			7 V.1 - T		TAR STATE	
	column (f)	7. P. C.					
6	Public support, Subtract line 5 from line 4.	Bar San				The second second	5,278,731.
_	ction B. Total Support						
Cale	indar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4	1,262,538.	977,642.	908,961.	1,084,761.	1,044,829.	5,278,731.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties					1	
	and income from similar sources	7,475.	10,576.	7,661.	5,484.	8,065.	39,261.
a	Net income from unrelated business						
3	activities, whether or not the			1			
	business is regularly carried on				J		
10	Other income. Do not include gain						
10							
	or loss from the sale of capital		10			1	
e a care	assets (Explain in Part VI.)	Market To The Mark College	SPECIAL SECTION OF SECTION	1 1 1 1 1 4 4 4 1 1 1 1 1 1 1 1 1 1 1 1	中国的中部海岸市	TATEL TO THE STATE OF	5,317,992.
	Total support. Add lines 7 through 10	CAR CREEK MARKETERS		MANUFACTOR SALVED	CALL CONTRACTOR OF THE PARTY OF	40	3,327,334.
	Gross receipts from related activities					12	
13	First five years. If the Form 990 is for						-
Sa	organization, check this box and sto ction C. Computation of Pub						P
_	Public support percentage for 2015			and many 100		14	99.26 %
	[Mark 18] [Mark 19] [Mark	· · · · · · · · · · · · · · · · · · ·		:Olumn (1))	***************************************	15	99.27 %
	Public support percentage from 201-	A MANAGEMENT OF THE PROPERTY O		a line 40 and line			
162	33 1/3% support test - 2015. If the						
	stop here. The organization qualifies						
t	33 1/3% support test - 2014. If the	-					
1000	and stop here. The organization qua						
178	10% -facts-and-circumstances tes						
	and if the organization meets the *fa						-
	meets the "facts-and-circumstances"		0.7		아이들 아이들이 되었다. 이 이 아이들 없는 아이들이 있다.		
ŀ	10% -facts-and-circumstances tes						10% or
	more, and if the organization meets t						
	organization meets the "facts-and-cir						
18	Private foundation, If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17h			
					Sche	dule A /Form 990	or 990-E71 2015

	edule A (Form 990 or 990 EZ) 2015 A art III Support Schedule for 0				1/2	23-629	0180 Page 3
5/1/26	(Complete only if you checked				part of the second	art II. If the organiza	tion fails to
	qualify under the tests listed by			A GUILLAND I TENOG	to quality ortical (aren. Ir alo organiza	COTTONS TO
Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	1				1	
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that	18-1					
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to			1			
	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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
	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						
0	Add lines 7a and 7b						
8	Public support, (Subtractline 7c from line 6.)		是图4度从2.0	The way of the to		的研究是是可	
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
	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 laxes) 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						
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	tax year as a section	on 501(c)(3) organiza	ation.
505	check this box and stop here						>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
_	Public support percentage for 2015 (column (f))		15	%
	Public support percentage from 2014					16	%
	ction D. Computation of Inve						
17	Investment income percentage for 20	115 (line 10c, colur	mn (f) divided by li	ne 13, column (f))	***************************************	17	%

Schedule A (Form 990 or 990-EZ) 2015

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 Investment income percentage from 2014 Schedule A, Part III, line 17

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

19a 33 1/3% support tests - 2015. 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

b 33 1/3% support tests - 2014. 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

