Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

OMB No. 1545-0047 **Open to Public**

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 fo			 Go to www.irs.gov/Form990 for instructions and 	d the latest	information.	Inspection	
A For the 2021 calendar year, or tax year beginning OCT 1, 2021 and ending SEP 30, 2022							
Вc	heck if oplicable	k if cable: C Name of organization D Employer identification					
X	Addres		O SCRIPTURE MINISTRIES				
	Name change				23-6296180	5	
	Initial return	Indext price Doing business as 23-62961 Indext price Number and street (or P.0. box if mail is not delivered to street address) Room/suite E				-	
	 Final return/		OX 1439		616-396-52	291	
	termin- ated	City or t	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,487,208.	
	Amend return		AND, MI 49422		H(a) Is this a group retu		
	Applica tion pendin		nd address of principal officer: JAMISON WORST			Yes X No	
	-	SAME	AS C ABOVE		H(b) Are all subordinates inclu	ded? Yes No	
			X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1)	or 527	If "No," attach a lis		
			AUDIOSCRIPTURE.ORG	<u> </u>	H(c) Group exemption r		
			X Corporation Trust Association Other ►	L Year	of formation: 1967 M S	itate of legal domicile: M L	
Γd		Summary	e the organization's mission or most significant activities: AUDI			סדדים עדי.ספ	
ce	1 6	CONNECT	PEOPLE TO GOD'S WORD IN THEIR OW	N HEAR	T LANGUAGE		
Activities & Governance	-		x L if the organization discontinued its operations or dispo			te	
ver					1 1	8	
ဗီ		5 5 5 7 7 7				8	
s &			of individuals employed in calendar year 2021 (Part V, line 2a)		·····	9	
itie			of volunteers (estimate if necessary)			14	
ctiv			d business revenue from Part VIII, column (C), line 12			0.	
◄			business taxable income from Form 990-T, Part I, line 11			0.	
					Prior Year	Current Year	
e	8 (Contributions	and grants (Part VIII, line 1h)		1,353,121.	1,272,813.	
Revenue			ce revenue (Part VIII, line 2g)		0.	0.	
Sev	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)		164.	859,017.	
	11 (Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.	
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,353,285.	2,131,830.	
			nilar amounts paid (Part IX, column (A), lines 1-3)		336,847.	258,195.	
			to or for members (Part IX, column (A), line 4)		0.		
ses			r compensation, employee benefits (Part IX, column (A), lines 5-10)		508,329.	555,551.	
ens	16a F	Professional f	undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) \blacktriangleright 119, 4	12	0.	0.	
Expenses					262,969.	347,508.	
_			es (Part IX, column (A), lines 11a-11d, 11f-24e)		1,108,145.	1,161,254.	
		•	s. Add lines 13-17 (must equal Part IX, column (A), line 25) expenses. Subtract line 18 from line 12		245,140.	970,576.	
es	19 F	Revenue less	expenses. Subtract line 16 from line 12		ginning of Current Year	End of Year	
ets (anci	20	Total accete (I	Part X, line 16)		1,153,008.	1,970,304.	
Ass Bal			Part X, line 16) (Part X, line 26)	······	4,766.	6,592.	
Net Assets or Fund Balances			fund balances. Subtract line 21 from line 20	·····	1,148,242.	1,963,712.	
	rt II	Signature			, , , – – – •	, ,	
Unde	er penal	Ities of perjury,	I declare that I have examined this return, including accompanying schedule	es and statem	ents, and to the best of my k	nowledge and belief, it is	

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer	Date							
Here	JAMISON WORST, PRESIDENT Type or print name and title								
	Print/Type preparer's signature Preparer's signature	Date Check PTIN							
Paid	DEBRA A BOEVE DEBRA A BOEVE	01/19/23 if self-employed P00111326							
Preparer	Firm's name DOLINKA, VANNOORD & COMPANY, PLLP	Firm's EIN ► 38-2426290							
Use Only	Firm's address 360 EAST BELTLINE NE STE 200								
	GRAND RAPIDS, MI 49506-1208	Phone no. (616)459-2233							
May the I	May the IRS discuss this return with the preparer shown above? See instructions								
132001 12-0	132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)								

Form	AUDIO SCRIPTURE MINISTRIES	23-6296186	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
1	Briefly describe the organization's mission: ASM'S COMMITMENT TO THE GREAT COMMISSION LEADS US TO SE	יפעד מעדיסי	
	-PARTNERING WITH NATIONAL LEADERS, CHURCHES, MINISTRIES		
	INDIVIDUALS TO CREATE AND DISTRIBUTE SCRIPTURE MEDIA TO	-	GOOD
	NEWS OF JESUS.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Ye	es X No
-	If "Yes," describe these new services on Schedule O.		s 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.	?Ye	S [A] NO
4	Describe the organization's program service accomplishments for each of its three largest program services, a	s measured by expens	202
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	• •	
	revenue, if any, for each program service reported.		_,
4a)
	RESOURCE DISTRIBUTIONS - BRINGING GOD'S WORD TO THOUSAN		
	AROUND THE WORLD WHO WILL HEAR THE GOSPEL FOR THE FIRST		
	NEW AUDIO BIBLES. WE WORK WITH NATIONAL PASTORS AND OTH PLACE AUDIO BIBLE DEVICES INTO THE HANDS OF THOSE WHO N		
	AS A RESULT, CHURCHES ARE BEING PLANTED, BIBLE STUDY GR		
	WEEKLY TO LISTEN TO GOD'S WORD, AND FAMILIES AND COMMUN		
	TRANSFORMED.		
4b	(Code:) (Expenses \$ 156,596 • including grants of \$ 9,010 •) (Reve	nue \$)
	PARTNERSHIP AND COLLABORATIONS - COLLABORATIVE PARTNERS		ASM
	TO LEVERAGE AND EXPAND THE OUTREACH OF LIKE-MINDED MINI		
	INDIVIDUALS. SERVING WITH NATIONAL LEADERS, CHURCHES, I		
	BIBLE TRANSLATION AGENCIES, TECHNOLOGY FIRMS, MISSION A	-	
	MORE ALSO HELPS TO DEMONSTRATE THE UNITY THAT JESUS PRA 17) AND ALLOWS US TO BE GOOD STEWARDS OF THE RESOURCES	-	HN
	ENTRUSTED TO OUR CARE.		
	(Code:) (Expenses \$ 125,116. including grants of \$ 57,407.) (Reve		
4c	(Code:)(Expenses \$ 125,116 • including grants of \$ 57,407 •) (Reve LANGUAGE AND RECORDINGS - ASM IS ON THE FRONT LINES OF		'HE
		LLY APPROPR	
	AND CULTURALLY RELEVANT. WE FOCUS ON UNREACHED AND LEAS	T-REACHED P	EOPLE
	GROUPS WHO HAVE LITTLE TO NO ACCESS TO GOD'S WORD.		
4d	Other program services (Describe on Schedule O.)		
A -	(Expenses \$ 192,704 · including grants of \$ 56,951 ·) (Revenue \$ Total program service expenses ► 898,294 ·)	
<u>4e</u>	Total program service expenses S98, 294.	Eorr	990 (2021)
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Part IV Checklist of Required Schedules

