# Form **990**

# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury

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.

inte		Information about Form 990 and its instructions is at ww	<del></del>			mapedion						
<u> </u>		e 2016 calendar year, or tax year beginning 7/01 , 2016, and o	ending	6/30		, 20 17						
В	Check i	if applicable: C Name of organization SCRIPTURE UNION			Employer	identification number						
	Addres	s change Doing business as				25-1228715						
	Name o	thange Number and street (or P.O. box if mail is not delivered to street address) Roo	ET	Telephone	number							
	initial re	nitial return PO BOX 215										
	Final retu	un/terminated City or town, state or province, country, and ZIP or foreign postal code										
[	Amende	ed return VALLEY FORGE, PA 19481		G	Gross rece	ipts \$ 1,979,176						
F		tion pending F Name and address of principal officer: MICHAEL STAPLES	u/a		······································	ordinates? Yes No						
_	Арріюа	1485 VALLEY FORGE ROAD, VALLEY FORGE, PA 19481				cluded? Yes No						
_	~					t. (see instructions)						
<u>+</u>		empt status:				•						
<u>J</u>	Website			c) Group exe								
		organization: ✓ Corporation Trust Association Other L Year of f	ormation:	1959 N	VI State of	legal domicile: PA						
Р	art í	Summary				·						
	1	Briefly describe the organization's mission or most significant activities: SO	CRIPTURE	UNION IS	A CHRIS	TIAN						
Activíties & Governance		ORGANIZATION COMMITTED TO HELPING CHILDREN, YOUNG PEOPLE AND FA	AMILIES K	NOW AND	MEET G	OD THROUGH HIS						
ğ		WORD. OUR MISSION IS TO MAKE GOD'S GOOD NEWS KNOWN THROUGH EVA	ANGELISM	AND DISC	CIPLESH	IP PROGRAMS.						
je /	2	Check this box ▶☐ if the organization discontinued its operations or dispos	sed of mo	re than 25	% of its	net assets.						
ő	3	Number of voting members of the governing body (Part VI, line 1a)			3	8						
٥ĕ	4	Number of independent voting members of the governing body (Part VI, line	1b)		4	8						
ë.	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	•		5	16						
Ξ	6	Total number of volunteers (estimate if necessary)			6	1,400						
Ç	7a	Total unrelated business revenue from Part VIII, column (C), line 12			7a	1,400						
•	b	Net unrelated business taxable income from Form 990-T, line 34			7b	<u>v</u>						
	, D	Net unrelated business taxable income norm rorm 990-1, line 34	<del></del>	Prior Year	75	Current Year						
		Contributions and sweets (Dout VIII) lies 41s	-			•						
e	8	Contributions and grants (Part VIII, line 1h)	·	1,69	5,117	1,738,202						
en G	9	Program service revenue (Part VIII, line 2g)	·									
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			86	119						
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		172	2,904	56,69 <u>4</u>						
	12	Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12	<del></del>	1,868	B,107	1,795,015						
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		702	2,395	565,740						
	14	Benefits paid to or for members (Part IX, column (A), line 4)										
ģ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	) [	958	3,305	699,317						
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		14	1,405	3,341						
be	b	Total fundraising expenses (Part IX, column (D), line 25) ▶										
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		456	5,273	405,294						
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	` <del> </del>	2,131		1,673,692						
	19	Revenue less expenses. Subtract line 18 from line 12	` <del>                                    </del>	(263,		121,323						
٠.٧		Tievende 1000 experiedes, cubitaet inte 10 front inte 12	Beginni	ng of Current	*****	End of Year						
ets or ances	20	Total appata (Part V. lina 16)	Dogama									
Net Asser	~~	Total assets (Part X, line 16)	•		,660	766,827						
E E	21	Total liabilities (Part X, line 26)	·		,149	350,993						
	22	Net assets or fund balances. Subtract line 21 from line 20	•	294	,511	415,834						
	rt II	Signature Block										
		lties of perjury, I declare that I have examined this return, including accompanying schedules and s , and complete. Declaration of preparer (other than officer) is based on all information of which pre				nowledge and belief, it is						
····	, 0011001	, and complete, becaration of prepares (other than onicer) is based on an anomation of which pre-	pares mas an	iy kitowiedge								
۸.				10	19/	7 7						
Sig		Signature of officer		Date								
Hei	re	Blaine Bergey, Business.	M a, n	1 1 -	•							
		Type or print name and title										
Pai	id	Print/Type preparer's name Preparer's signature	Date	CI	heck i	PTIN .						
	pare	r			lf-employe							
i ic	e Only	Firm's name	· · · · · · · · · · · · · · · · · · ·	Firm's Ell	N Þ							
U31		Firm's address ▶		Phone no								
May	the IR	S discuss this return with the preparer shown above? (see instructions)			·	. Yes No						

Form !	990 (2016) Page <b>2</b>
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	SCRIPTURE UNION IS A CHRISTIAN ORGANIZATION COMMITTED TO HELPING CHILDREN, YOUNG PEOPLE AND FAMILIES
	KNOW AND MEET GOD THROUGH HIS WORD. OUR MISSION IS TO MAKE GOD'S GOOD NEWS KNOWN THROUGH EVANGELISM
	AND DISCIPLESHIP PROGRAMS.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	if "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
·	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
4	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
	and total experience, and revenue, it any, for each program out the reperience
40	(Code: ) (Expenses \$ 688,597 including grants of \$ ) (Revenue \$ 672,305)
4a	INTERNATIONAL MINISTRY - COLLECT AND TRANSMIT U.S. FUNDS ON BEHALF OF FELLOW INTERNATIONAL
	SCRIPTURE UNION ORGANIZATIONS.
	DHEERRAPAPAPAPAPAPAPAPAPAPAPAPAPAPAPAPAPAP
	***************************************
	***************************************
	######################################
	WOWARDERDARD
4b	(Code:) (Expenses \$ 315,431 including grants of \$) (Revenue \$ 313,595)
	BIBLE READING MINISTRY - PUBLISH AND DISTRIBUTE A VARIETY OF BIBLE ENGAGEMENT PUBLICATIONS AND PROGRAMS.
	**************************************
4c	(Code: ) (Expenses \$ 360,164 including grants of \$ ) (Revenue \$ 380,845)
	CHILDREN'S MINISTRY - TRAIN AND RESOURCE CHURCHES AND OTHER MINISTRY PARTNERS TO CONDUCT
	EVANGELISM AND DISCIPLESHIP PROGRAMS FOR CHILDREN, YOUTH AND FAMILIES IN VARIOUS
	LOCATIONS ACROSS THE COUNTRY.
	LU-1011111111111111111111111111111111111
	p
	**************************************
	***************************************
	ENGUES DE LA CONTRACTION DEL CONTRACTION DE LA C
44	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
	I otal program service expenses 1,364,192