532023 09-23-15

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete

Sec	ction A. All Supporting Organizations		Tvaa	NI-
1	Are all of the organization's supported organizations listed by name in the organization's governing		Yes	No
	documents? If "No" describe in Part VI how the supported organizations are designated. If designated by		Pales Tra	Marine 2
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1	1000000	THIS ACT
2	Did the organization have any supported organization that does not have an IRS determination of status	17.5	21 15 VALUE	1
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported		1	
	organization was described in section 509(a)(1) or (2).	2	S WING TO THE	The Cade
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	12 1 2 E	8.00	1 200
	(b) and (c) below.	За		10 14 S HOLL
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	Walter To	ANY!	100
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	100	The last	
	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)	774	Server i	
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	2023/8/8/24	7 * 5 42 * 5 1
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	A. C. C. C.	100	
	"Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	19903020	- Arriganis (a)
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	77 574.		16.55
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion		NEG.	1.
	despite being controlled or supervised by or in connection with its supported organizations.	4b	100 m	3 4 40 333
C	Did the organization support any foreign supported organization that does not have an IRS determination	4.41	134	A COURSE
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used		Chip a	
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			122
	purposes.	4c	201004	Arrive 112
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	WT LEST	1 500	- Mari
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, Including (i) the names and EIN	\$1.5 Feb.	Acres 1	4 0
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;		1	
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action	100	777	
	was accomplished (such as by amendment to the organizing document).	5a	1019(1552)	140000000
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	A PARTY	4.股票	
	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	100		±00.5
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class	300	Toron C	204-2
	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	2524		30 A
	Part VI.	6	A	100000
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	100,200,70	4.42	Vit.
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with		den a	100000
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7	Congruent	1. At the Library
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	4. 10.7107	140.5	
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		1110-214
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more	P-4400	1000	
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described	# 34.55 11.514.4		
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a	(mised) earlies	Married ACAD
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	36.00 mg	70 ALCON	14.13
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		1000
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	1.00	1	Day.
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	Senticipal.	A. (0.10)
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section	13.00	10 - Ari	
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	CANALA S	Power Name	THE STATE OF
	supporting organizations)? If "Yes," answer 10b below.	10a	L. KWOH,75	45.745.434
h	Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to	89414658	100 54	SHAN

532024 09-23-15

determine whether the organization had excess business holdings.)

11606 1

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

Schedule A (Form 990 or 990-EZ) 2015

Income tax imposed in prior year

instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

Schedule A (Form 990 or 990-EZ) 2015

d Excess from 2013 d Excess from 2014 e Excess from 2015

Schedule A	Form 990 or 990-EZ 2015 AUDIO SCRIPTURE MINISTRIES	23-6296186 Page
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section III ine 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for a (See instructions.)	line 17a or 17b; Part III, line 12; n B, lines 1 and 2; Part IV, Section C, e 1; Part V, Section B, line 1e; Part V, any additional information.
		0
		The state of the s
		HALL SERVICE AND THE SERVICE A
32028 09-23-1		Schedule A (Form 990 or 990-EZ) 201

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.

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

OMB No. 1545-0047 Open to Public Inspection.

Employer identification number Name of the organization 23-6296186 AUDIO SCRIPTURE MINISTRIES Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