AUDIO SCRIPTURE MINISTRIES

			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? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
-	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D. Part III	8		x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	<u> </u>		
J	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		
5	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	d the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	ets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	X	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13		X
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> Did the organization maintain an office, employees, or agents outside of the United States?	13 14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	140		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10		x
10	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	18		
19	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
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22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			v
2	Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22		X
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If</i> " <i>Yes</i> ," <i>answer lines 24b through 24d and complete</i>	240		x
h	Schedule K. If "No," go to line 25a	24a 24b		- 23
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	210		
-	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
_	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			v
	"Yes," complete Schedule L, Part IV	28c 29		X X
9 0	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		- 23
-	contributions? If "Yes," complete Schedule M	30		X
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete Schedule N, Part II</i>	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V. line 1	34		x
5a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a	2		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	x	
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	4			,_ <i>_</i> 22
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Form 990	
Part V	Sta

AUDIO SCRIPTURE MINISTRIES Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	9		v	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instruction					v
				3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other					v
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	int)?	4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A					37
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans-			5b		X
	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 t					
	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 contribu	tions c	or gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices	provided to the payor?	7a		X
				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w		•			
	to file Form 8282?			7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	contra	ct?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 88	399 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation f	ile a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintainer	d by th	e			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:		1			
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		_		
11	Section 501(c)(12) organizations. Enter:		1			
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
с	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	ıle O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remun	eratior) or			
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investme	nt inco	me?	16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	n any				
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					
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Form 990	(2021)
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AUDIO SCRIPTURE MINISTRIES

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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion 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 1a	8			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent 1b	8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other				
	officer, director, trustee, or key employee?		2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision				
	of officers, directors, trustees, or key employees to a management company or other person?		3		х
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		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	···· –			
	more members of the governing body?		7a		Х
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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	····			
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
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 on Schedule O		9		х
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		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?	-	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form		11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
	Did the organization have a written conflict of interest policy? If "No," go to line 13	-	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	···· -			
	on Schedule O how this was done	-	12c	Х	
13	Did the organization have a written whistleblower policy?		13	Х	
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent	···· –			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official	-	15a	Х	
	Other officers or key employees of the organization		15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	····			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				
	taxable entity during the year?	-	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	···· –			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
	exempt status with respect to such arrangements?	-	16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed AL, CA, CO, FL, GA, IL, KS, KY,	ME,	MD	, MA	,MI
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501				
	for public inspection. Indicate how you made these available. Check all that apply.				
	X Own website X Another's website X Upon request Other (explain on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy	y, and	finar	icial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books and records				
	WANDA MALOY - 616-396-5291				
	P.O. BOX 1439, HOLLAND, MI 49422				
13200	6 12-09-21 SEE SCHEDULE O FOR FULL LIST OF STATES		Form	990	(2021)
	6				. /

2021.05030 AUDIO SCRIPTURE MINISTRIES

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Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employe	es, Highest	Compensated
	Employees, and Independe	ent Contra	ctors			

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle	ss pe	more erson	on is both an ctor/trustee)		Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) NAOMI FRIZZELL	40.00							07 100	0	
EXECUTIVE DIRECTOR	1.00			X				87,126.	0.	26,235.
(2) JAMISON WORST	1.00	x		x				0.	0.	0.
PRESIDENT/DIRECTOR	1.50							0.	0.	0.
(3) ANN HEMMEKE VICE PRESIDENT/DIRECTOR	1.50	x		x				0.	0.	0.
(4) RYAN WOOD	1.00									
SECRETARY/DIRECTOR		x		x				0.	0.	0.
(5) KENDREW MUELLER	1.50									
TREASURER		x		x				0.	Ο.	0.
(6) BEN RUITER	0.50									
DIRECTOR		X						0.	0.	0.
(7) LEO GORDILLO	0.50									
DIRECTOR		Х						0.	0.	0.
(8) LUANNE HOEKZEMA	0.50									
DIRECTOR		х						0.	0.	0.
(9) JOHN SMITH	0.50									•
DIRECTOR		X						0.	0.	0.
		-								
		-								
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Form 990 (2021)

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2021.05030 AUDIO SCRIPTURE MINISTRIES