1,364,192

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	<b>√</b>	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	_2	1	<del> </del>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $V$	10		<b>√</b>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	A. A
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>√</u>
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		<u>√</u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e	1	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	1	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>√</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	$\Box$	✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<b>√</b>	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		
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		1	<del></del>
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		✓
	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		<b>√</b>
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		
			990 (2	

Æľ	Checklist of Required Schedules (continued)			
00 -	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No V
∠∪a b		20b		\ <u>'</u>
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		1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		<b>√</b>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?  If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		<b>√</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<b>√</b>
	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		<b>✓</b>
b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		<u>√</u>
	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		✓
	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,	37		✓
88	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	1	
		Form	990	(2016)

Part				_
	Check if Schedule O contains a response or note to any line in this Part V	<del></del>	Yes	. L No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   15		0.00	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	100		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	79.000		
	reportable gaming (gambling) winnings to prize winners?	1c	1	
<b>2</b> a	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 18	3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	200
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<b>/</b>
d	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		1
h	If "Vac " enter the name of the farcian country.			
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).	3.5		
5a	and the second s	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		>
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			,
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	.		
_	gifts were not tax deductible?	6b	20060	\$5357
7	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a	38.0397	<b>√</b>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<del>`</del>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
-	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓_
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		24500
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
	sponsoring organization have excess business holdings at any time during the year?	-		
	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?	9a	380400	
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
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:			
	Gross income from members or shareholders	- CS		
	Gross income from other sources (Do not net amounts due or paid to other sources	-		
	against amounts due or received from them.)	40-		
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	12a		
	Section 501(c)(29) qualified nonprofit health insurance issuers.  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			
	Enter the amount of reserves on hand			
	Platino organización recente any paymente recente annual establishes	14a		✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . 1	4b		
		Form S	JYU (2	2016)

	990 (2016)		<i>I</i>	Page
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI			
Sec	tion A. Governing Body and Management		•	. <u>.</u>
			Yes	No
18	Enter the number of voting members of the governing body at the end of the tax year 1a	8	91	
	If there are material differences in voting rights among members of the governing body, or	3,47		
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
ž.				
15 2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	4 ***		
_	any other officer, director, trustee, or key employee?	2	1904240075	1
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6 7a	Did the organization have members or stockholders?	6		<b>Y</b>
7 0	one or more members of the governing body?	7a		1
b	A Little of Market Control of the Co	1		İ
	stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:		1000000	
a		8a	<b>√</b>	
ь 9	Each committee with authority to act on behalf of the governing body?	8b	✓	
3	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	000000000000000000000000000000000000000
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	<b>√</b>	
b c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	1	
·	describe in Schedule O how this was done	12c	1	
13	Did the organization have a written whistleblower policy?	13	1	
14	Did the organization have a written document retention and destruction policy?	14	1	1970. 207.12 MINO.19
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?		1	
a	The organization's CEO, Executive Director, or top management official	15a 15b	<del>/</del> /	
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100	<b>Y</b>	2-3
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		✓
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			
Pooti	organization's exempt status with respect to such arrangements?	16b	i	·····
17	List the states with which a copy of this Form 990 is required to be filed SEE SCH O			<del></del>
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(c	)(3)s (	only)
	available for public inspection. Indicate how you made these available. Check all that apply.	-	-	
	☑ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of inte	rest p	olicy,	and
an.	financial statements available to the public during the tax year.	ordari		
20	State the name, address, and telephone number of the person who possesses the organization's books and rec MANAGEMENT, 1485 VALLEY FORGE RD, VALLEY FORGE, PA 19481, 610-935-2807	oras: I		
	WAINAGEWEINT, 1400 VALLET FORGE RD, VALLET FORGE, PA 18401, 610-853-2007			

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

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

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

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

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

☐ Check this box if neither the organization no	or any relate	d org	janiz	atio	on d	ompe	ensa	ated any curre	nt officer, directo	r, or trustee.
	(D)			•	( <b>C)</b> sition			(D)	/e\	//5
(A) Name and Title	(B) Average hours per week (list any	box. office	unles er and	s pe da c	erson iirect	e than is boti tor/trus	n an tee)	(D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DAVID YOUNG III	.5									
BOARD CHAIRMAN		<b>✓</b>			L			0	0	0
(2) CHRISTOPHER MILLER	.5									
BOARD TREASURER		<b>\</b>						0	0	0
(3) ELIZABETH PURCHASE	.5									
BOARD SECRETARY		<b>✓</b>						0	0	0
(4) VICTOR BONETT	.5									
BOARD MEMBER		<b>✓</b>						0	0	0
(5) JAMES BOWMAN	.5						ı			
BOARD MEMBER		<b>✓</b>						0	0	0
(6) GORDON HARESIGN	.5			ı						
BOARD MEMBER		<b>√</b>						0	0	0
(7) THOMAS RILEY	.5	l		ĺ						
BOARD MEMBER		✓						0	0	0
(8) JOHN SANTIAGO	.5			- 1			ĺ		İ	
BOARD MEMBER		✓						0	0	0
(9) MARK BROWN									j	
PRESIDENT (JULY - JANUARY)				✓				99,6 <b>9</b> 2	0	19,533
(10) MICHAEL STAPLES			Ī		ı	1	- 1			
PRESIDENT (JANUARY - PRESENT)				✓				84,704	0	11,047
(11) BLAINE BERGEY			İ	- 1	ı					
BUSINESS MANAGER				✓				56,987	0	24,160
(12)										
(13)			1	1						Mad from the state of the control of
(14)							1			
					I				1	

Pai	rt VII Section A. Officers, Directors, Trus	stees, Key E	mplo	yee:	s, a	nd l	lighe	st C	ompensated E	mployees	(contir	nued)
•						(C)						
	(A)	(B)	(do n	ot ch		sition mor	ı e than ı	one	(D)	(E)		(F)
	Name and title	Average hours per					is both tor/trus		Reportable compensation	Reporta		Estimated amount of
		week (list any	<del> </del>	T		T		<del>-</del>	from	relate	ď	other
	•	hours for related	Individual trustee or director	Institutional truste	Officer	Key employee	Highest compensated employee	Former	the organization	organiza (W-2/1099		compensation from the
		organizations	함	itio	4	ğ	st c	<u> </u>	(W-2/1099-MISC)			organization
		below dotted line)	řĒ	ਸ਼ਿਤੀ t		oye	] ]					and related organizations
		11116)	stee	rust		•	ens					orga, azara, ib
				ê			ated					
(15)												
(16)												
(17)												
(18)												
(19)												
(20)				1								
(21)										· ·		
(22)												
					_							
(23)												
(24)												
(25)			·									
1b	Sub-total						. j	<b>-</b>	241,383		0	54,740
c	Total from continuation sheets to Part		ı A				. )	▶ [				
d	Total (add lines 1b and 1c)	<u> </u>					. )	> [	241,383			54,740
2	Total number of individuals (including but reportable compensation from the organi	t not limited						) wh	o received mo	re than \$1	00,000	) of
												Yes No
3	Did the organization list any former of employee on line 1a? If "Yes," complete S	ficer, direct Sc <i>hedule J f</i>	or, or for suc	tru ch ir	iste ndiv	e, k vidu	keyel a <i>l</i> .	mpli	oyee, or highe	est compe	nsated 	3 🗸
4	For any individual listed on line 1a, is the	sum of rep	ortabl	le c	om	pen	satior	an	d other compe	ensation fr	om the	•
	organization and related organizations	greater tha	n \$15	50,0	007	? If	"Yes	," c	complete Sche	edule J fo	r such	7
	individual				•	•						4 🗸
5	Did any person listed on line 1a receive o	r accrue col	npen	satio	on f	rom	any	unre	elated organiza	ation or inc	lividua	
	for services rendered to the organization?	? If "Yes," co	mple	te S	che	eaui	e J to	r su	icn person .			5   √
Section	on B. Independent Contractors	<del></del>										200 - 1
1	Complete this table for your five highest of compensation from the organization. Rep year.	ompensate ort compen	a inae satior	eper 1 for	the	nt c e ca	ontra lenda	r ye	ear ending with	or within	the org	anization's tax
•	(A) Name and business add	ress							(B) Description of ser	vices	1	(C) Compensation
NONE	OVER \$100,000										·	
							-					
												·
2	Total number of independent contractor received more than \$100,000 of compensations.	rs (including ation from th	but e orga	not aniza	t lin atio	nite n ►	d to	tho	se listed abov	re) who		

Pa	rt VIII	Statement of Rev Check if Schedule		snonse or note	to any line in th	nis Part VIII		
		Crieck ii Scriedule		sponse of note	(A) Total revenue	Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ats the	1a	Federated campaign				9.5.5.5.5.5.6		
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	<u>1</u> b	)			0.000	
A, C	C	Fundraising events	h	***	2	60.00 000000000	100000000000000000000000000000000000000	Light and the second
Gifts, ilar An	d	Related organization	<del></del>					
S, imi	е	Government grants (co			data ana ana			
Contributions,	f	All other contributions,			0.00	18 8 6 6 6 6	10.0000000000	
草葉		and similar amounts not in			<u> </u>			
햧	g	Noncash contributions inclu		~~~~				
	h	Total. Add lines 1a-	<u> 1f</u>		1,738,20	2	100	
п				Business Code				
eve	2a							<u> </u>
Program Service Revenue	b							
	C		**************************************					
	d		a a u a a a a a a a a a a a a a a a a a		1	-		
Ľα	e			-				<u> </u>
g	f	All other program ser			<u> </u>		1	
	g	Total. Add lines 2a-2 Investment income	(I	danda interest			1	
	3	and other similar amo			444			110
	۱,	Income from investmen	•		119	7		119
	4		•	•		-		
	5	noyames	(i) Real	(ii) Personal				
	6a	Gross rents	(47.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	(-7			0.000 0.000	542.0 mg and
	b	Less: rental expenses						
	C	Rental income or (loss)			1			
	d	Net rental income or	(loss)	<u>.</u> <b>.</b>				,
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis	,					
		and sales expenses .						
	c	Gain or (loss)						
	d	Net gain or (loss)		>				
Other Revenue	8a	Gross income from fu events (not including \$ of contributions reporte	7,802					
7			· · · · a	3,875			0.0000000000000000000000000000000000000	
Ě	b	Less: direct expenses	b					34,300,000,000
0	C	Net income or (loss) fr			(257)			(257)
		Gross income from ga						
		See Part IV, line 19 .	a					
	b	Less: direct expenses	b					
		Net income or (loss) fr		vities ▶				
		Gross sales of inv						
		returns and allowance	s a	202,188				
	b	Less: cost of goods so	old <b>b</b>					
	С	Net income or (loss) fr	om sales of inve	entory 🟲	18,027			18,027
ľ		. Miscellaneous Re	evenue	Business Code				
ľ	11a	MISCELLANEOUS		900099	38,924	38,924		
ŀ	b							
	С							
	d	All other revenue .	L L				and the state of t	st excellents about \$5.000 Decision for the later Life Later for the
		Total. Add lines 11a-1		► 🛚	38,924			
	12	Total revenue. See ins	structions	, , , <b>,</b> ,	1,795,015	38,924		17,889
								Form <b>990</b> (2016)

Form 990 (2016) Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). 

	Check if Schedule O contains a respor	nse or note to any l	ine in this Part IX		<u> L.</u>
	ot include amounts reported on lines 6b, 7b, b, 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 individuals. See Part IV, lines 15 and 16	565,740	565,740		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	241,383	135,610	29,165	76,608
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 8	Other salaries and wages Pension plan accruals and contributions (include	330,712	297,085	21,654	11,973
	section 401(k) and 403(b) employer contributions)  Other employee benefits	9,805 88,052	7,294 72,648	2,009 6,386	502 9,018
9 10	Payroll taxes	29,365	19,916	7,559	1,890
11	Fees for services (non-employees):	20,000	10,010	1,000	1,000
a	Management	12	0	12	0
b	Legal	4,560	487	4,073	0
C	Accounting	8,945	0	8,945	0
d	Lobbying			and the second s	
е	Professional fundraising services. See Part IV, line 17	3,341			3,341
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	- A-190-		, · · · · · · · · · · · · · · · · · · ·	
12	Advertising and promotion	23,896	22,334	0	1,562
13	Office expenses	17,194	7,521	8,681	992
14	Information technology	55,141	49,137	2,956	3,048
15	Royalties	5,539	5,539	0	0
16	Occupancy	32,504	26,082	2,956	3,466
17 18	Travel	50,642	41,397	4,339	4,906
19	Conferences, conventions, and meetings .				
20	Interest	3,514	2,054	600	860
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	10,844	0	10,844	0
23	Insurance	12,259	8,657	1,656	1,946
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If	1000000			
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	Charles Charles			Salah ada at tanah a
а	TELEPHONE	7,617	5,856	1,241	520
b	PROGRAM MATERIALS	36,684	36,684	0	0
C	POSTAGE & SHIPPING	78,111	34,136	5,274	38,701
d	REGIONAL FUNDRAISERS	4,575	0	0	4,575
e	All other expenses	53,257	26,015	22,160	5,082
25	Total functional expenses. Add lines 1 through 24e	1,673,692	1,364,192	140,510	168,990
<b>26</b>	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here   if following SOP 98-2 (ASC 958-720)				200
					Form <b>990</b> (2016)

Net Assets or

30

31

32

33

34

Page 11 Form 990 (2016) Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year Cash—non-interest-bearing . . . . . . . . . . . . 88,118 1 136,096 2 2 Savings and temporary cash investments . . . . 141,655 302,126 3 3 207,670 187,667 4 8,978 4 14,223 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . . . . . 6 Assets 7 Notes and loans receivable, net . . . . . . 4,012 8 Inventories for sale or use . . . . . 68,599 57,578 Prepaid expenses and deferred charges 46,068 9 9 42,250 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 163,259 Less: accumulated depreciation . . . . 10b 136,372 16,560 10c 26,887 11 Investments—publicly traded securities . . . . . 11 12 12 Investments—other securities. See Part IV, line 11 . . . Investments--program-related. See Part IV, line 11 . . . . . . . . . 13 13 14 14 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 581,660 16 766,827 17 17 180,226 58,369 18 18 19 5,685 19 4,363 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . . . . . 22 25,000 12,500 23 Secured mortgages and notes payable to unrelated third parties . . . 74,944 23 75,730 24 Unsecured notes and loans payable to unrelated third parties . . . 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 1,294 200,031 26 Total liabilities. Add lines 17 through 25 . . 287,149 350,993 Organizations that follow SFAS 117 (ASC 958), check here > and Balances complete lines 27 through 29, and lines 33 and 34. 27 186,934 27 266,575 Temporarily restricted net assets . . . . . . . . . . . . . 107,577 28 149,259 28 29 Fund 29 Organizations that do not follow SFAS 117 (ASC 958), check here > [ and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . . . . . . . .

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

Retained earnings, endowment, accumulated income, or other funds.

Total liabilities and net assets/fund balances . . . .

Form 990 (2016)

415,834

766,827

30

31

32

33

34

294,511

581,660

-	- 4	1
Page	e I	4

	200 (2010)			raye 12
Pa	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	<i></i> .		🗌
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,795,019
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,673,692
3	Revenue less expenses. Subtract line 2 from line 1	3		121,323
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		294,511
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	10		415,834
Par	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			🛚
				Yes No
1	Accounting method used to prepare the Form 990: 🗌 Cash 🔯 Accrual 🔲 Other			
	If the organization changed its method of accounting from a prior year or checked "Other," ex	olain in		
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	✓
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	iled or		
	reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on a		
	separate basis, consolidated basis, or both:			
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov			
	of the audit, review, or compilation of its financial statements and selection of an independent account		2c	<b>√</b>
	If the organization changed either its oversight process or selection process during the tax year, exp	olain in		
	Schedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set f			
	the Single Audit Act and OMB Circular A-133?		За	<b>/</b>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.	3b	
	•		Form	<b>990</b> (2016)

### **SCHEDULE A**

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

OMB No. 1545-0047 2016

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization										
	SCRIPTURE UNION 25-1228715									
	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.  The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)									
ine 1	•		-	-						
2	2.7.4.7.7									
3	☐ A hospital or a cooperative h									
4										
5										
6 7	6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
8	A community trust described	in section 170(	b)(1)(A)(vi). (Complete	Part II.)						
9	An agricultural research orgal or university or a non-land-gruniversity:	ant college of ag	griculture (see instruct	ions). Ent	ter the na	me, city, and state o	of the college or			
10	An organization that normally receipts from activities related support from gross investment acquired by the organization	nt income and u after June 30, 19	nrelated business taxa 975. See <mark>section 509</mark> (	able inco ( <b>a)(2).</b> (Co	me (less s implete F	section 511 tax) fron art III.)	ip fees, and gross an 33½% of its n businesses			
11	☐ An organization organized an									
12	An organization organized and	i operated exclu	sively for the benefit of	of, to per	form the f	functions of, or to ca	arry out the purposes			
	of one or more publicly supp Check the box in lines 12a thro	ough 12d that de	escribes the type of su	pporting	organizat	ion and complete lin	es 12e, 12f, and 12g.			
а	☐ Type I. A supporting orgation     the supported organization     supporting organization. Y	n(s) the power to	regularly appoint or	elect a m	ajority of	orted organization(s) the directors or trus	, typically by giving tees of the			
b	Type II. A supporting orga control or management of organization(s). You must	the supporting	organization vested in	the sam						
C	Type III functionally integ its supported organization	grated. A suppor (s) (see instruction	rting organization ope ons). <b>You must com</b> p	rated in d lete Pari	connectio t <b>IV, Sec</b> t	n with, and function ions A, D, and E.	ally integrated with,			
d	Type III non-functionally that is not functionally inte requirement (see instruction	grated. The orga	anization generally mu	st satisfy	a distrib	ution requirement ar				
е	Check this box if the organ functionally integrated, or	nization received Type III non-fund	l a written determinati ctionally integrated su	on from t pporting	he IRS th organizat	at it is a Type I, Typ ion.	e II, Type III			
f	Enter the number of supported or Provide the following information	organizations .								
<u> </u>	(i) Name of supported organization	(ii) EIN	(iii) Type of organization	1	organization	(v) Amount of monetary	(vi) Amount of			
	(i) traine of supported organization	(ii) Esiv	(described on lines 1–10 above (see Instructions))	listed in yo	ur governing ment?	support (see instructions)	other support (see instructions)			
				Yės	No					
(A)										
(B)										
(C)										
(D)										
(E)										
Total			j.							

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.)								
		o quality und	er the tests II	sted below, p	nease compi	ete Part III.)		
	tion A. Public Support	T 43000	1 1 20040	()0044	1 (1) 004E	(-) 0010	(A T-1-1	
	endar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
_	include any "unusual grants.")			-			<u> </u>	
2	Tax revenues levied for the							
	organization's benefit and either paid to or expended on its behalf							
_	·							
3	The value of services or facilities furnished by a governmental unit to the							
	organization without charge							
	•					<u> </u>		
4	Total. Add lines 1 through 3							
5	The portion of total contributions by							
	each person (other than a				-		•	
	governmental unit or publicly		1450200100			100		
	supported organization) included on line 1 that exceeds 2% of the amount					0.00		
	shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4				7 2			
	ion B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
7	Amounts from line 4	(-,,-		(4) == 1				
8	Gross income from interest, dividends,	-						
Ū	payments received on securities loans,							
	rents, royalties and income from similar	1						
	sources							
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	ĺ				-		
	(Explain in Part VI.)							
11	Total support. Add lines 7 through 10			40.0				
12	Gross receipts from related activities, etc.					12		
13	First five years. If the Form 990 is for th		's first, second	d, third, fourth,	or fifth tax ye	ear as a section	n 501(c)(3)	
	organization, check this box and stop her						<b>▶</b> □	
Secti	on C. Computation of Public Suppor							
14	Public support percentage for 2016 (line 6					14	<u>%</u>	
15	Public support percentage from 2015 Sch	edule A, Part II	i, line 14			15	<u>%</u>	
16a	331/3% support test-2016. If the organization	zation did not d	check the box	on line 13, an	d line 14 is 33	1/3% or more,	check this	
	box and stop here. The organization quali							
b	331/3% support test—2015. If the organize this box and stop here. The organization of	ation did not c qualifies as a p	neck a box or ublicly suppor	ted organization	a, and ine 151 on		► □	
17a	10%-facts-and-circumstances test-20	16. If the organ	nization did no	ot check a box	on line 13, 16	Sa, or 16b, and	line 14 is	
	10% or more, and if the organization me	ets the "facts-	and-circumsta	nces" test, che	eck this box a	nd stop here.	Explain in	
	Part VI how the organization meets the "f					as a publicly s	supported	
	organization						🕨 🔲	
b	10%-facts-and-circumstances test-20	15. If the orga	nization did no	ot check a box	on line 13, 16	3a, 16b, or 17a	, and line	
	15 is 10% or more, and if the organizat	tion meets the	"facts-and-ci	rcumstances"	test, check the	nis box and <b>s</b> t	op here.	
	Explain in Part VI how the organization m				he organization	n qualifies as		
	supported organization						▶ 🗆	
18	Private foundation. If the organization did	I not check a b	ox on line 13.	16a, 16b, 17a.	or 17b, check	this box and s	ee	

## 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.)

Sect	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			2 422 224	4 000 540	4 707 045	0.000.770
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the	2,124,171	2,194,884	2,100,237	1,699,542		9,856,779
3	organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513	488,788	337,861	208,698	263,193	202,188	1,500,728
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3	2,612,959	2,532,745	2,308,935	1,962,735	1,940,133	11,357,507
b	received from disqualified persons .  Amounts included on lines 2 and 3 received from other than disqualified	65,030	76,136	131,963	113,483	165,283	551,895
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0	0	0	0	0	0
C	Add lines 7a and 7b	65,030	76,136	131,963	113,483	165,283	1,367,473
8	Public support. (Subtract line 7c from line 6.)						10,805,612
	on B. Total Support	-					
	dar year (or fiscal year beginning in) 🕨	(a) 2012	( <b>b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	2,612,959	2,532,745	2,308,935	1,962,735	1,940,133	11,357,507
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	1,014	239	128	86	119	1,586
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b	1,014	239	128	86	119	1,586
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets						
13	(Explain in Part VI.)	35,309	40,556	25,161	49,042	38,924	188,992
14	First five years. If the Form 990 is for the organization, check this box and stop her	_				1,979,176 ar as a section	
Section	on C. Computation of Public Support						
15	Public support percentage for 2016 (line 8		ded by line 13	, column (f))		15	93.57 %
16	Public support percentage from 2015 Scho					16	94.92 %
	on D. Computation of Investment Inc						
17	Investment income percentage for 2016 (li	ne 10c, column	(f) divided by	line 13, colum	n (f))	17	.01 %
18	Investment income percentage from 2015	Schedule A, Pa	art III, line 17.			18	.03 %
	331/3% support tests—2016. If the organiz 17 is not more than 331/3%, check this box a	nd <b>stop here.</b> T	he organizatior	n qualifies as a p	publicly suppor	ted organizatior	ı . ► 🗸
	$33^{1}$ %% support tests $-2015$ . If the organizatine 18 is not more than $33^{1}$ %%, check this be						
20	Private foundation, if the organization did	not check a bo	ox on line 14. 1	9a. or 19b. ch	eck this box a	nd see instructi	ons ▶ 🏻

#### Part IV Supporting Organizations

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

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete I	-art \	<i>(</i> .)	
Sec	tion A. All Supporting Organizations			-r
		A CONTRACTOR SAND	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	(b) and (c) below.	За		
b	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
· c	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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 <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			100
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	-	
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c	38.8	
10a		10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

determine whether the organization had excess business holdings.)

10b

Par	t IV Supporting Organizations (continued)		W	This
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а				
	below, the governing body of a supported organization?	11a		ــــــ
b		11b	ļ	
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		<u> </u>
	tion B. Type I Supporting Organizations		,	
		resource:	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			100
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	<u> 1408-24030</u>	100000000
. 2	Did the organization operate for the benefit of any supported organization other than the supported	1.000		Control
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2	Legisters.	100000-3040
Coot	ion C. Type II Supporting Organizations	] 4		
3661	1011 C. Type II Oupporting Organizations		Yes	No
4	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
1	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			100
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).			307 CS. 1
		1		<u> </u>
Sect	ion D. All Type III Supporting Organizations	$\overline{}$	Yes	No
	51.1.1		165	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	00000000	Felikkyssa.
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	water Local	property dally
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		200	
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instruc	tions	).
	☐ The organization satisfied the Activities Test. Complete line 2 below.			
a	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
b	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (	'coo inc	tructio	onel
С	The organization supported a governmental entity. Describe in Fart vi now you supported a government entity (	300 II ISI	uucn	nioj.
2	Activities Test. Answer (a) and (b) below.	Mg rh sprannus	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		\$1250,0203
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
b	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b	2000000000000	erassano I
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a .		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
D	of the unpertained aggregations of the vocal description in Boat Without played by the organization in this regard	Зh		

		ations must complete Sect	
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			8 0 35 6 5 5 5 6 5 6 6
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount	•		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2	2013	
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	· 医多角膜 防衛 医原皮炎	

Pai	t V Type III Non-Functionally Integrated 509(a)	(3) Supporting Organ	nizations (continued)			
Sec	tion D - Distributions			Current Year		
1	Amounts paid to supported organizations to accomplish	exempt purposes				
2	Amounts paid to perform activity that directly furthers ex organizations, in excess of income from activity	kempt purposes of supp	ported			
3	Administrative expenses paid to accomplish exempt pur	poses of supported org	anizations			
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required	1)				
6		i,				
7	Total annual distributions. Add lines 1 through 6.	·				
8	Distributions to attentive supported organizations to white (provide details in <b>Part VI</b> ). See instructions.	ch the organization is re	esponsive			
9	Distributable amount for 2016 from Section C, line 6					
10	Line 8 amount divided by Line 9 amount					
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016		
1_	Distributable amount for 2016 from Section C, line 6		2012/2019/19			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2016:					
а						
þ						
С	From 2013					
d	d From 2014					
e	From 2015					
f	Total of lines 3a through e					
g	Applied to underdistributions of prior years					
h	Applied to 2016 distributable amount			and comments are not to seek to be successful to the seek of the s		
i	Carryover from 2011 not applied (see instructions)					
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			in the case Section resides the case of		
4	Distributions for 2016 from					
	Section D, line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2016 distributable amount  Remainder. Subtract lines 4a and 4b from 4.					
c						
5	Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2017. Add lines 3j and 4c.					
8	Breakdown of line 7:					
а						
b	Excess from 2013					
C	Excess from 2014					
d	Excess from 2015					
е	Excess from 2016			ECONOMISSION PROPERTY (STATE OF STATE		

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

#### SCHEDULE D (Form 990)

Department of the Treasury

**Supplemental Financial Statements** 

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Employer identification number Name of the organization 25-1221715 **SCRIPTURE UNION** Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . . . 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . Aggregate value at end of year . . . . . 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) ☐ Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b **b** Total acreage restricted by conservation easements . . . . . . . Number of conservation easements on a certified historic structure included in (a) . . . . 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ► Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

Assets included in Form 990, Part X . .

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Pa	rt III Organizations Maintaining									
3	Using the organization's acquisition, collection items (check all that apply):		ther red	cords, che	ck any of t	the follow	wing that are	a signif	icant u	se of its
а	☐ Public exhibition		d	☐ Loa	n or exchar	nge prog	rams			
b	Scholarly research		е							
С		3								
4	Provide a description of the organizat XIII.	ion's collections	and exp	olain how	they furthe	r the org	ganization's e	xempt p	ourpose	in Part
5	During the year, did the organization assets to be sold to raise funds rather								] Yes	□ No
Pai	t IV Escrow and Custodial Arra	ngements.								
	Complete if the organization 990, Part X, line 21.								nt on Fo	orm 
1a	Is the organization an agent, trustee, included on Form 990, Part X?								Yes	□ No
b	If "Yes," explain the arrangement in Pa	art XIII and compl	ete the	following t	table:	_				
								Amour	nt 	
С	Beginning balance					10				
d	Additions during the year					1d	<del></del>			
e	Distributions during the year					1e	+			
f o-	Ending balance					1f		lity2 F	Voc	□ No
2a	If "Yes," explain the arrangement in Pa									
	t V Endowment Funds.	It Alli, Officer fice	5 11 11 10 0	SAPIAHALIC	III IIda Deeli	provide	a on rail Ain			<u></u>
2.1	Complete if the organization	answered "Yes	on Fo	rm 990.	Part IV. lin	e 10.				
	oomplete in the organization	(a) Current year		rior year	(c) Two yea		(d) Three years b	ack (e)	Four year	rs back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the			ce (line 1g	, column (a	i)) held a	s:			
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ►	%	00/							
20	The percentages on lines 2a, 2b, and 2c Are there endowment funds not in the			ization the	at are held	and adm	ninietored for	tho		
За	organization by:	possession or the	o organ	Zauon un	at the Held	ana aan	milistered for	aic	Vac	No
	(i) unrelated organizations							. За		110
	(ii) related organizations									T
b	If "Yes" on line 3a(ii), are the related org								_	
4	Describe in Part XIII the intended uses of		•						•	
Part	VI Land, Buildings, and Equipm	nent.								
	Complete if the organization a	inswered "Yes"	on For	m 990, F	art IV, line	: 11a. S	ee Form 990	), Part :	X, line	10.
	Description of property	(a) Cost or oth (investme			r other basis her)		cumulated reciation	(d) I	Book valu	e
1a	Land									
b	Buildings							•••		<del></del>
C	Leasehold improvements									
	Equipment				163,259		136,372			
	Other	et ogual Form 00	) Dort	/ column	(B) line 10:	0.1	<b>•</b>			26 997

Part VII Investments—Other Securitie Complete if the organization an		rm 000 Part IV li	ne 11h. See Forn	n 99∩ Part X line 12
(a) Description of security or categor (Including name of security)		(b) Book value	(c) Me	thod of valuation: d-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other	***************************************			
(4)				
(B) (C)		-		
(D)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
(E)				
(F)				
(G)				·
(H)			aurit vita valor il recovità restat Australia Matti Matti Sali Al fin	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶				
Part VIII Investments—Program Relate Complete if the organization and	ed. Swared "Vee" on Eor	m. 000 Dort IV fir	an 11a Con Form	000 Part V line 12
	swered tes on For	(b) Book value		thod of valuation:
(a) Description of investment		(u) BOOK VAILE	Cost or end	of-year market value
(1)				
(2)				
(3)				
(4)				1.1971
(5)				
(6)		-T-T, -2-V		
				an an an an an an an an an an an an an a
(8)				
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		******		
Part IX Other Assets.	<u></u>			
Complete if the organization ans	wered "Yes" on For	n 990, Part IV, lin	e 11d. See Form	990, Part X, line 15.
	a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)			J.,	
(5) (6)	· · · · · · · · · · · · · · · · · · ·			
(7)				***************************************
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, c	ol. (B) line 15.)		<b>.</b>	
Part X Other Liabilities.	1 (0) ( 1) ***	. 000 D11/ P	- 44 445 0	Faure 000 Doub V
Complete if the organization ans	wered "Yes" on Forn	n 990, Part IV, IIn	e He or Hi. See	Form 990, Part X,
line 25.  1. (a) Description of liability	(b) Book value			
(1) Federal income taxes	(b) Book raide			
(2) ACCRUED WITHHOLDINGS AND PAYROLL TAX		31	alaman gala	
(3) GRANT FUNDS TO BE RETURNED TO				
(4) FOUNDATION FOR RE-SUBMISSION			440000000	nda is in the state of the second
(5) OF PROPOSAL	200	,000		
(6)				
(7)				
(8)	,	The second secon		
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	200	021		
2. Liability for uncertain tax positions. In Part XIII, provide	200, de the text of the footnot		's financial statemen	ts that reports the
organization's liability for uncertain tax positions under	FIN 48 (ASC 740). Checl	chere if the text of th	e footnote has been	provided in Part XIII

Par	Reconciliation of Revenue per Audited Financial Statem			r Return	•
- 1	Complete if the organization answered "Yes" on Form 990, Total revenue, gains, and other support per audited financial statements			1	1,979,176
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	•			1,070,170
a	Net unrealized gains (losses) on investments	2a		0.00	
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c	, , , , , , , , , , , , , , , , , , ,		
d	Other (Describe in Part XIII.)	2d	184,16	1	
e	Add lines 2a through 2d		*	2e	184,161
3	Subtract line 2e from line 1			3	1,795,015
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			
b	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	1,795,015
Part				er Retur	n.
	Complete if the organization answered "Yes" on Form 990, I	Part IV	, line 12a.		
1	Total expenses and losses per audited financial statements			1	1,857,853
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	www.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	184,161	1	
е	Add lines 2a through 2d			2e	184,161
3	Subtract line 2e from line 1			3	1,673,692
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.) .		5	1,673,692
Part 2	XIII Supplemental Information.				
Provide	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	i 4; Par	t IV, lines 1b and 2b	o, Part V, I	ine 4; Part X, line
2; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t	to provi	ide any additional ir	ntormation	1.
PART X	( - FIN 48 FOOTNOTE:				,
THE PR	REPARATION OF THE FINANCIAL STATEMENTS IN CONFORMITY WITH ACCO	UNTING	PRINCIPLES GENE	RALLY AC	CEPTED IN THE
UNITED	STATES OF AMERICA REQUIRES THE ORGANIZATION TO REPORT INFORM	ATION	REGARDING ITS EX	POSURE T	O VARIOUS TAX
POSITION	ONS TAKEN. MANAGEMENT HAS PERFORMED THEIR EVALUATION AND BEL	<b>IEVES</b>	THERE ARE NO UNF	RECOGNIZ	ED TAX
POSITIO	ONS THAT ARE REQUIRED TO BE DISCLOSED.				=======================================
**********					
	•				
THE OR	GANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS;	HOWE!	VER, THERE ARE CU	JRRENTLY	NO AUDITS
		•			
FOR TA	X PERIODS IN PROGRESS. THE ORGANIZATION BELIEVES IT IS NO LONGER	SUBJE	CT TO INCOME TAX	EXAMINA	TIONS FOR
YEARS	PRIOR TO 2013.				
	•				
THE OR	GANIZATION'S POLICY IS TO CLASSIFY INCOME TAX RELATED INTEREST AF	ND PEN	ALTIES IN INTERES	TEXPENS	E AND OTHER
EXPENS	SES, RESPECTIVELY.				

Schedule D (Fo		Page 5
Part XIII	Supplemental Information (continued)	
SCHEDULE I	), PART XI, LINE 2D, OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FROM 990:	
	OF GOODS SOLD: \$184,161	
	01-00003-30125-\$10-5,101	
*****		
SCHEDULE I	), PART XII, LINE 2D, OTHER EXPENSES AND LOSSES PER AUDITED F/S:	
- COST	OF GOODS SOLD: \$184,161	
		***************************************
	·	
		######################################
~~~~		
A		

#### SCHEDULE F (Form 990)

### **Statement of Activities Outside the United States**

20**16** 

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

SCRIPTURE UNION  Conord Information	n on Activit	ioc Outoido	the United States. Com		25-1228/15
Part I General Information Form 990, Part IV, line		les Outside	the United States. Com	piete ii the organization an	swered res on
1 For grantmakers. Does the	e organizatior	maintain rec	ords to substantiate the am	ount of its grants and othe	r
assistance, the grantees' e	•	ie grants or a		n criteria used to award the	
grants or assistance?					✓ Yes
2 For grantmakers. Describ	e in Part V	the organizat	ion's procedures for moni	toring the use of its gran	its and other
assistance outside the Unit	ed States.				
3 Activities per Region. (The f	ollowina Part	Lling 3 table	can he dunlicated if additio	nal enace is needed )	
(a) Region	(b) Number of	1	(d) Activities conducted in the	(e) If activity listed in (d) is	(f) Total
***************************************	offices in the region	employees, agents, and	region (by type) (such as, fundraising, program services.	a program service, describe specific type of	expenditures for and investments
		independent contractors	investments, grants to recipients located in the region)	service(s) in the region	in the region
		in the region			
(1) SOUTH AMERICA		1	PROGRAM SERVICES	EDUCATION	147,592
( ) 000 ( ) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
(2) NORTH AMERICA		0	PROGRAM SERVICES	EDUCATION	22,109
(3) SOUTH ASIA		0	PROGRAM SERVICES	EDUCATION	26,443
(4) EUROPE		0	PROGRAM SERVICES	EDUCATION	39,496
(5) AFRICA		0	PROGRAM SERVICES	EDUCATION	330,100
(e) AFRICA		<u> </u>	FROGRAM SERVICES	LDGGATION	330, 100
(6)					
(7\					
(7)			***************************************	,	
(8)					
(0)					
(9)					·
(10)			**************************************		m·
(11)					
(11)					AND ATTERNATION AND AND AND AND AND AND AND AND AND AN
(12)			+		
(13)					
(10)					
(14)					
(15)					
(10)					And the second
(16)					
(4.7)					
(17) 3a Sub-total	-	1			565,740
b Total from continuation					000,140
sheets to Part I		g S			0

c Totals (add lines 3a and 3b)

565,740

Schedule F (Form 990) 2016

Page 2 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. Part II

(i) Method of valuation (book, FMV, anoraisel other)	לבלה מוספון למוסון									THE REAL PROPERTY AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF T		**				
(h) Description of noncash assistance																
(g) Amount of noncash assistance																
(f) Manner of cash disbursement	WIRE	MRE	WRE	MRE	MRE											
(e) Amount of cash grant	147.592 WIRE	22,109 WIRE	26,443 WIRE	39,496 WIRE	330,100 WIRE										·	
(c) Region (d) Purpose of (e) Amount of (f) Manner of (g) Amount of (h) Cash grant cash grant disbursement assistance	PROGRAM SUPPORT	PROGRAM SUPPORT	PROGRAM SUPPORT	PROGRAM SUPPORT	PROGRAM SUPPORT											
(c) Region	SOUTH AMERICA	NORTH AMERICA	SOUTH ASIA	EUROPE	AFRICA								7,7,7,7,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1			
(b) IRS code section and EIN (if applicable)						1005 1137 1148 1148										
1 (a) Name of organization	(1)	(2)	(2)	(4)	(5)	(9)	7)	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)

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

Enter total number of other organizations or entities ო

Schedule F (Form 990) 2016

Schedule F (Form 990) 2016

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. Part III

(h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance (10 (11) (12) (13) (14 (15) (16) (17) (18) Ξ 4 (2) <u>©</u>  $\mathbf{E}$ <u>@</u> 6) Ñ 3

Schedule F (Form 990) 2016

Part	t IV Foreign Forms	5		
1	the organization may l	a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign uctions for Form 926)	☐ Yes	☑ No
2	may be required to s Trusts and Receipt of	have an interest in a foreign trust during the tax year? If "Yes," the organization separately file Form 3520, Annual Return To Report Transactions With Foreign Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign ser (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	☐ Yes	☑ No
3	the organization may b	nave an ownership interest in a foreign corporation during the tax year? If "Yes," be required to file Form 5471, Information Return of U.S. Persons With Respect To trations (see Instructions for Form 5471)	☐ Yes	<b>√</b> No
4	qualified electing fund Information Return by	a direct or indirect shareholder of a passive foreign investment company or a during the tax year? If "Yes," the organization may be required to file Form 8621, a Shareholder of a Passive Foreign Investment Company or Qualified Electing for Form 8621).	☐ Yes	☑ No
5	the organization may b	have an ownership interest in a foreign partnership during the tax year? If "Yes," be required to file Form 8865, Return of U.S. Persons With Respect to Certain see Instructions for Form 8865)	☐ Yes	☑ No
6	"Yes," the organization	ave any operations in or related to any boycotting countries during the tax year? If a may be required to separately file Form 5713, International Boycott Report (see 713; do not file with Form 990)	☐ Yes	☑ No

Part V	Supplemental Information  Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
PART I, LIN	E 2 - GRANTMAKERS EXPLANATIONS FOR MONITORING USE OF FUNDS OUTSIDE OF US:
THE US	SE OF THE ORGANIZATION'S GRANTS IS MONITORED THROUGH A RELATIONSHIP WITH A GOVERNING ORGANIZATION,
SCRIP	TURE UNION INTERNATIONAL, WHICH MONITORS AND STAYS IN COMMUNICATION WITH ALL OF THE GRANT
RECIPI	
KLOII 1	
<b></b>	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
**************************************	
<u></u>	***************************************
*************	
,	
	**************************************
	NAMES AND THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PART
***************************************	

#### **SCHEDULE 0** (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

2016

Employer identification number

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Name of the organization	Employer identification number
SCRIPTURE UNION	23-1228715
TOTAL DATE OF OTTOM DATE OF THE AND TOTAL TODAL OCCUPIED DOORS.	
- FORM 990, PART VI, SECTION B, LINE 11b - FORM 990 REVIEW PROCESS:	
THE FORM 990 IS PREPARED BY THE BUSINESS MANAGER AND REVIEWED BY THE AUDITOR	, CEO AND BOARD
OF ANIA	SEINAL ABBROVAL OF THE 600
OF DIRECTORS. THE BOARD IS RESPONSIBLE FOR OVERSEEING THE PREPARATION OF AND	FINAL APPROVAL OF THE 990.
AFTER GETTING QUESTIONS, IF ANY, ANSWERED, THE BOARD FORMALLY VOTES TO ACCEP	T THE 990.
- FORM 990, PART VI, SECTION B, LINE 12c:	
EACH BOARD MEMBER FILLS OUT A FORM ANNUALLY DISCLOSING ANY POTENTIAL CONFL	CTS OF INTEREST, AS WELL AS
ONGOING ORGANIZATION-WIDE MONITORING.	
- FORM 990, PART VI SECTION B, LINE 15a:	
THE EXECUTIVE COMMITTEE OVERSEES THE ANNUAL REVIEW OF THE PRESIDENT AND CEO	. HIS PERFORMANCE REVIEW AND
SALARY RECOMMENDATIONS (BASED ON COMPARABLE DATA FROM SIMILAR NONPROFITS	ARE PRESENTED
TO THE BOARD IN EXECUTIVE SESSION.	
- FORM 990, PART VI SECTION B, LINE 15b:	
THE ANNUAL REVIEW OF THE OTHER OFFICERS OF THE ORGANIZATION, INCLUDING A REVI	W OF SALARY AND
	LOU OFFICERIS UP FILE
COMPENSATION, IS CONDUCTED ANNUALLY BY THE PRESIDENT, AND IS DOCUMENTED IN EA	ACH OFFICER'S HR FILE.
- FORM 990, PART VI, SECTION C, LINE 19:	
THE AUDITED FINANCIAL STATEMENTS AND 990 ARE POSTED ON THE WEBSITE, GOVERNING	DOCUMENTS AND CONFLICT
PART VI SECTION C LINE 17:	
DADT VI SECTION C LINE 17-	
PART VI SECTION C LINE 17:	
STATES WITH WHICH FORM 990 MUST BE FILED: AK, AZ, CA, CT, D.C., FL, GA, IL, KY, MD, MN,	MO, PA, NH, TN, UT, VA, WA, WV, WI
***************************************	

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization	Employer identification number
	·
**************************************	
•	
***************************************	
	,
***************************************	
	MBBNHURRRRRRRRRRRRRRRRRRRRRRRRRRRRRRRRRRR