305	organization answered "Yes" on Form 990, Part IV, line 6	(a) Donor advised funds	(b) Fur	ds 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 wri	iting that the assets held in donor adv	ised funds	
-	are the organization's property, subject to the organization's ex	cclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor adv	visors in writing that grant funds can b	e used only	
·	for charitable purposes and not for the benefit of the donor or o	donor advisor, or for any other purpos	e conferring	
	impermissible private benefit?			Yes No
Par		nization answered "Yes" on Form 990,	, Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (e.g., recreation or edu	ucation) Preservation of a his	storically impo	rtant land area
	Protection of natural habitat	Preservation of a ce	ertified historic	structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in the form	m of a conserv	ation easement on the last
_	day of the tax year.		70.00	Held at the End of the Tax Year
a	Total number of conservation easements		2a	
h	Total acreage restricted by conservation easements			
C	Number of conservation easements on a certified historic struc			
	Number of conservation easements included in (c) acquired aft			
u	listed in the National Register			
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by t	he organizatio	n during the tax
J	year >			-
4	Number of states where property subject to conservation ease	ment is located >		
5	Does the organization have a written policy regarding the perio	dic monitoring, inspection, handling o	of	
5	violations, and enforcement of the conservation easements it h			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and enforcing or	nservation ea	sements during the year
ь	Start and volunteer riours devoted to thorntoning, inspecting, in	and ing of violations, and officially	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
7	Amount of expenses incurred in monitoring, inspecting, handling	og of violations, and enforcing conser	vation easeme	ents during the year
7		ig at thought of the artist of		
0	S	satisfy the requirements of section 1	70h)(4)(B)(i)	
8	and section 170(h)(4)(B)(ii)?			Yes No
•	In Part XIII, describe how the organization reports conservation	a ageomente in its revenue and evnen	se statement	
9	include, if applicable, the text of the footnote to the organization	resements in its revenue and expens	se the organiza	ation's accounting for
		in a line iciai statementa triat describe	ss the organiza	ation a doctor ming for
Da	conservation easements. It III Organizations Maintaining Collections of	Art. Historical Treasures, or	Other Simi	lar Assets.
Pa	Complete if the organization answered "Yes" on Form 9		• 11101	
		100,1 414,14,1410		
	If the assessment the standard on normitted under CEAC 116 (AC)		tement and ha	lance sheet works of art.
1a	If the organization elected, as permitted under SFAS 116 (ASC	958), not to report in its revenue stat	tement and ba	lance sheet works of art, c service, provide, in Part XIII.
1a	historical treasures, or other similar assets held for public exhib	958), not to report in its revenue stat bition, education, or research in furthe	tement and ba erance of publi	lance sheet works of art, c service, provide, in Part XIII,
	historical treasures, or other similar assets held for public exhit the text of the footnote to its financial statements that describe	2958), not to report in its revenue stat bition, education, or research in furthe es these items.	erance of publi	c service, provide, in Part XIII,
	historical treasures, or other similar assets held for public exhit the text of the footnote to its financial statements that describe If the organization elected, as permitted under SFAS 116 (ASC	2958), not to report in its revenue state bition, education, or research in further es these items. 2958), to report in its revenue stateme	erance of publi ent and balance	c service, provide, in Part XIII, ce sheet works of art, historica
	historical treasures, or other similar assets held for public exhit the text of the footnote to its financial statements that describ- if the organization elected, as permitted under SFAS 116 (ASC treasures, or other similar assets held for public exhibition, edu	2958), not to report in its revenue state bition, education, or research in further es these items. 2958), to report in its revenue stateme	erance of publi ent and balance	c service, provide, in Part XIII, ce sheet works of art, historica
	historical treasures, or other similar assets held for public exhibiting the text of the footnote to its financial statements that describe if the organization elected, as permitted under SFAS 116 (ASC treasures, or other similar assets held for public exhibition, edurating to these items:	2 958), not to report in its revenue state bition, education, or research in further esthese items. 2 958), to report in its revenue statement in furtherance of pucation, or research in furtherance of pucation.	erance of publi ent and baland public service,	c service, provide, in Part XIII, be sheet works of art, historica provide the following amount
	historical treasures, or other similar assets held for public exhit the text of the footnote to its financial statements that describe if the organization elected, as permitted under SFAS 116 (ASC treasures, or other similar assets held for public exhibition, edurating to these items: (I) Revenue included on Form 990, Part VIII, line 1	2 958), not to report in its revenue stat bition, education, or research in furthe es these items. 2 958), to report in its revenue stateme ucation, or research in furtherance of p	erance of public ent and balance public service,	c service, provide, in Part XIII, be sheet works of art, historica provide the following amount
	historical treasures, or other similar assets held for public exhit the text of the footnote to its financial statements that describe if the organization elected, as permitted under SFAS 116 (ASC treasures, or other similar assets held for public exhibition, edurating to these items: (I) Revenue included on Form 990, Part VIII, line 1	2 958), not to report in its revenue stat bition, education, or research in furthe es these items. 2 958), to report in its revenue stateme ucation, or research in furtherance of p	erance of publicance of public service,	c service, provide, in Part XIII, be sheet works of art, historical provide the following amount \$
	historical treasures, or other similar assets held for public exhit the text of the footnote to its financial statements that describe if the organization elected, as permitted under SFAS 116 (ASC treasures, or other similar assets held for public exhibition, edurating to these items: (I) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures.	2 958), not to report in its revenue state bition, education, or research in further es these items. 2 958), to report in its revenue statement of purchase or other similar assets for finance.	erance of publicance of public service,	c service, provide, in Part XIII, be sheet works of art, historical provide the following amount \$
b	historical treasures, or other similar assets held for public exhit the text of the footnote to its financial statements that describe if the organization elected, as permitted under SFAS 116 (ASC treasures, or other similar assets held for public exhibition, educating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasure following amounts required to be reported under SFAS 116	2 958), not to report in its revenue state bition, education, or research in further es these items. 2 958), to report in its revenue statement of purchase of purchase of purchase of purchase of the purcha	erance of publicent and balance public service,	c service, provide, in Part XIII, ce sheet works of art, historica provide the following amount \$ s ide
b 2 a	historical treasures, or other similar assets held for public exhit the text of the footnote to its financial statements that describe if the organization elected, as permitted under SFAS 116 (ASC treasures, or other similar assets held for public exhibition, edurating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasure following amounts required to be reported under SFAS 116	2 958), not to report in its revenue state bition, education, or research in further es these items. 2 958), to report in its revenue statement of purchase of purchase of purchase of purchase of the purcha	erance of publicent and balance public service,	c service, provide, in Part XIII, ce sheet works of art, historica provide the following amount \$