7

	990 (2021) AUDIO SC									23-6	296	186	Pa	age 8
Par	t VII Section A. Officers, Directors, Tru		ploy	ees			ghe	st C						
	(A) Name and title	(B) Average hours per week	box offic	not c , unle	Pos heck	more rson	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensatic from related	on d	am	(F) timate nount o other	of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	SC/	fro orga and	pensa om the anizati d relate anizatio	e on ed
			Inc	lns	15	Key	Higen	Fol						
16	Subtotal								87,126.		0.	2	6,2	35.
c d	Total from continuation sheets to Part V Total (add lines 1b and 1c)	II, Section A	·····		·····				0. 87,126.		0.		6,2	0.
2	Total number of individuals (including but compensation from the organization	not limited to th	nose	liste	ed al	bove	e) wł	no r	eceived more than \$100	0,000 of reportab	le		Yes	0 No
3	Did the organization list any former officer line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i>			-	•	-		~	ghest compensated emp	5		3		X
4 5	For any individual listed on line 1a, is the s and related organizations greater than \$15 Did any person listed on line 1a receive or	0,000? If "Yes,	" co	mple	ete S	Sche	edule	ə J f	for such individual		n	4		X
	rendered to the organization? If "Yes," cor tion B. Independent Contractors					-			-			5		Х
1	Complete this table for your five highest country the organization. Report compensation for										npensa	ation f	rom	
	(A) Name and busines	s address	N	ONI	Ξ				(B) Description of s	ervices	С	(C omper		1
								_						
2	Total number of independent contractors	-	iot lii	mite	d to	tho	se lis	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organ						0					Form	990 (2	2021)

Ра	π	VII					or noto to onv lin	o in this Dart VIII			
			Check if Schedule O	COLL	ans a respo	nse	or note to any im	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt		Revenue excluded from tax under
									function revenue	business revenue	sections 512 - 514
ts	1	a	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues								
Âŋ. Aŭ			Fundraising events								
ar,			Related organizations								
imi ini			Government grants (conti								
r ior		f	All other contributions, gifts,	grant	s, and						
ibu			similar amounts not included	l abov	'e 1f		1,272,813.				
d df		g	Noncash contributions included in	lines	1a-1f 1g \$		394.				
a C		h	Total. Add lines 1a-1f				▶	1,272,813.			
							Business Code				
e	2	2 a									
Program Service Revenue		b									
en S		С									
ran ?ev		d									
rog F		е									
۵.		f	All other program service	reve	nue						
		g	Total. Add lines 2a-2f								
	3	3	Investment income (inclue	•	-						
			other similar amounts)					14,395.			14,395
	4		Income from investment of		-	-					
	5	5	Royalties								
					(i) Real		(ii) Personal				
	6		Gross rents	6a							
			Less: rental expenses	6b							
			Rental income or (loss)	6c							
	_		Net rental income or (loss	。)	(i) Securit		(ii) Other				
	'	а	Gross amount from sales of assets other than inventory	-		103	1,200,000.				
		Ŀ.	Less: cost or other basis	7a			1,200,000.				
ē		b		76			355,378.				
Revenue		•	and sales expenses Gain or (loss)	7b 7c			844,622.				
Jev			Net gain or (loss)				· · · ·	844,622.			844,622
erF			Gross income from fundraisi								011,022
đ	0	, u	including \$								
-			contributions reported on								
			Part IV, line 18		-	8a					
		b	Less: direct expenses			8b					
			Net income or (loss) from			nts	►				
	9		Gross income from gamin								
			Part IV, line 19			9a					
		b	Less: direct expenses			9b					
		с	Net income or (loss) from	gam	ing activities	s	►				
	10) a	Gross sales of inventory,	less	returns						
			and allowances			10a					
		b	Less: cost of goods sold			10b					
		с	Net income or (loss) from	sales	s of invento	ry	►				
s							Business Code				
eor	11	a									
ent		b									
Miscellaneous Revenue		с									
Mis			All other revenue								
		е	Total. Add lines 11a-11d								
	12		Total revenue. See instruction	ons			▶	2,131,830.	0.	0.	859,017
13200	9 12	2-09	-21					_			Form 990 (2021

AUDIO SCRIPTURE MINISTRIES

10300119 759179 11606

Form 990 (2021)

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AUDIO SCRIPTURE MINISTRIES

	Check if Schedule O contains a respons	e or note to any line in	this Part IX			
	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		·		•	
	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	050 405	050 405			
	individuals. See Part IV, lines 15 and 16	258,195.	258,195.			
4	Benefits paid to or for members					
5	Compensation of current officers, directors,		<i></i>			
	trustees, and key employees	92,081.	64,457.	18,416.	9,208	
6	Compensation not included above to disqualified					
	persons (as defined under section 4958(f)(1)) and					
	persons described in section 4958(c)(3)(B)					
7	Other salaries and wages	339,239.	234,585.	44,736.	59,918	
8	Pension plan accruals and contributions (include					
	section 401(k) and 403(b) employer contributions)					
9	Other employee benefits	92,102.	62,915.	13,935.	15,252	
0	Payroll taxes	32,129.	21,947.	4,861.	5,321	
1	Fees for services (nonemployees):					
а	Management					
b	Legal	10.100		10.100		
С	Accounting	12,120.		12,120.		
	Lobbying					
е	Professional fundraising services. See Part IV, line 17	6.660		6 6 6 0		
f	Investment management fees	6,669.		6,669.		
g						
	column (A), amount, list line 11g expenses on Sch 0.)	01 (10	2 45 0	16 105	0.000	
12	Advertising and promotion	21,640.	3,452.	16,125.	2,063	
13	Office expenses	183,476.	167,578.	11,139.	4,759	
14	Information technology	7,012.	4,791.	1,060.	1,161	
15	Royalties	4,951.	4,951.	1 000	0 070	
16	Occupancy	24,503.	20,541.	1,892.	2,070	
17	Travel	9,805.	9,200.	152.	453	
18	Payments of travel or entertainment expenses					
	for any federal, state, or local public officials	4 071	E 0 7	2 1 7 0	400	
19	Conferences, conventions, and meetings	4,271.	597.	3,178.	496	
20	Interest	2,634.		2,634.		
21	Payments to affiliates	0 001	C 740	1 400	1 ()(
22	Depreciation, depletion, and amortization	9,881.	6,749.	1,496.	1,636	
23		6,687.	4,569.	1,011.	1,107	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)					
а	MISSIONARY SUPPORT	25,661.	25,661.			
b	DUES AND SUBSCRIPTIONS	14,416.		2,768.	11,648	
с	RELOCATION COSTS	7,518.	5,639.	939.	940	
d	STATE FILING FEES	2,926.			2,926	
е	All other expenses	3,338.	2,467.	416.	455	
25	Total functional expenses. Add lines 1 through 24e	1,161,254.	898,294.	143,547.	119,413	
26	Joint costs. Complete this line only if the organization					
	reported in column (B) joint costs from a combined					
	educational campaign and fundraising solicitation.					

132010 12-09-21

Check here

10300119 759179 11606

if following SOP 98-2 (ASC 958-720)

10 2021.05030 AUDIO SCRIPTURE MINISTRIES 11606_1

Form **990** (2021)

10300119 759179 11606

33

Total liabilities and net assets/fund balances

Assets

Liabilities

Net Assets or Fund Balances

1,153,008.

33

Form 990 (2021) Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X

		Check if Schedule O contains a response or not	te to ar	iy line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			415,495.	1	489,296.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			21,000.	4	0.
	5	Loans and other receivables from any current o			•	-	
	_	trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqual				-	
	_	under section 4958(f)(1)), and persons describe				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use		F	20,158.	8	20,158.
	9	Prepaid expenses and deferred charges			•	9	
		Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	21,937.			
	b	Less: accumulated depreciation		17,780.	295,701.	10c	4,157.
	11	Investments - publicly traded securities			400,654.	11	4,157.
	12	Investments - other securities. See Part IV, line			•	12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		F		15	
	16	Total assets. Add lines 1 through 15 (must equ			1,153,008.	16	1,970,304.
	17	Accounts payable and accrued expenses			3,808.	17	5,980.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
	22	Loans and other payables to any current or form					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the	se pers	ons		22	
i	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate		F		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s 17-24). Complete Part X			
		of Schedule D			958.	25	612.
	26	Total liabilities. Add lines 17 through 25			4,766.	26	6,592.
		Organizations that follow FASB ASC 958, che	eck her	e 🕨 X			
		and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions			789,858.	27	1,687,010.
	28	Net assets with donor restrictions		[358,384.	28	276,702.
		Organizations that do not follow FASB ASC 9	58, ch	eck here 🕨 🗌			
		and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds				29	
	30	Paid-in or capital surplus, or land, building, or ed		F		30	
	31	Retained earnings, endowment, accumulated in				31	
	32	Total net assets or fund balances		[1,148,242.	32	1,963,712.
				F	1 1 5 2 0 0 0		1 070 204

1,970,304. Form 990 (2021)

Form	AUDIO SCRIPTURE MINISTRIES	23-	6296186	Pag	ge 12
Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,131		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,161		
3	Revenue less expenses. Subtract line 2 from line 1	3			76.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,148		
5	Net unrealized gains (losses) on investments	5	-155	5,1	06.
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,963	3,7	12.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewer	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule C).		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Auc	lit		
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud	lit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000	

Form **990** (2021)

132012 12-09-21

Department of the Treasury Internal Revenue Service

(Form 990)

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.

Go to www.irs.gov/Form990 for instructions and the latest information.
Attach to Form 990 or Form 990-EZ.

202 1 **Open to Public** . Inspection Employer identification number

OMB No. 1545-0047

Name of the	organization
-------------	--------------

			E MINISTRIES					3-6296186	
Part I	Reason for Public	Charity Status.	All organizations must c	omplete th	his part.) S	See instruction	IS.		
The organ	ization is not a private found								
1 🛄	A church, convention of ch	urches, or associatio	on of churches described	d in sectio	on 170(b)(1)(A)(i).			
2	A school described in sect								
3	A hospital or a cooperative	hospital service orga	anization described in se	ection 170)(b)(1)(A)(i	ii).			
4	A medical research organiz)(iii). Enter	the hospital's name,	
	city, and state:								
5	An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted bv a d	overnmental u	unit descrik	ped in	-
	section 170(b)(1)(A)(iv). (C		5 ,		, ,				
6	A federal, state, or local go		nental unit described in s	section 17	70(b)(1)(A)	(v).			
7 X	An organization that norma						he general	public described in	
	section 170(b)(1)(A)(vi). (C	•	· · · · · F - · · · · · · · · · · · · ·	J			J		
8	A community trust describe	-	1)(A)(vi), (Complete Par	t II)					
9	An agricultural research or				ed in conii	unction with a	land-grant	college	
	or university or a non-land-	-			-		-	-	
	university:	<u></u>				,,		,	
10	An organization that norma	Illy receives (1) more	than 33 1/3% of its sup	port from (contributio	ons members	hin fees a	nd gross receipts from	-
	activities related to its exen								
	income and unrelated busi							-	
	See section 509(a)(2). (Col						94		
11	An organization organized	,	ivelv to test for public sa	afetv. See s	section 50	09(a)(4).			
12	An organization organized	-	•	•			arrv out the	e 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.								
a 🗌	Type I. A supporting orga	• •			-		-	/ aivina	
		-	-	•					
	the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.								
b 🗌	7 7	-		tion with it	ts support	ed organizatio	on(s), by ha	aving	
	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 mus						5 1	1	
c 🗌	Type III functionally inte	-		in connec	tion with,	and functiona	lly integrate	ed with,	
	its supported organizatio						, 0	,	
d	Type III non-functionally						rted organi	ization(s)	
	that is not functionally int	egrated. The organiz	ation generally must sat	tisfy a dist	ribution re	quirement an	d an attent	iveness	
	requirement (see instruct	ions). You must con	nplete Part IV, Sections	s A and D,	and Part	v.			
е 🗌	Check this box if the orga	anization received a	written determination fro	om the IRS	that it is a	a Type I, Type	II, Type III		
	functionally integrated, o	r Type III non-functio	nally integrated support	ing organi:	zation.				
f Ente	er the number of supported of	organizations							
g Prov	vide the following information	n about the supporte	ed organization(s).						
(Name of supported 	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	inization listed ing document?	(v) Amount of	,	(vi) Amount of other	
	organization		above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)	
									_
									_
Total									-

Schedule A (Form 990) 2021

AUDIO SCRIPTURE MINISTRIES

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

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

1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 943,731. 1,042,214. 797,129. 1,255,321. 1,272,813. 5 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 943,731. 1,042,214. 797,129. 1,255,321. 1,272,813. 5 3 The value of services or facilities furnished by a governmental unit to the organization without charge 943,731. 1,042,214. 797,129. 1,255,321. 1,272,813. 5 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 943,731. 1,042,214. 797,129. 1,255,321. 1,272,813. 5 6 Public support. Subtract line 5 from line 4. 4 4 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (c) 2019 7 Amounts from line 4 943,731. 1,042,214. 797,129. 1,255,321. 1,272,813. 5	
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7 Amounts from line 4 943,731. 1,042,214. 797,129. 1,255,321. 1,272,813. 5	
	(f) Total
	5,311,208.
8 Gross income from interest,	
dividends, payments received on	
securities loans, rents, royalties,	
	0,740.
9 Net income from unrelated business	
activities, whether or not the	
business is regularly carried on	
10 Other income. Do not include gain	
or loss from the sale of capital	
assets (Explain in Part VI.)	
	5,361,948.
12 Gross receipts from related activities, etc. (see instructions) 12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)	. —
organization, check this box and stop here	🕨 🛄
Section C. Computation of Public Support Percentage	.98 %
	10
	,-
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and	
stop here. The organization qualifies as a publicly supported organization	
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box	
and stop here. The organization qualifies as a publicly supported organization	
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or mo	ore,
and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization	
meets the facts and circumstances test. The organization qualifies as a publicly supported organization	
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more and if the organization meeter the facts and eigenmeters test, sheek this have and step here. Explain in Part VI have the	U
more, and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts and circumstances test. The organization qualifies as a publicly supported organization	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	
Schedule A (Form	

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AUDIO SCRIPTURE MINISTRIES

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
-	are not an unrelated trade or bus-						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on 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.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	ne organization's fi	rst. second. third.	fourth. or fifth tax	vear as a section	501(c)(3) organiza	tion.
	check this box and stop here	0		-	·····		
See	ction C. Computation of Publ						
15	Public support percentage for 2021 (line 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2020					16	%
	ction D. Computation of Inve					• •	
17	Investment income percentage for 20		mn (f), divided by	line 13. column (f))		17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2021. If the						
	more than 33 1/3%, check this box a						
h	33 1/3% support tests - 2020. If the						and
~	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
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				15		22	

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3b

3c

4a

4b

4c

5a

5b

5c

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9a

9b

9c

10a

10b Schedule A (Form 990) 2021

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disgualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990) 2021 AUDIO SCRIPTURE MINISTRIES

Part IV Supporting Organizations (continued)

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Yes No

				-
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers.			

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

supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

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

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

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c ____ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

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- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard*.
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3b | | Schedule A (Form 990) 2021

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Schedule A	(Form 990)) 2021	AUDIO	SCRIPTURE	MINISTRIES
Part V	Type III	Non-Funct	ionally Inte	egrated 509(a)(3	B) Supporting Organization

Image: Support Image: Support 1 Check here if the organization satisfied the Integral Part Test as a quality			Part VI). See instruction
All other Type III non-functionally integrated supporting organizations m	ust complete	Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-function		d Type III supporting are	anization (soo

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

Schedule A (Form 990) 2021

132026 01-04-22

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _{(continu}	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	1			
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	е		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	าร	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				

Schedule A (Form 990) 2021

132027 01-04-22

10300119 759179 11606

art VI Supplemential Information. Provide the explanations required by Part II, line 10, Part II, line 17, Part IV, Secton B, Jon 22, Part IV, Secton B, Jon 22, Part IV, Secton B, Jon 12, Part IV,		(Form 990) 2021	AUDIO	SCRIPTURE	MINISTRIES	23-6296186 _{Page}
220 ¹²² 20 Schedule A (Form 990)	Part VI	Supplemental Info Part IV, Section A, lines line 1; Part IV, Section D, Section D, lines 5, 6, and	1, 2, 3b, 3c, 4t , lines 2 and 3	o, 4c, 5a, 6, 9a, 9b, ; Part IV, Section E,	9c, 11a, 11b, and 11c; Part IV, Section lines 1c, 2a, 2b, 3a, and 3b; Part V, line	ine 17a or 17b; Part III, line 12; B, lines 1 and 2; Part IV, Section C, e 1; Part V, Section B, line 1e; Part V,
20						
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20	2028 01-04-2	22				Schedule A (Form 990) 20

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form	990)
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Part I