532051 11-02-15

Sche		CRIPTURE 1					23-6	29618	6 P	age 2
Pa	rt III Organizations Maintaining C	Collections of A	Art, His	torical Tr	reasures,	or Othe	r Similar Ass	sets/conti	inued)	
3	Using the organization's acquisition, access	ion, and other reco	rds, chec	k any of the	following tha	at are a sig	nificant use of it	ts collection	on item	าร
	(check all that apply):		-							
a	Public exhibition		d 🔲	Loan or exc	hange progr	ams				
b	Scholarly research			Other						
C	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	ain how th	ney further t	he organizati	on's exem	pt purpose in P	art XIII.		
5	During the year, did the organization solicit of	r receive donation:	of art, h	istorical trea	sures, or oth	er similar :	assets			
	to be sold to raise funds rather than to be m	aintained as part of	the orga	nization's co	ollection?			Yes] No
Pai	rt IV Escrow and Custodial Arran reported an amount on Form 990, Pa		olete if the	organizatio	on answered	"Yes" on I	Form 990, Part I	V, line 9, o	r	
1a	Is the organization an agent, trustee, custod									_
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the	following	table:						
								Amoun	t	
C	Beginning balance		••••••				1c			
d	Additions during the year						1d			
9	Distributions during the year						1e			
f	Ending balance									
2a	Did the organization include an amount on Fe	orm 990, Part X, lin	e 21, for	escrow or co	ustodial acco	unt liabilit	y?L	Yes		No
	If "Yes," explain the arrangement in Part XIII.									
Pai	t V Endowment Funds. Complete i	f the organization a	nswered	"Yes" on Fo	orm 990, Parl	IV, line 10).			7 E-12 Y
		(a) Current year	(b) P	rior year	(c) Two year	s back (d	i) Three years bac	k (e) Fou	r years	back
1a	Beginning of year balance									
b	Contributions				200 /A-11/20					
c	Net investment earnings, gains, and losses									
d	Grants or scholarships	HIII SUTTE SEE STATE								
	Other expenditures for facilities		1							
	and programs									
f	Administrative expenses									
g	End of year balance	- Verilly III	1					1		
2	Provide the estimated percentage of the curr	rent year end halan	ce (line 1	a column (s	all held as:					
a	Board designated or quasi-endowment		%	g, colatili (c	d) Hold do.					
b	Permanent endowment >									
	Temporarily restricted endowment									
	The percentages on lines 2a, 2b, and 2c sho				4					
22	Are there endowment funds not in the posse		ration the	at are held a	nd administs	rad for the	ovannization			
oa	by:	asion of the organi	zauori trie	at are field a	nd administe	iled for the	organization		Yes	No
								2-0	res	No
	(i) unrelated organizations			••••••				3a(i)		-
	(ii) related organizations	tions listed as some	d C	abadula DO		•••••		Ja(II)	-	
	If "Yes" on line 3a(ii), are the related organiza							3b		
	Describe in Part XIII the intended uses of the		lowment	lungs.						
· GI			00 Dest II	/ E dd- 6	N 000	David V II	10			
	Complete if the organization answere	T								
	Description of property	(a) Cost or		100000	or other		cumulated	(d) Boo	k valu	8
		basis (invest	mentj		(other)	aepr	eciation	12	1 0	0.0
	Land				1,000.	6,530,721,	04 017		1,0	
b	Buildings			32	1,500.		84,217.	13	7,2	83.
	Leasehold improvements				0.000		0.070			0.0
d	Equipment				9,968.		9,279.		- 6	89.
	Other								0	-
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Pai	t X, colur	nn (B), line 1	(Oc.)			26	8,9	72.
							Schedu	le D (Form	n 990	2015

532053 09-21-15

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

Schedule D (Form 990) 2015

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

OMB No. 1545-0047

Attach to Form 990. ► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization	TIME THE CO.				Employer identif	ication number
AUDIO SCRIPTUR	E MINISTR	TES			22 620616	
Part I General Info	rmation on A	Activities Ou	tside the United States. Comp	lete if the organ	23-629618	Voe" on
Form 990, Part	IV, line 14b.					res on
 For grantmakers. Doe 	s the organization	n maintain reco	ds to substantiate the amount of its g	rants and other	assistance.	
the grantees' eligibility	for the grants or a	assistance, and	the selection criteria used to award th	e grants or assi	istance? X	Yes No
United States.	cribe in Part V the	e organization's	procedures for monitoring the use of i	ts grants and of	ther assistance out	side the
	The following Part	I line 3 table o	an be duplicated if additional space is			
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in region	The second secon	its listed in (4)	(A.T.)
10 D. 150	offices	employees	(by type) (e.g., fundraising, program		rity listed in (d) gram service,	(f) Total expenditures
	in the region	agents, and independent contractors	services, investments, grants to		specific type	for and
		in region	recipients located in the region)		e(s) in region	investments in region
				PROVIDE AUD	IO PLAYERS	
				LOADED WITH	THE BIBLE	
INDIA				TRANSLATED		
INDIA	0	1	PROGRAM SERVICES	LOCATION'S	Control Control Control	111,924.
				PROVIDE AUD		
				LOADED WITH		
MOZAMBIQUE	0	1	PROGRAM SERVICES	TRANSLATED		
			PROJECT PROJECT	LOCATION'S I		100,238.
				LOADED WITH	- Control of the Cont	
				TRANSLATED :		
MEXICO	0	1	PROGRAM SERVICES	LOCATION'S		105,274.
					1	
					1	
	1					
		10-11-11				
3 a Sub-total	0	3				317,436.
b Total from continuation				And the second		227, 430,
sheets to Part I	0	0	ALCOHOL IN COME			0.
c Totals (add lines 3a			VERNER STORY			

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

SEE PART V FOR COLUMN (E) DESCRIPTIONS

Schedule F (Form 990) 2015

317,436.

532071 10-01-15

AUDIO SCRIPTURE MINISTRIES

Schedule F (Form 990) 2015 AUDIO SCRIPTURE MINISTRIES

23-6296186

Part II, line 15, for any genization 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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		INDIA	AUDIO BIBLES, RECORDINGS, BUILDING, RQUIPMENT, TRAVEL	.036,38	BANK WIRE/DIRECT 85,950.DRPOSIT	25,974.	25,974. AUDIO BIBLES	Book
The second secon								
	2-101							
2 Enter total number of the IRS, or for which	Enter total number of recipient organizations listed above the IRS, or for which the grantee or counsel has provided a	ons listed above that are	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	foreign country	, recognized as tax-e	xempt by ▶		1
3 Enter total number or	Enter total number of other organizations or entities	or entities				•	o de co	Sebodial Commodia
							200	חופר ורטווו פסטן בט וים

		5	1
Ç	X	2	1
7		4	1
			ı
Ļ	1	2	ı
	3	٦	١
(1	٩	
ι	1	5	ı
	ı	ĺ	ı
(*	7	1
ľ	•	a	Į
			ì
			l
			1
			ı
			1
			ı
			ı

Page 3

AUDIO SCRIPTURE MINISTRIES

Schedule F (Form 990) 2015

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.

	i i	î s		ı	ı	1	i	ı	150
(h) Method of valuation (book, FMV, appraisal, other)		воок							Schedule F (Form 990) 2015
(g) Description of non-cash assistance		38,529,AUDIC BIBLES							Sched
(f) Amount of non-cash assistance	0	38,529.8							
(e) Manner of cash disbursement	105,274. DIRECT DEPOSIT/BANK WIRE	61,705,BANK WIRE							
(d) Amount of cash grant	105,274.	61,709.							
(c) Number of recipients	1	1							
ssistance (b) Region	MBXICO	MOZAMBIQUE							
(a) Type of grant or assistance	CASH	CASH, AUDIO BIBLES							

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

OMB No. 1545-0047 Open to Public

Attach to Form 990 or 990-EZ.