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

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

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the



Employer identification number 23-6296186

Name of the organization

AUDIO SCRIPTURE MINISTRIES

	organization answered "Yes" on Form 990, Part IV, lir	ne 6.				
		(a) Donor advised funds	(b) Fur	nds and other acc	ounts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	d fun	ds		
	are the organization's property, subject to the organization's	s exclusive legal control?			Yes	
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be u	sed	only		
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose c	onfei	ring		
					Yes	
Pai	t II Conservation Easements. Complete if the or		ırt IV	, line 7	7.	
1	Purpose(s) of conservation easements held by the organizat					
	Preservation of land for public use (for example, recrea			-	/ important land a	rea
	Protection of natural habitat	Preservation of a	certi	fied h	istoric structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form of	aco	nserv		
	day of the tax year.				Held at the End of	the lax Ye
а	Total number of conservation easements			2a		
b				2b		
С	Number of conservation easements on a certified historic st			2c		
d	Number of conservation easements included in (c) acquired		е			
	listed in the National Register			2d		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the o	orgar	nizatio	n during the tax	
	year ►					
4	Number of states where property subject to conservation ea					
5	Does the organization have a written policy regarding the pe					
	violations, and enforcement of the conservation easements				Yes	
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing conse	rvati	on eas	sements during th	e year
_	•					
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conservation	on ea	aseme	ents during the yea	ır
~						
8	Does each conservation easement reported on line 2(d) abo					
~	and section 170(h)(4)(B)(ii)?				Yes	
9	In Part XIII, describe how the organization reports conservat	-				
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statemer	nts tr	hat de	scribes the	
)aı	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	of Art Historical Treasures or Oth	her	Simi	lar Assets	
-	Complete if the organization answered "Yes" on Forn			0		
1a	If the organization elected, as permitted under FASB ASC 9		d ha	lance	sheet works	
iu	of art, historical treasures, or other similar assets held for pu					
	service, provide in Part XIII the text of the footnote to its fina	, ,				
h	If the organization elected, as permitted under FASB ASC 9			o sho	et works of	
D.	art, historical treasures, or other similar assets held for publi					
	provide the following amounts relating to these items:		ano	c oi p		
	(i) Revenue included on Form 990, Part VIII, line 1				\$	
					\$	
2	If the organization received or held works of art, historical tre				·	
2	the following amounts required to be reported under FASB A		yanı,	provid	he	
~		-			¢	
	Revenue included on Form 990, Part VIII, line 1				φ	
	Assets included in Form 990, Part X			. 💌	\$ Schodulo D (Eor	m 000\ 00
	For Paperwork Reduction Act Notice, see the Instruction				Schedule D (For	iii 990) 20
205	10-28-21	25				
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20		COSCO HODIO DOUTIIOUR		D		···-

Sche		CRIPTURE M						23-62			age 2
Par	t III Organizations Maintaining C	ollections of A	rt, Hist	orical Tr	easures,	or Othe	er Simila	ar Asse	ts (contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following that	at make s	significant	use of its			
	collection items (check all that apply):										
а	Public exhibition	d			hange progra						
b	Scholarly research	e		Other							
с	Preservation for future generations										
4	Provide a description of the organization's co							ose in Par	t XIII.		
5	During the year, did the organization solicit o				-				7	_	1
Da	to be sold to raise funds rather than to be ma t IV Escrow and Custodial Arran								Yes		No
Fai	t IV Escrow and Custodial Arran reported an amount on Form 990, Par		ete ir the	organizatio	n answered	res on	i Form 990	, Part IV,	line 9, or		
12	Is the organization an agent, trustee, custodi		hiany for c	contribution	s or other as	sects not	included				
Ia	on Form 990, Part X?								Yes		No
h	If "Yes," explain the arrangement in Part XIII							······	103		1110
			nowing a	2010.					Amoun	t	
с	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on Fe								Yes		No
	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	kplanatio	n has been	provided on	Part XIII]
Par	t V Endowment Funds. Complete i		swered "	'Yes" on Fo							
		(a) Current year	(b) Pr	ior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four	years	back
	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses End of year balance										
g 2	Provide the estimated percentage of the cur	rent vear end balanc	e (line 1 c)) hold as:						
	Board designated or quasi-endowment		% %	y, column (a							
b	Permanent endowment										
		%									
•	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	•	ation that	t are held a	nd administe	ered for t	he organiz	ation			
	by:	0					Ū.]	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requi	red on So	chedule R?					3b		
	Describe in Part XIII the intended uses of the		owment fi	unds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answered										
	Description of property	(a) Cost or o basis (investr		(b) Cost basis	or other (other)		ccumulate preciation	d	(d) Boo	k value	3
	Land										
	Buildings										
	Leasehold improvements				1 0 0		48 8			1 1	
	Equipment			2	1,937.		17,78	80.		4,1	57.
	Other									1 1	<u> </u>
Tota	. Add lines 1a through 1e. (Column (d) must e	qual ⊦orm 990, Part	X, colum	n (B), líne 1	UC.)					4,1	57.

Schedule D (Form 990) 2021

132052 10-28-21

Schedule D	(Form 990) 2021	AUDIO	SCRIPTURE	MINISTRIES
Part VII	Investments - C	Other Secu	rities.	

Complete if the organization answered "Yes"			
(a) Description of security or Category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-ot-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	an Fairm 000 Dart IV line	11a Cas Form 000 Dart V line 10	
Complete if the organization answered "Yes"	on Form 990, Part IV, line (b) Book value		
(a) Description of investment	(b) BOOK value	(c) Method of valuation: Cost or end	-of-year market value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. Complete if the organization answered "Yes" (a)	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1.(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) ANNUITY OBLIGATIONS			612
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 25.)	>	612.
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote to	o the organization's financial statements t	hat reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

132053 10-28-21

Sche	dule D (Form 990) 2021 AUDIO SCRIPTURE MINISTRIE	S		23-	6296186 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	nents Wit			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,978,455.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-155,106.		
b	Donated services and use of facilities	2b	8,400.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е				2e	-146,706.
3	Subtract line 2e from line 1			3	2,125,161.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	6,669.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	6,669.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,131,830.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stater	nents Wi		Retu	irn.
Pa	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	nents Wi a.	th Expenses per	Retu	
Pa 1		nents Wi a.	th Expenses per	Retu	ırn. 1,162,985.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents Wi	th Expenses per		
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements	nents Wi	th Expenses per		
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents Wi a. 2a	th Expenses per		
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	nents Wi a. 2a 2b	th Expenses per		
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	th Expenses per 8 , 400 .		1,162,985.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	th Expenses per 8 , 400 .		1,162,985.
1 2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	th Expenses per 8 , 400 .	1	1,162,985.
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	th Expenses per 8 , 400 .	1 2e	1,162,985.
1 2 b c d 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	th Expenses per 8 , 400 .	1 2e	1,162,985.
1 2 6 6 8 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	nents Wi a. 2a 2b 2c 2d 2d	th Expenses per 8 , 400 .	1 2e	1,162,985. 8,400. 1,154,585.
1 2 d c 3 4 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2a 2b 2c 2d 2d 4a 4b	th Expenses per 8,400. 6,669.	1 2e 3 4c	1,162,985. 8,400. 1,154,585. 6,669.
1 2 3 4 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d 4a 4b	th Expenses per 8,400. 6,669.	1 2e 3	1,162,985. 8,400. 1,154,585.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER INTERNAL

REVENUE SERVICE CODE SECTION 501(C)(3).

WITH FEW EXCEPTIONS, PERIODS ENDING SEPTEMBER 30, 2019 AND THEREAFTER ARE

SUBJECT TO U.S. INCOME TAX EXAMINATIONS. THE ORGANIZATION DID NOT HAVE ANY

UNCERTAIN TAX POSITIONS WHERE A LIABILITY WAS RECORDED.

132054 10-28-21

10300119 759179 11606

Department of the Treasury			Attach to Form 990.			Open to Public
Internal Revenue Service	► Go to v	www.irs.gov/Fo	orm990 for instructions and the lates	t information.		nspection
Name of the organization					Employer ide	entification number
AUDIO SCRIPTU					23-6296	
		Activities Ou	tside the United States. Compl	ete if the orgar	nization answer	ed "Yes" on
	art IV, line 14b.					
=	-		ds to substantiate the amount of its gr			Yes X No
the grantees' eligible	lifty for the grants or a	assistance, and	the selection criteria used to award th	e grants or ass	istance?	Yes X No
2 For grantmakers. I United States.	Describe in Part V the	e organization's	procedures for monitoring the use of it	ts grants and o	ther assistance	outside the
3 Activities per Regio	n. (The following Par	t I, line 3 table c	an be duplicated if additional space is	needed.)		<u>.</u>
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region		vity listed in (d)	
	offices	employees, agents, and	(by type) (such as, fundraising, pro-		gram service,	expenditures for and
	in the region	independent contractors	gram services, investments, grants to		e specific type	investments
		in the region	recipients located in the region)	of service	e(s) in the regior	in the region
				PROVIDE FUN	NDS FOR BIBL	Æ
SOUTH ASIA	1	1	PROGRAM SERVICES	RECORDINGS		1,089.
				PROVIDE FUR	NDS FOR AUDI	o
				BIBLES, PRO	OGRAM SUPPOR	T,
MOZAMBIQUE	2	1	PROGRAM SERVICES	AND INTEGRA	AL MISSIONS.	143,126.
				PROVIDE AUI	DIO PLAYERS	,
				LOADED WITH	H THE BIBLE	
				TRANSLATED		
MEXICO	1	1	PROGRAM SERVICES	LOCATIONS 1		92,380.
				PROVIDE FUN	NDS FOR AUDI	o
				BIBLES PRO	OGRAM SUPPOR	T.
KENYA	1	1	PROGRAM SERVICES	AND INFRAST		, 4,400.
						,
				PROVIDE FUN	NDS FOR AUDI	o
SOUTHEAST ASIA	1	1	PROGRAM SERVICES	BIBLES.		10,790.
						,
				PROVIDE FUN	NDS FOR	
GREATER SOUTH ASIA	1	1	PROGRAM SERVICES	CONSULTING		6,410.
					-	, -
				1		
3 a Subtotal	7	· · ·				258,195.
b Total from continua		<u> </u>				200,200.
sheets to Part I		,				0.
c Totals (add lines 3		<u> </u>				
and 3b)	7	e e	5			258,195.
	····· · · · · · · · · · · · · · · · ·			-		

Statement of Activities Outside the United States

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART V FOR COLUMN (E) DESCRIPTIONS

Schedule F (Form 990) 2021

OMB No. 1545-0047

r

132071 12-20-21

SCHEDULE F

(Form 990)

AUDIO SCRIPTURE MINISTRIES

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		GREATER SOUTH ASIA	PROVIDE FUNDS FOR CONSULTING.	6,410.	WIRE	0.		воок
			PROVIDE FUNDS FOR					
		SOUTHEAST ASIA	AUDIO BIBLES.	10,790.	WIRE	0.		воок
exempt 501(c)(3) orga	inization by the IRS,	or for which the grantee	recognized as charities by the or counsel has provided a sec	tion 501(c)(3) ec	quivalency letter			

Schedule F (Form 990) 2021

23-6296186

Page 3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
PROVIDE AUDIO PLAYERS LOADED							
WITH THE BIBLE TRANSLATED							
INTO THE LOCATIONS NATIVE						PROVIDE FUNDS FOR	
LANGUAGE.	MEXICO	1	91,862.	CHECK/DIRECT DEPOSIT	518.	AUDIO BIBLES.	воок
PROVIDE FUNDS FOR AUDIO							
BIBLES, PROGRAM SUPPORT, AND							
INFRASTRUCTURE.	MOZAMBIQUE	1	143,126.	WIRES	0.		воок
PROVIDE FUNDS FOR AUDIO							
BIBLES, PROGRAM SUPPORT, AND							
INFRASTRUCTURE.	KENYA	1	4,400.	WIRES	0.		воок
PROVIDE FUNDS FOR AUDIO							
BIBLES AND CONSULTING.	ASIA	1	18,289.	WIRES	0.		воок
			,				

Schedule F (Form 990) 2021

Schedule F (Form 990) 2021 AUDIO SCRIPTURE MINISTRIES Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)</i>	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2021

Part V	Supplementa	I Informat	tion	
Schedule F	(Form 990) 2021	AUDIO	SCRIPTURE	MINISTRIES

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

PART I, LINE 2:

THE ORGANIZATION COMMUNICATES WITH RECIPIENT ON PLAYERS DISTRIBUTED AND

PROGRAM SUPPORT PROVIDED. THE RECIPIENTS UPDATE THE BOARD ANNUALLY ON THE

WORK OF THEIR MISSION PROJECTS SUPPORTED BY THE ORGANIZATION WHICH IS

REVIEWED AT THE BOARD MEETING.

PART I, LINE 3:

U.S. GAAP

PART I, LINE 3, COLUMN (E):

REGION: MEXICO

(E) SPECIFIC TYPES OF SERVICES IN REGION: PROVIDE AUDIO PLAYERS LOADED

WITH THE BIBLE TRANSLATED INTO THE LOCATIONS NATIVE LANGUAGE.

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SCHEDULE O (Form 990)

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

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



23-6296186

AUDIO SCRIPTURE MINISTRIES

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

-RECORDING BIBLE AND BIBLE ENGAGEMENT RESOURCES IN LANGUAGES NEEDED BY

PEOPLE GROUPS AROUND THE WORLD.

-DISTRIBUTING EITHER DIRECTLY OR THROUGH OTHERS, SCRIPTURE MEDIA TO ALL

WHO NEED TO HEAR.

-ENGAGING PEOPLE TO BE IN THE WORD, BE WITH JESUS, AND BE TRANSFORMED.

-SERVING AS THE HANDS AND FEET OF JESUS THROUGH INTEGRAL MISSION

EFFORTS ADDRESSING FOOD SECURITY AND MEDICAL CARE.

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

INTEGRAL MISSIONS - OUR TEAMS SERVE AS THE HANDS AND FEET OF JESUS

THROUGH: COMPASSIONATE CARE HOSPICE AND PALLIATIVE CARE IN THE INTERIOR

OF MOZAMBIQUE; NEW HARVEST FARM TRAINING OF SUBSISTENCE FARMERS IN

UPDATED AGRICULTURAL TECHNIQUES; AND PROVIDING DISASTER RELIEF TO HELP

IN TIMES OF EMERGENCY. OUR TEAMS DISTRIBUTE AUDIO BIBLES, RECORD AND

DISTRIBUTE BIBLICALLY-BASED AGRICULTURAL TRAINING FOR LOCAL FARMERS,

AND HEALTH CARE EDUCATIONAL RESOURCES FOCUSED ON HELPING SLOW THE

SPREAD OF HIV/AIDS, MALARIA, AND DYSENTERY.

BIBLE ENGAGEMENT - PROVIDING ACCESS TO SCRIPTURES AND TRAINING IN THE METHODS THAT HELP PEOPLE MOST EFFECTIVELY ENCOUNTER JESUS IS CENTRAL TO BIBLE ENGAGEMENT. INCREASING ENGAGEMENT WITH GOD'S WORK USES A VARIETY OF STRATEGIES AND TOOLS SUCH AS AUDIO, WRITTEN, STORYTELLING, ART, GRAPHICS, MUSIC, POETRY, SKITS, DRAMA, ETC. THE GOAL IS WHOLE LIFE TRANSFORMATION, BASED ON GOD'S WORD.

 EXPENSES \$ 192,704.
 INCLUDING GRANTS OF \$ 56,951.
 REVENUE \$ 0.

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2021

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. . .

2021.05030 AUDIO SCRIPTURE MINISTRIES 11606__1

Name of the organization

AUDIO SCRIPTURE MINISTRIES

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

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

AND APPROVES COMPENSATION AFTER LOOKING AT COMPARABLE DATA FOR SIMILAR

POSITIONS AND ORGANIZATIONS TO DETERMINE REASONABLE RATE OF COMPENSATION.

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

AL, CA, CO, FL, GA, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NY, ND, OK, OR, PA, SC, TN, UT, VI WA, WV, WI, NM

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION'S FORM 990 IS AVAILABLE ON GUIDESTAR'S WEBSITE AND UPON REQUEST.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2(C)

THE ORGANIZATION'S AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT

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Schedule O (Form 990) 2021	Page 2
Name of the organization AUDIO SCRIPTURE MINISTRIES	Employer identification number 23-6296186
OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION O	F AN
INDEPENDENT ACCOUNTANT TO PERFORM THE AUDIT. THIS PROCES	S HAS NOT
CHANGED FROM PRIOR YEARS.	
132212 11-11-21	Schedule O (Form 990) 2021
36 300119 759179 11606 2021.05030 AUDIO SCRIPTURE MI	INISTRIES 11606 1