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

Inspection Employer identification number

23-6296186

AUDIO SCRIPTURE MINISTRIES

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

WORD IN THEIR OWN LANGUAGE.

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

WE:

- PARTNER WITH CHURCHES, MINISTRIES AND INDIVIDUALS TOWARD CREATING AND DISTRIBUTING AUDIO SCRIPTURE MEDIA TO COMMUNICATE THE GOOD NEWS OF JESUS.
- FACILITATE PRODUCTION OF AUDIO RECORDINGS OF THE BIBLE IN EACH LANGUAGE NEEDED BY PEOPLE GROUPS AROUND THE WORLD.
- DISTRIBUTE, EITHER DIRECTLY OR THROUGH OTHER MINISTRIES, SUITABLY FORMATTED SCRIPTURE RECORDINGS AMONG BOTH NON-CHRISTIANS AND CHRISTIANS, WHETHER LIVING IN THEIR HOMELANDS OR ELSEWHERE.
- ENCOURAGE AND ASSIST THE DEVELOPMENT OF PROJECTS FOR AUDIO SCRIPTURE RECORDING AND/OR DISTRIBUTION BY INDIGENOUS AND OTHER MINISTRIES.

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

THE AUDITORS PRESENT THE FORM 990 TO THE AUDIT COMMITTEE FOR REVIEW AND ACCEPTANCE. THE 990 IS THEN PRESENTED TO THE BOARD OF DIRECTORS.

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

THE BOARD IS REQUIRED TO ANNUALLY DISCLOSE ANY POTENTIAL FOR CONFLICT OF INTEREST AND PROVIDE TIMELY NOTIFICATIONS OF CONFLICT OF INTEREST.

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

THE BOARD CONDUCTS AN ANNUAL PERFORMANCE REVIEW OF THE EXECUTIVE DIRECTOR LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2015) 532211 09-02-15

2015 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 10

	-1
	- 1
	- 1
	-
	- 1
	1
	- 1
	- 1
	- 1
	- 1
	- 1
	- 1
	-1
	1
	-
	- 1
	- 1
	- 1
	- 1
	- 1
	-1
	- 1
	ı
	-
	1
	1
	1
	-
	1
	1
	H
	- 1
	- 1
	- 1
	- 1
	ı
	- 1-
	- 1
	- 1
	- 1
	- 1
	- 1
	- 1
	- 1
	- 1
	- 1
	L
	г
	- 1
	- 1
	-
	- 1
	- 1
	- 1
6	- 1
3	- 1
	H
l)	- 1
	- 1
3	- 1
	- 1
1	- 1
	- 1
	- 1
	1
)	- 1
1	- 1
	- 1
	ı
	- 1
	- 1
	- 1
	- 1
	- 1
	- 1
	- 1
	- 1
	- 1
	- 1
	- 1
	ı
	- 1
	- 1
	- 1

ARIOS ASSETS VARIESSL 30.0016 331,468. SEPR. 331,468.	Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
		VARIOS ASSETS * TOTAL 990 PAGE 10 DEPR	/ARI	S	30.00	H	31,468 31,468		0 8 0	331,468.	193,496.	•	11,049.
			12.0 mg	T. T. C.									
			in the second	2)257227at	Contract class (C.)						±		
	904 ALALA 1												
			70183	1 10 2 2 2 2 2	2000		n v	* * 		T.	***		
		1000	(2007)	et/Site	HANA!	17 18 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	20 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		10 10 10 10 10 10 10 10 10 10 10 10 10 1				
	(2) ************************************				B-(1000)								
				Section 1	9.00 72.77 7.77		Tunia.						
	400 to 1			771300				1000 P					

8102

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction