

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning JUL 1, 2020, and ending JUN 30, 2021

2020

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization or person subject to tax

Taxpayer identification number

AMERICAN BIBLE SOCIETY

13-1623885

Name and title of officer or person subject to tax

NICHOLAS PAGANO

VP FINANCE

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>106,375,447.</u>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy

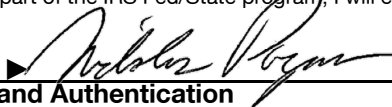
of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize GRANT THORNTON LLP to enter my PIN 26234
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax 

Date 4/01/2022

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

23695336605

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature  Date 3/31/2022

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning JUL 1, 2020 and ending JUN 30, 2021

Form sections B through M: B Check if applicable, C Name of organization (AMERICAN BIBLE SOCIETY), D Employer identification number (13-1623885), E Telephone number (215) 309-0900, G Gross receipts \$ (536,572,559), H(a) Is this a group return, H(b) Are all subordinates included?, H(c) Group exemption number, I Tax-exempt status, J Website, K Form of organization, L Year of formation, M State of legal domicile.

Part I Summary

Table with 3 main columns: Description, Prior Year, Current Year. Rows include: 1-7a Activities & Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

Part II Signature Block

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

Signature and Preparer information: Sign Here (Signature of officer: NICHOLAS PAGANO, VP FINANCE), Paid (Preparer: ALYCIA SOLECKI), Preparer Use Only (Firm: GRANT THORNTON LLP).

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SCHEDULE O

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 100,693,945. including grants of \$ 64,311,883.) (Revenue \$ 5,362,708.) SEE SCHEDULE O

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 100,693,945.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21, with sub-questions a-f for questions 11 and 12. 'X' marks indicate 'Yes' answers for questions 1, 2, 6, 10, 11a, 11b, 11e, 11f, 12b, 13, 14a, 14b, 15, 17, 19, 20a, and 21.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and business transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (18), 1b (17), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AK, CA, CO, DC, FL, HI, IL, KY, LA, MD, MN, MS
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROY L. PETERSON FORMER PRESIDENT (END 2019)	0.00 0.00						X	403,847.	0.	37,445.
(2) ROBERT BRIGGS PRESIDENT & CEO	40.00 5.00	X		X				358,606.	0.	52,464.
(3) JOHN D. CLAUSE SVP	40.00 0.00			X				295,470.	0.	54,312.
(4) ANDREW L. HOOD SVP (END OCT 2020)	40.00 0.00			X				253,561.	0.	55,409.
(5) JAMES J. PUCHY VP	40.00 5.00				X			231,362.	0.	46,099.
(6) MARK R. WILSON CFO	40.00 5.00			X				211,125.	0.	53,559.
(7) STEPHEN KAO VP/GENERAL COUNSEL	40.00 0.00			X				206,901.	0.	49,195.
(8) HERBERT LEE MANIS FORMER DIRECTOR (END JUNE 2020)	0.00 0.00						X	219,020.	0.	33,364.
(9) NICHOLAS PAGANO VP - FINANCE	40.00 0.00			X				192,643.	0.	54,014.
(10) PATRICK MURDOCK VP	40.00 0.00				X			188,503.	0.	52,942.
(11) MARK D. FORSHAW FORMER VP (END JUNE 2020)	0.00 0.00						X	202,379.	0.	32,716.
(12) SUSAN B. HARPER DIRECTOR	40.00 0.00				X			175,072.	0.	51,734.
(13) JOHN P. GRECO DIRECTOR	40.00 0.00				X			175,959.	0.	50,451.
(14) JOHN MARK MITCHELL DIRECTOR	40.00 0.00				X			172,462.	0.	51,734.
(15) JANET A. GRELL VP	40.00 0.00				X			189,549.	0.	29,101.
(16) NANCY KARINA LUCERO DIRECTOR	40.00 0.00				X			176,712.	0.	28,607.
(17) PHILIP H. TOWNER FORMER DIRECTOR (END NOV 2019)	40.00 0.00						X	187,000.	0.	9,350.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) NICOLE M. MARTIN SVP	40.00 0.00			X				168,529.	0.	14,457.
(19) WHITNEY T. KUNIHOLM SVP	40.00 0.00			X				162,919.	0.	38,854.
(20) KAREN MCDONALD CHAIRPERSON	6.00 0.00	X		X				0.	0.	0.
(21) KATHERINE BARNHART VICE CHAIRPERSON	6.00 0.00	X		X				0.	0.	0.
(22) GEORGANNE PERKINS TREASURER	3.00 0.00	X		X				0.	0.	0.
(23) MARY E. BANKS SECRETARY	3.00 0.00	X		X				0.	0.	0.
(24) TESSIE DEVORE DIRECTOR	3.00 0.00	X						0.	0.	0.
(25) NICK ATHENS DIRECTOR (TERM END JUNE 2021)	3.00 0.00	X						0.	0.	0.
(26) JEFF BROWN DIRECTOR	3.00 0.00	X						0.	0.	0.
1b Subtotal								4,171,619.	0.	795,807.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								4,171,619.	0.	795,807.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **73**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
LF DRISCOLL, LLC 401 CITY AVENUE #500, BALA CYNWYD, PA 19004	CONSTRUCTION MANAGEMENT	10,227,955.
RKD GROUP, INC., 3400 WATERVIEW PKWY STE 250, RICHARDSON, TX 75080-1560	DIRECT MAIL	9,177,562.
LOCAL PROJECTS, LLC, 123 WILLIAM STREET, SUITE 801, NEW YORK, NY 10038	EXHIBIT DESIGN	3,321,308.
RESOURCE ONE PO BOX 839, TULSA, OK 74101	WAREHOUSING/LOGISTICS	1,462,793.
SHERIDAN PUBLISHING, 5100 33RD ST SE, GRAND RAPIDS, MI 49512-2062	BIBLE PRINTING/PRODUCTION	1,458,620.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **58**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) DEBORAH GARCIA-GRATACOS DIRECTOR	3.00 0.00	X						0.	0.	0.
(28) TIMOTHY HOUSEAL DIRECTOR	3.00 0.00	X						0.	0.	0.
(29) GEORGE KOVOOR DIRECTOR	3.00 0.00	X						0.	0.	0.
(30) MARK MATLOCK DIRECTOR	3.00 0.00	X						0.	0.	0.
(31) ASH NOAH DIRECTOR	3.00 0.00	X						0.	0.	0.
(32) THEO NICOLAKIS DIRECTOR	3.00 0.00	X						0.	0.	0.
(33) MARIO PAREDES DIRECTOR	3.00 0.00	X						0.	0.	0.
(34) CHARLIE SHAVER DIRECTOR	3.00 0.00	X						0.	0.	0.
(35) KENNETH VOLPERT DIRECTOR	3.00 0.00	X						0.	0.	0.
(36) DAVID WILLS DIRECTOR	3.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	51,247,901.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 1,225,287.				
	h Total. Add lines 1a-1f			51,247,901.			
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		11,859,429.		214,346.	11,645,083.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		1,514,081.			1,514,081.	
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	67,514,926.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	427,272,935.				
	c Gain or (loss)	7c	40,241,991.				
	d Net gain or (loss)			40,241,991.		40,241,991.	
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a		3,870,451.				
			2,924,177.				
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory			946,274.	946,274.			
Miscellaneous Revenue	11 a OTHER REVENUE	Business Code	900099	565,771.		565,771.	
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d			565,771.			
12 Total revenue. See instructions			106,375,447.	946,274.	214,346.	53,966,926.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	41,760,383.	41,760,383.		
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	22,551,500.	22,551,500.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,094,864.	2,023,655.	474,489.	596,720.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	15,875,892.	10,380,850.	2,434,013.	3,061,029.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,734,307.	2,857,765.	422,137.	454,405.
9 Other employee benefits	4,631,440.	3,903,775.	225,240.	502,425.
10 Payroll taxes	1,412,457.	1,190,540.	68,692.	153,225.
11 Fees for services (nonemployees):				
a Management				
b Legal	61,623.	48,378.	3,780.	9,465.
c Accounting	266,927.		266,927.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	1,372,002.			1,372,002.
f Investment management fees	1,693,818.		1,693,818.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	5,508,136.	3,961,558.	489,197.	1,057,381.
12 Advertising and promotion				
13 Office expenses	1,885,049.	1,235,757.	423,319.	225,973.
14 Information technology	2,084,763.	1,514,253.	60,160.	510,350.
15 Royalties				
16 Occupancy	4,261,808.	2,666,109.	865,381.	730,318.
17 Travel	122,705.	67,459.	13,239.	42,007.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	79,297.	42,047.	4,622.	32,628.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,142,509.	826,138.	185,302.	131,069.
23 Insurance	451,686.	210,120.	154,562.	87,004.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PRINTINGS & PUBLICATION	5,881,489.	3,118,889.	6,356.	2,756,244.
b POSTAGE AND MAILINGS	3,831,131.	2,048,303.	10,494.	1,772,334.
c BANK FEES & COMPLIANCE	334,903.	150,622.	82,411.	101,870.
d ALL OTHER EXPENSES	227,371.	135,844.	20,286.	71,241.
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	122,266,060.	100,693,945.	7,904,425.	13,667,690.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	10,460,216.	5,279,309.	0.	5,180,907.

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	13,634,392.	1	14,255,816.
	2 Savings and temporary cash investments	17,161,765.	2	17,648,319.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	9,838,549.	4	8,034,338.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	20,549,404.
	8 Inventories for sale or use	4,984,305.	8	5,708,689.
	9 Prepaid expenses and deferred charges	4,412,521.	9	3,861,774.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 25,162,396.		
	b Less: accumulated depreciation	10b 5,692,753.		
	11 Investments - publicly traded securities	45,129,424.	10c	19,469,643.
	12 Investments - other securities. See Part IV, line 11	192,752,419.	11	229,988,321.
	13 Investments - program-related. See Part IV, line 11	412,665,869.	12	490,600,536.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	25,638,803.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	726,218,047.	15	30,639,424.	
		16	840,756,264.	
Liabilities	17 Accounts payable and accrued expenses	13,742,535.	17	12,597,196.
	18 Grants payable		18	
	19 Deferred revenue	5,373,750.	19	5,457,050.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	81,023,616.	25	83,101,051.
	26 Total liabilities. Add lines 17 through 25	100,139,901.	26	101,155,297.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	514,500,873.	27	624,278,884.
	28 Net assets with donor restrictions	111,577,273.	28	115,322,083.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	626,078,146.	32	739,600,967.
33 Total liabilities and net assets/fund balances	726,218,047.	33	840,756,264.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	106,375,447.
2	Total expenses (must equal Part IX, column (A), line 25)	2	122,266,060.
3	Revenue less expenses. Subtract line 2 from line 1	3	-15,890,613.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	626,078,146.
5	Net unrealized gains (losses) on investments	5	121,741,185.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	7,672,249.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	739,600,967.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

AMERICAN BIBLE SOCIETY

Employer identification number

13-1623885

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	47,537,766.	59,070,385.	59,480,874.	58,583,048.	51,247,901.	275,919,974.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	47,537,766.	59,070,385.	59,480,874.	58,583,048.	51,247,901.	275,919,974.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,892,015.
6 Public support. Subtract line 5 from line 4.						274,027,959.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	47,537,766.	59,070,385.	59,480,874.	58,583,048.	51,247,901.	275,919,974.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	10,839,913.	12,838,100.	13,597,255.	11,891,869.	13,159,164.	62,326,301.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	65,755.	131,802.	36,372.	4,081.	112,987.	350,997.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,085,024.	960,424.	715,355.	510,422.	565,771.	3,836,996.
11 Total support. Add lines 7 through 10						342,434,268.
12 Gross receipts from related activities, etc. (see instructions)					12	18,905,646.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	80.02 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	80.47 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>		
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

Schedule A (Form 990 or 990-EZ) 2020

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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 A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME

2016 AMOUNT: \$ 1,085,024.

2017 AMOUNT: \$ 908,674.

2018 AMOUNT: \$ 715,355.

2019 AMOUNT: \$ 510,422.

2020 AMOUNT: \$ 565,771.

SPECIAL EVENTS

2017 AMOUNT: \$ 51,750.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization

AMERICAN BIBLE SOCIETY

Employer identification number

13-1623885

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule

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

Special Rules

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

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

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

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

Name of organization AMERICAN BIBLE SOCIETY	Employer identification number 13-1623885
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 6,343,598.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 2,310,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 1,450,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 1,206,768.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization AMERICAN BIBLE SOCIETY	Employer identification number 13-1623885
--	--

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization AMERICAN BIBLE SOCIETY	Employer identification number 13-1623885
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization: AMERICAN BIBLE SOCIETY; Employer identification number: 13-1623885

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions regarding donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure); 2. Conservation contribution details (2a-2d table); 3-9. Monitoring and reporting requirements (number of easements, states, policy, staff hours, expenses, and reporting).

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

Form with sections 1a-1b and 2. 1a: Text reporting requirement for public service. 1b: Amounts for revenue and assets. 2: Amounts for financial gain (revenue and assets).

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	514,588,342.	571,413,538.	588,257,493.	577,144,005.	544,380,899.
b Contributions	-676,627.	2,536,408.	-3,467,214.	-5,995,128.	-3,449,385.
c Net investment earnings, gains, and losses	165,855,792.	1,621,520.	29,221,072.	52,861,007.	71,621,930.
d Grants or scholarships					
e Other expenditures for facilities and programs	34,071,259.	58,219,008.	39,717,871.	32,791,320.	32,954,255.
f Administrative expenses	1,572,436.	2,764,116.	2,879,942.	2,961,071.	2,455,184.
g End of year balance	644,123,812.	514,588,342.	571,413,538.	588,257,493.	577,144,005.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 93.1800 %
 - b Permanent endowment 3.0700 %
 - c Term endowment 3.7500 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | X | |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				0.
c Leasehold improvements		19,809,990.	3,009,383.	16,800,607.
d Equipment		4,068,111.	2,554,940.	1,513,171.
e Other		1,284,295.	128,430.	1,155,865.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				19,469,643.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) EQUITIES	241,571,636.	END-OF-YEAR MARKET VALUE
(B) ABSOLUTE RETURN	74,207,118.	END-OF-YEAR MARKET VALUE
(C) FIXED INCOME	62,603,379.	END-OF-YEAR MARKET VALUE
(D) REAL ASSETS	37,456,021.	END-OF-YEAR MARKET VALUE
(E) PRIVATE EQUITY	74,762,382.	END-OF-YEAR MARKET VALUE
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	490,600,536.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PAYABLE UNDER SECURITIES LOAN AGREEMENT	3,827,218.
(3) DEFERRED ALLOWANCE FROM LEASE ACTIVITY	16,631,361.
(4) OBLIGATIONS UNDER CHARITABLE REMAINDER TRUST	8,427,531.
(5) ANNUITIES PAYABLE	19,098,143.
(6) ACCRUED POSTRETIREMENT BENEFITS	35,116,798.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	83,101,051.

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

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

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

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

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

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

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

Part XIII Supplemental Information.

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

PART III, LINE 1A:

AMERICAN BIBLE SOCIETY MAINTAINS A RARE SCRIPTURE COLLECTION THAT HAS BEEN ACQUIRED THROUGH PURCHASES AND CONTRIBUTIONS SINCE AMERICAN BIBLE SOCIETY'S INCEPTION. THE COLLECTION PRESERVES HISTORICALLY SIGNIFICANT SCRIPTURES, PROVIDES FOR SCHOLARLY RESEARCH, AND CONTRIBUTES TO THE PUBLIC GOOD THROUGH EDUCATIONAL EXHIBITIONS.

PART V, LINE 4:

ENDOWMENT FUNDS AMERICAN BIBLE SOCIETY'S ENDOWMENT FUNDS (QUASI & TRUE PERMANENTLY RESTRICTED ENDOWMENT) EXIST TO SUPPORT THE ORGANIZATION'S MISSION. THE UNRESTRICTED FUNDS (QUASI-ENDOWMENT) HELP SUBSIDIZE THE OPERATING BUDGET

Part XIII Supplemental Information (continued)

VIA AN ANNUAL SPENDING FORMULA, WHICH ALLOWS MORE CURRENT DONOR CONTRIBUTIONS TO DIRECTLY FUND PROGRAMS. A SPENDING FORMULA IS ALSO APPLIED TO THE RESTRICTED FUNDS (TRUE ENDOWMENT) WHICH ARE APPROPRIATED FOR BOTH GENERAL AND SPECIFIC PURPOSES AS DESIGNATED BY ORIGINAL DONOR INTENT. AMERICAN BIBLE SOCIETY HAS MAINTAINED THE HISTORICAL PRINCIPAL VALUE ON TRUE ENDOWMENTS.

ON SEPTEMBER 17, 2010, NEW YORK STATE PASSED THE NEW YORK STATE UNIFORM PRUDENT MANAGEMENT OF INSTITUTIONAL FUNDS ACT. ALL NOT-FOR-PROFIT ORGANIZATIONS FORMED IN NEW YORK, INCLUDING THE SOCIETY, MUST COMPLY WITH THIS LAW, COMMENCING WITH THE SOCIETY'S 2011 FISCAL YEAR. FROM TIME TO TIME, THE FAIR VALUE OF ASSETS ASSOCIATED WITH AN INDIVIDUAL DONOR-RESTRICTED ENDOWMENT FUND MAY FALL BELOW THE FUND'S HISTORIC DOLLAR VALUE.

PART X, LINE 2:

THE SOCIETY FOLLOWS GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT. THIS GUIDANCE PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN ONLY BE RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS IF THE POSITION IS "MORE-LIKELY-THAN-NOT" TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. THE ASSESSMENT OF THE TAX POSITION IS BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED.

THE SOCIETY IS EXEMPT FROM FEDERAL INCOME TAX UNDER IRC SECTION 501(C)(3), THOUGH IT IS SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT PURPOSE,

Part XIII Supplemental Information *(continued)*

UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE CODE. THE SOCIETY HAS
 PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT
 STATUS; TO IDENTIFY AND REPORT UNRELATED INCOME; TO DETERMINE ITS FILING
 AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT HAS NEXUS; AND TO
 IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS.
 THE SOCIETY HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX
 POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE CONSOLIDATED
 FINANCIAL STATEMENTS.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

AMERICAN BIBLE SOCIETY

Employer identification number

13-1623885

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTMAKING		1,147,350.
EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		1,359,212.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTMAKING		7,122,460.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTMAKING		3,416,129.
NORTH AMERICA	0	0	GRANTMAKING		1,310.
RUSSIA AND NEIGHBORING STATES	0	0	GRANTMAKING		459,561.
SOUTH AMERICA	0	0	GRANTMAKING		2,739,482.
SOUTH ASIA	0	0	GRANTMAKING		661,865.
3 a Subtotal	0	0			16,907,369.
b Total from continuation sheets to Part I	0	12			131,759,259.
c Totals (add lines 3a and 3b)	0	12			148,666,628.

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

Schedule F (Form 990) 2020

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	0	0	GRANTMAKING		5,644,130.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	3	PROGRAM SERVICES	MINISTRY PROJECT MANAGEMENT; BIBLE TRANSLATION	80,939.
NORTH AMERICA	0	2	PROGRAM SERVICES	MINISTRY PROJECT MANAGEMENT; BIBLE TRANSLATION	66,550.
SUB-SAHARAN AFRICA	0	4	PROGRAM SERVICES	MINISTRY PROJECT MANAGEMENT; BIBLE TRANSLATION	77,059.
SOUTH AMERICA	0	2	PROGRAM SERVICES	MINISTRY PROJECT MANAGEMENT; BIBLE TRANSLATION	6,300.
CENTRAL AMERICA AND THE CARIBBEAN	0	1	PROGRAM SERVICES	MINISTRY PROJECT MANAGEMENT; BIBLE TRANSLATION	6,300.
EUROPE (INCLUDING ICELAND & GREENLAND)			INVESTMENTS		46,981.
SOUTH AMERICA			INVESTMENTS		18,537.
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,			INVESTMENTS		125,812,463.
Totals		12			131,759,259.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	GRANT MAKING	15,238.		0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, SAUDI ARABIA, DJIBOUTI, EGYPT,	GRANT MAKING	53,949.		0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	GRANT MAKING	5,738.		0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	GRANT MAKING	1,193,428.		0.		
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	GRANT MAKING	16,500.		0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	GRANT MAKING	19,000.		0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	GRANT MAKING	300,000.		0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	GRANT MAKING	13,000.		0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 18

3 Enter total number of other organizations or entities

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	GRANT MAKING	61,149.		0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	GRANT MAKING	5,500.		0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, SAUDI ARABIA, DJIBOUTI, EGYPT,	GRANT MAKING	38,000.		0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	GRANT MAKING	18,353.		0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	GRANT MAKING	21,521.		0.		
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	GRANT MAKING	5,400.		0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	GRANT MAKING	9,440.		0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	GRANT MAKING	75,000.		0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, SAUDI ARABIA, DJIBOUTI, EGYPT,	GRANT MAKING	264,025.		0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	GRANT MAKING	5,319.		0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)		7,111,222.		0.		
		CENTRAL AMERICA AND THE CARIBBEAN		1,123,112.		0.		
		EAST ASIA AND THE PACIFIC		1,353,893.		0.		
		MIDDLE EAST AND NORTH AFRICA		3,060,155.		0.		
		RUSSIA AND NEIGHBORING STATES		459,561.		0.		
		SOUTH AMERICA		1,507,612.		0.		
		SOUTH ASIA		645,365.		0.		
		SUB-SAHARAN AFRICA		5,165,109.		0.		

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Schedule F (Form 990) 2020

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, LINE 2

AMERICAN BIBLE SOCIETY ("ABS") IS A MEMBER OF THE UNITED BIBLE SOCIETIES ("UBS"), A WORLD-WIDE FELLOWSHIP OF NATIONAL BIBLE SOCIETIES.

ABS PROGRAM SERVICES, IN CONJUNCTION WITH UBS, INCLUDE BIBLE

DISTRIBUTION, TRANSLATION, ENGAGEMENT AND ADVOCACY. THE UBS SOLICITS

AND RESEARCHES VARIOUS BIBLE DISTRIBUTION PROJECTS PROPOSED BY THE

NATIONAL BIBLE SOCIETIES AND MAKES SUCH PROJECTS AVAILABLE TO THE

FELLOWSHIP (INCLUDING ABS) FOR FUNDING. ABS SIGNS A RESEARCH AND

FUNDING AGREEMENT WITH BENEFICIARIES OF ABS GRANTS. THIS ALLOWS US TO

MONITOR AND EVALUATE FUNDS SENT TO EACH COUNTRY. ABS RESEARCHES

PROJECTS BEFORE FUNDING FOR PROJECT IMPACT (LIFE CHANGE), GOAL

ALIGNMENT, FINANCIAL RISK, ENVIRONMENTAL RISK, MANAGERIAL RISKS

(IMPLEMENTER ON THE GROUND) AND OTHER POSSIBLY INHERENT RISKS. ABS

RECEIVES AND REVIEWS PROGRESS REPORTS TO MONITOR THE USE OF FUNDS AS A

PROJECT PROGRESSES. AT THE END OF THE PROJECT, ABS OR THE PARTNER

CONDUCTS AN ASSESSMENT OF RESULTS TO COMPARE WITH PLAN AND BUDGET.

INFORMATION ON RESULTS IS RELAYED TO MANAGEMENT AND THE DONOR

CONSTITUENCY. UNUSED FUNDS ARE RETRIEVED FROM THE IMPLEMENTER AND THE

DONOR'S PERMISSION IS OBTAINED TO REDIRECT FUNDS TO SIMILAR PROJECTS IN

OTHER COUNTRIES. ABS CONDUCTS FIELD VISITS TO VALIDATE AND DOCUMENT

INFORMATION. SOME OF THESE VISITS ARE DONE WITH PARTICIPATION OF THE

MAJOR DONORS OF THESE MINISTRY PROJECTS. OUR OVERALL INTERNATIONAL

PROGRAM EXPENDITURE IS CLOSELY MONITORED INTERNALLY BY DIFFERENT

SPECIALY APPOINTED GROUPS (TASK FORCES, AD HOC GROUPS OR COMMITTEES)

AND DULY REPORTED TO OUR BOARD ON A QUARTERLY BASIS.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public
Inspection

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

Name of the organization

AMERICAN BIBLE SOCIETY

Employer identification number

13-1623885

Part I

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

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
RKD GROUP - 3400 WATERVIEW PKWY, #250, RICHARDSON, TX	DIRECT RESP		X	25,027,517.	9,300,183.	15,727,334.
Total				25,027,517.	9,300,183.	15,727,334.

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

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO
MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY
DC

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts			
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
	11	Net income summary. Subtract line 10 from line 3, column (d)			

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

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

(I) NAME OF FUNDRAISER: RKD GROUP

(I) ADDRESS OF FUNDRAISER: 3400 WATERVIEW PKWY, #250, RICHARDSON, TX 75080

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization **AMERICAN BIBLE SOCIETY** Employer identification number **13-1623885**

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
RECRUIT TRAINING COMMAND/CHAPEL 3355 ILLINOIS ST GREAT LAKES, IL 60088-3115	34-9990000	GVMT	0.	72,531.	FMV		PROGRAM SERVICES
30TH AG BATTALLION 5191 3RD INFANTRY DIVISION RD # 300 FORT BENNING, GA 31905	35-9990000	GVMT	0.	50,864.	FMV		PROGRAM SERVICES
THE WARRIORS JOURNEY 3003 E CHESTNUT EXPY STE 2001 SPRINGFIELD, MO 65802-2565	75-2772633	501(C)(3)	0.	29,344.	FMV		PROGRAM SERVICES
LIFECHURCH WEST CHESTER 8480 CINCINNATI COLUMBUS RD WEST CHESTER, OH 45069-3525	04-3809559	501(C)(3)	0.	28,418.	FMV		PROGRAM SERVICES
THE 1687 FOUNDATION, BOOK MINISTRY DIVISION - PO BOX 1961 - SISTERS, OR 97759-1961	26-3772474	501(C)(3)	0.	24,927.	FMV		PROGRAM SERVICES
GREEN PASTURES MINISTRIES 7147 E 46TH ST INDIANAPOLIS, IN 46226-3803	91-2147777	501(C)(3)	0.	24,384.	FMV		PROGRAM SERVICES

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 59

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

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

Schedule I (Form 990) 2020

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RELIGIOUS MINISTRIES BLVD DEFRANCE BLDG 854 PARRIS ISLAND, SC 29905-9601	53-9990000	501(C)(3)	0.	24,149.	FMV		PROGRAM SERVICES
MARINE CORPS RECUIT DEPOT 1600 HENDERSON AVE BLDG 31 STE 125 SAN DIEGO, CA 92140-5095	53-9990000	501(C)(3)	0.	15,581.	FMV		PROGRAM SERVICES
VIRGINIA BAPTIST MISSION BOARD 2828 EMORYWOOD PARKWAY RICHMOND, VA 23294-3745	54-0575803	501(C)(3)	0.	13,804.	FMV		PROGRAM SERVICES
MCRD PARRIS ISLAND RELIGIOUS MINISTRIES CENTER - 854 BLVD DE FRANCE - PARRIS ISLAND, SC 29905	35-9990000	GVMT	0.	12,705.	FMV		PROGRAM SERVICES
ATLANTA VA MEDICAL CENTER 1670 CLAIRMONT RD DECATUR, GA 30033-4004	58-2091280	GVMT	0.	12,211.	FMV		BIBLE ENGAGEMENT
MARINE CORPS RECRUIT DEPOT 4250 BELLEAU AVE BLDG 149 SAN DIEGO, CA 92140-5095	53-9990000	GVMT	0.	11,375.	FMV		BIBLE ENGAGEMENT
CH TREON JONES 4380 MAGRUDER AVE COLUMBIA, SC 29207-6809	35-9990000	501(C)(3)	0.	10,379.	FMV		BIBLE ENGAGEMENT
SUPPORT MILITARY FAMILIES 10177 N KINGS HWY UNIT E9 MYRTLE BEACH, SC 29572-4033	35-9990000	501(C)(3)	0.	10,179.	FMV		BIBLE ENGAGEMENT
EDGEWOOD BAPTIST CHURCH 3564 FORREST RD COLUMBUS, GA 31907-2599	58-0908581	501(C)(3)	0.	9,416.	FMV		BIBLE ENGAGEMENT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ORLANDO VA MEDICAL CENTER 13800 VETERANS WAY ORLANDO, FL 32827	80-1394976	GVMT	0.	8,476.	FMV		BIBLE ENGAGEMENT
C H I E F 1644 E CAMPO BELLO DR PHOENIX, AZ 85022-2108	51-0168112	GVMT	0.	7,595.	FMV		BIBLE ENGAGEMENT
SALVATION ARMY 3238 JONAGOLD DRIVE HARRISBURG, PA 17110	13-5562351	GVMT	0.	7,519.	FMV		BIBLE ENGAGEMENT
GATEWAY CHAPEL 1850 N BARNES AVE BLDG 6300 LACKLAND A F B, TX 78236-5542	84-9990000	501(C)(3)	0.	6,672.	FMV		BIBLE ENGAGEMENT
2-60TH IR 5422 JACKSON BLVD COLUMBIA, SC 29207-5022	35-9990000	GVMT	0.	6,663.	FMV		BIBLE ENGAGEMENT
43D AG BATTALION RECEPTION 4566 OKLAHOMA AVE BLDG 2100 FORT LEONARD WOOD, MO 65473-1638	35-9990000	GVMT	0.	6,595.	FMV		BIBLE ENGAGEMENT
3RD BATTALION 34TH INFANTRY REGIMENT - 11950 GOLDEN ARROW RD - COLUMBIA, SC 29207-6832	35-9990000	GVMT	0.	6,500.	FMV		BIBLE ENGAGEMENT
1-13TH IN REGT/ CHAPLAIN 5482 JACKSON BLVD BLDG 11000 COLUMBIA, SC 29207-5023	35-9990000	GVMT	0.	6,400.	FMV		BIBLE ENGAGEMENT
MILWAUKEE POLICE DEPARTMENT 6680 N TEUTONIA AVE MILWAUKEE, WI 53209-3117	39-6005532	501(C)(3)	0.	6,374.	FMV		BIBLE ENGAGEMENT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LACKLAND AFB FREEDOM CHAPEL 2200 TRUEMPER BLD 1528 LACKLAND AFB, TX 78236	84-9990000	GVMT	0.	6,345.	FMV		BIBLE ENGAGEMENT
FRG ARMY BIBLE STUDY 137 VAN DER HORST DR COLUMBIA, SC 29229-7596	35-9990000	501(C)(3)	0.	6,281.	FMV		BIBLE ENGAGEMENT
USS ESSEX (LHD-2) CHAPLAIN DEPARTMENT SAN DIEGO, CA 92136-3581	34-9990000	GVMT	0.	5,875.	FMV		BIBLE ENGAGEMENT
5TH RANGER TRAINING BATTALION 1 CAMP MERRILL DAHLONEGA, GA 30533-1802	35-9990000	GVMT	0.	5,701.	FMV		BIBLE ENGAGEMENT
US ARMY CADET COMMAND ATT: O'NEILL CHAPEL NCOIC FORT KNOX, KY 40121-4188	35-9990000	GVMT	0.	5,644.	FMV		BIBLE ENGAGEMENT
MICHAEL E. DEBAKEY VAMC 2002 HOLCOMBE BLVD HOUSTON, TX 77030-4211	76-0418077	GVMT	0.	5,560.	FMV		BIBLE ENGAGEMENT
LIFE PUBLISHERS INTERNATIONAL 1625 N ROBERSON AVE SPRINGFIELD, MO 65803-2810	31-1803537	501(C)(3)	0.	5,263.	FMV		BIBLE ENGAGEMENT
1-31 FA BN 5595 ROTHWELL ST FT SILL, OK 73503	35-9990000	GVMT	0.	5,261.	FMV		BIBLE ENGAGEMENT
VA MEDICAL CENTER 2300 RAMSEY ST FAYETTEVILLE, NC 28301-3856	56-1303855	GVMT	0.	5,157.	FMV		BIBLE ENGAGEMENT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
V A MEDICAL CENTER 1481 W 10TH ST RM C-2091 INDIANAPOLIS, IN 46202-2803	35-1906280	GVMT	0.	5,027.	FMV		BIBLE ENGAGEMENT
WORD 4 ASIA 5625 E SANTA ANA CANYON RD ANAHEIM, CA 92807-3125	53-1588858	501(C)(3)	760,000.	0.			PROGRAM SERVICES
HOSANNA FAITH COMES BY HEARING 2421 AZTEC ROAD NE ALBUQUERQUE, NM 87107-4200	85-0223225	501(C)(3)	325,000.	0.			PROGRAM SERVICES
RENEW WORLD OUTREACH ORG 3225 WYCLIFFE WAY STONE MOUNTAIN, GA 30087-4148	46-1197184	501(C)(3)	305,785.	0.			PROGRAM SERVICES
TALKING BOOKS INTERNATIONAL INC 419 E GRAND AVE ESCONDIDO, CA 92025-3303	33-0975333	501(C)(3)	253,250.	0.			PROGRAM SERVICES
DEAF MISSIONS 21199 GREENVIEW RD COUNCIL BLUFFS, IA 51503-4125	42-0981263	501(C)(3)	198,353.	0.			PROGRAM SERVICES
GOOD NEWS CENTER INC. PO BOX 2135 DULUTH, GA 30096-0037	27-0977686	501(C)(3)	193,600.	0.			PROGRAM SERVICES
BLACKHAWK NETWORK INC 6220 STONERIDGE MALL RD PLEASANTON, CA 94588-3260	91-2198647	501(C)(3)	178,185.	0.			PROGRAM SERVICES
STRATEGIC RESOURCE GROUP P.O. BOX 1809 EASTON, MD 21601	33-0780945	501(C)(3)	151,446.	0.			PROGRAM SERVICES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
QUEST MOVEMENT 2744 MAIN RD FRANKLINVILLE, NJ 08322-2006	61-1673999	501(C)(3)	116,983.	0.			PROGRAM SERVICES
DOOR INTERNATIONAL 135 N STATE ST STE 200 ZEELAND, MI 49464-1283	56-1251149	501(C)(3)	103,475.	0.			PROGRAM SERVICES
BAYLOR UNIVERSITY ONE BEAR PLACE #97043 WACO, TX 79798-7043	74-1159753	501(C)(3)	72,430.	0.			PROGRAM SERVICES
FEDEX A/C 1036-7348-8 - PO BOX 371461 PITTSBURGH, PA 15250-7461	71-0427007		42,990.	0.			PROGRAM SERVICES
ECO SOLUTION LLC 280 S TAYLOR AVE UNIT 200 LOUISVILLE, CO 80027-3096	47-4863867		35,944.	0.			PROGRAM SERVICES
ARCHDIOCESE OF PHILADELPHIA 222 N 17TH ST PHILADELPHIA, PA 19103-1202	23-1360839	501(C)(3)	30,000.	0.			PROGRAM SERVICES
TWIN VALLEY COFFEE LLC 4043 MAIN ST ELVERSON, PA 19520-9329	26-4183507		27,786.	0.			PROGRAM SERVICES
CHRISTIAN ART GIFTS 359 LONGVIEW DR BLOOMINGDALE, IL 60108-2640	14-1870119	501(C)(3)	23,270.	0.			PROGRAM SERVICES
NATIONAL LATINO EVANGELICAL COALITION - 61 RIVINGTON ST - NEW YORK, NY 10002-2116	45-2323621	501(C)(3)	20,000.	0.			PROGRAM SERVICES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDSHIP PRESS PO BOX 659 CHESTER HEIGHTS, PA 19017-0659	82-5141031	501(C)(3)	12,025.	0.			PROGRAM SERVICES
FAITH COMES BY HEARING 2421 AZTEC ROAD NE ALBUQUERQUE, NM 87107-4200	85-0223225	501(C)(3)	11,251.	0.			PROGRAM SERVICES
EVERYTHING BRANDED USA INC MARNELL CORPORATE CENTRE 3 6725 VIA AUSTI PKWY STE 150 - LAS VEGAS, NV 89119	98-1439917		11,034.	0.			PROGRAM SERVICES
WORLD SERVE MINISTRIES INC 477 PEACE PORTAL DR STE 107192 BLAINE, WA 98230-4023	32-0482182	501(C)(3)	10,627.	0.			PROGRAM SERVICES
CAMPUS CRUSADE FOR CHRIST 100 LAKE HART DR ORLANDO, FL 32832-0100	95-6006123	501(C)(3)	9,960.	0.			PROGRAM SERVICES
CORNERSTONE COUNSELING MINISTRIES 42 S 2ND ST EASTON, PA 18042-3659	47-1848721	501(C)(3)	9,749.	0.			PROGRAM SERVICES
SAFEGUARD BUSINESS SYSTEMS, INC. 500 SCHELL LN PHOENIXVILLE, PA 19460-1190	23-1689322		9,186.	0.			PROGRAM SERVICES
4IMPRINT INC. 25303 NETWORK PL. CHICAGO, IL 60673-1253	39-1837105	501(C)(3)	9,025.	0.			PROGRAM SERVICES
SOCIETY OF BIBLICAL LITERATURE THE LUCE CENTER ATLANTA, GA 30329-4217	23-6390716	501(C)(3)	9,000.	0.			PROGRAM SERVICES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOPE OF THE NATION PO BOX 1777 WOODBIDGE, CA 95258-1777	26-1096582	501(C)(3)	8,866.	0.			PROGRAM SERVICES
BOSTON COLLABORATIVE 971 COMMONWEALTH AVE STE 37 BOSTON, MA 02215-1314	82-5139472	501(C)(3)	8,750.	0.			PROGRAM SERVICES
GOOD NEWS JAIL & PRISON MINISTRY PO BOX 9760 HENRICO, VA 23228-0760	54-0703077	501(C)(3)	8,000.	0.			PROGRAM SERVICES
CONFLUENCE MINISTRIES 1400 QUITMAN ST DENVER, CO 80204-1415	56-2401078	501(C)(3)	7,875.	0.			PROGRAM SERVICES
NATIONAL COUNCIL OF CHURCHES 2500 E BELTLINE AVE SE STE G GRAND RAPIDS, MI 49546-5987	13-5562417	501(C)(3)	7,475.	0.			PROGRAM SERVICES
WYCLIFFE BIBLE TRANSLATORS PO BOX 628200 ORLANDO, FL 32862-8200	95-1831097	501(C)(3)	7,054.	0.			PROGRAM SERVICES
JOYCE DALMAN PRINTING SERVICES PO BOX 2478 SEAL BEACH, CA 90740-1478	33-0889385		6,030.	0.			PROGRAM SERVICES
BRIDGEPORT ROMAN CATHOLIC DIOCESAN CORP - 238 JEWETT AVE - BRIDGEPORT, CT 06606-2845	06-0737923	501(C)(3)	6,000.	0.			PROGRAM SERVICES
R & L CARRIERS INC. PO BOX 10020 PORT WILLIAMS, OH 45164-2000	57-0558568		5,672.	0.			PROGRAM SERVICES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAITH AND LIBERTY DISCOVERY CENTER 101 N INDEPENDENCE MALL E FL 8 PHILADELPHIA, PA 19106-2155	83-2372645	501(C)(3)	6,017,890.	30,417,591.	FMV		GENERAL SUPPORT

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

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

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

SCHEDULE I, PART I, LINE 2

EACH GRANT REQUEST IS CAREFULLY REVIEWED, AND AN AMERICAN BIBLE SOCIETY

GRANT APPLICATION KIT, COMPLETE WITH TESTIMONIAL FORMS/OPPORTUNITIES

FOR FEEDBACK ON HOW THE SCRIPTURE WILL BE USED IS ISSUED TO THOSE

REQUESTING THE FREE SCRIPTURE RESOURCES. ONCE REVIEWED AND APPROVED,

AMERICAN BIBLE SOCIETY SHIPS THE BIBLE BASED RESOURCES AND RECORDS THE

FULL DETAIL OF THE END RECIPIENT, HOW THEY PLAN ON USING THE SCRIPTURES

IN MINISTRY/IN OUTREACH; ALONG WITH THE OPPORTUNITY TO PROVIDE ONGOING

REPORTS ON USAGE AND SUSTAINED SCRIPTURE ENGAGEMENT.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
AMERICAN BIBLE SOCIETY

Employer identification number
13-1623885

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
(1) ROY L. PETERSON FORMER PRESIDENT (END 2019)	(i)	0.	0.	403,847.	22,339.	15,106.	441,292.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ROBERT BRIGGS PRESIDENT & CEO	(i)	355,042.	0.	3,564.	25,000.	27,464.	411,070.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JOHN D. CLAUSE SVP	(i)	292,454.	0.	3,016.	17,012.	37,300.	349,782.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ANDREW L. HOOD SVP (END OCT 2020)	(i)	253,003.	0.	558.	19,113.	36,296.	308,970.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JAMES J. PUCHY VP	(i)	228,226.	0.	3,136.	17,717.	28,382.	277,461.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MARK R. WILSON CFO	(i)	210,049.	0.	1,076.	16,889.	36,670.	264,684.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) STEPHEN KAO VP/GENERAL COUNSEL	(i)	204,925.	0.	1,976.	11,161.	38,034.	256,096.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) HERBERT LEE MANIS FORMER DIRECTOR (END JUNE 2020)	(i)	113,730.	0.	105,290.	14,113.	19,251.	252,384.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) NICHOLAS PAGANO VP - FINANCE	(i)	189,855.	0.	2,788.	15,452.	38,562.	246,657.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) PATRICK MURDOCK VP	(i)	186,749.	0.	1,754.	15,007.	37,935.	241,445.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) MARK D. FORSHAW FORMER VP (END JUNE 2020)	(i)	103,879.	0.	98,500.	13,490.	19,226.	235,095.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) SUSAN B. HARPER DIRECTOR	(i)	172,609.	0.	2,463.	13,866.	37,868.	226,806.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) JOHN P. GRECO DIRECTOR	(i)	175,095.	0.	864.	13,958.	36,493.	226,410.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) JOHN MARK MITCHELL DIRECTOR	(i)	171,902.	0.	560.	13,866.	37,868.	224,196.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) JANET A. GRELL VP	(i)	186,996.	0.	2,553.	14,646.	14,455.	218,650.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) NANCY KARINA LUCERO DIRECTOR	(i)	176,173.	0.	539.	13,880.	14,727.	205,319.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) PHILIP H. TOWNER FORMER DIRECTOR (END NOV 2019)	(i)	0.	0.	187,000.	9,350.	0.	196,350.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) NICOLE M. MARTIN SVP	(i)	168,210.	0.	319.	12,637.	1,820.	182,986.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) WHITNEY T. KUNIHOLM SVP	(i)	160,387.	0.	2,532.	12,690.	26,164.	201,773.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

AMERICAN BIBLE SOCIETY'S ("BIBLE SOCIETY") TRAVEL POLICY PROVIDES FOR

SPOUSAL TRAVEL IN LIMITED CIRCUMSTANCES WHERE THERE IS A PRE-APPROVED,

DEFINED/MEASUREABLE BIBLE SOCIETY BUSINESS PURPOSE.

THE BIBLE SOCIETY DOES PROVIDE A CLERGY HOUSING ALLOWANCE TO SEVERAL

OFFICERS AND DIRECTORS REPORTED ON PART VII AND SCHEDULE J OF THE FORM 990.

THE CLERGY ALLOWANCE IS PROVIDED TO ORDAINED STAFF MEMBERS AND IS REPORTED

IN SCHEDULE J, PART II, COLUMN (B)(I).

PART I, LINE 4A:

R. PETERSON : \$403,847

H. LEE MANIS : \$102,570

M. FORSHAW : \$97,769

P. TOWNER : \$187,000

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **AMERICAN BIBLE SOCIETY** Employer identification number **13-1623885**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	147	1,225,287. FMV	
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** 147

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **30a** X
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **31** X
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **32a** X
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a	X	

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

Schedule M (Form 990) 2020

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

SCHEDULE M, LINE 32B:

ALL CONTRIBUTED SECURITIES ARE TRANSFERRED INTO A BROKERAGE ACCOUNT FOR
TIMELY AND EXPEDITIOUS SALE BY AMERICAN BIBLE SOCIETY'S INVESTMENT
BROKERS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

AMERICAN BIBLE SOCIETY

Employer identification number

13-1623885

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

.... UNDERSTAND AND AFFORD. SO ALL PEOPLE MAY EXPEREINCE ITS
LIFE-CHANGING MESSAGE.

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

SINCE 1816, AMERICAN BIBLE SOCIETY HAS BEEN FULFILLING ITS MISSION OF
MAKING THE BIBLE AVAILABLE TO EVERY PERSON IN A LANGUAGE AND FORMAT
EACH CAN UNDERSTAND AND AFFORD SO ALL PEOPLE MAY EXPERIENCE ITS
LIFE-CHANGING MESSAGE.

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

IN 2021, AMERICAN BIBLE SOCIETY CONTINUED ITS 205TH YEAR OF BIBLE-BASED
MINISTRY AS WE FAITHFULLY MOVED AHEAD WITH OUR VISION TO SEE MILLIONS
OF PEOPLE LIVING IN THE UNITED STATES ACTIVELY ENGAGED IN GOD'S WORD.
WE WILL REACH THIS GOAL BY WORKING CLOSELY WITH CHURCHES AND OTHER
BIBLE-BASED MINISTRIES IN CITIES ACROSS THE U.S., FEATURING OUR WIDE
VARIETY OF SCRIPTURE RESOURCES IN PRINT AND DIGITAL FORMATS, AS WELL AS
OUR BIBLE-BASED TRAUMA HEALING MINISTRY TO EASE ALL WOUNDED HEARTS WITH
THE HEALING POWER OF GOD'S WORD.

WE ARE ALSO PROUD TO CONTINUE OUR GLOBAL MINISTRY AS WE SEEK TO FINISH
THE BIBLE TRANSLATION WORK AND SEE SCRIPTURE TRANSLATED INTO 100% OF
THE WORLD'S LANGUAGES TO PROVIDE FIRST ENGAGEMENT OPPORTUNITIES FOR
THOSE WHO HAVE YET TO EXPERIENCE THE BIBLE'S LIFE-CHANGING MESSAGE.

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization AMERICAN BIBLE SOCIETY	Employer identification number 13-1623885
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AMERICAN BIBLE SOCIETY HELPS PEOPLE EXPERIENCE GOD THROUGH THE BIBLE.

WE TRANSLATE THE BIBLE, DISTRIBUTE THE BIBLE, ENGAGE PEOPLE WITH THE

BIBLE, AND ADVOCATE FOR THE BIBLE'S MESSAGE OF HOPE HERE IN AMERICA AND

EVERYWHERE IN THE WORLD. THROUGH THE CHURCH AND A GLOBAL NETWORK OF

LOCAL BIBLE SOCIETIES, WE CARRY THE GOSPEL MESSAGE WHERE IT IS NEEDED

MOST. OUR RESEARCH AND OUR EXPERIENCE TELL US THE BIBLE MAKES US MORE

GENEROUS, MORE COMPASSIONATE, MORE LOVING TOWARD OUR NEIGHBORS, AND

MORE HOPEFUL ABOUT OUR FUTURE IN CHRIST. THAT'S WHY OUR MISSION SINCE

1816 HAS BEEN TO HELP ALL PEOPLE EXPERIENCE THE LIFE-CHANGING MESSAGE

OF GOD'S WORD.

BEFORE PEOPLE CAN EXPERIENCE THE BIBLE, IT NEEDS TO BE AVAILABLE IN

THEIR HEART LANGUAGE. WE ARE COMMITTED TO TRANSLATING GOD'S WORD INTO

EVERY LIVING LANGUAGE BY 2033. TO ACCOMPLISH THIS GOAL, WE WORK WITH

TRANSLATION PARTNERS IN 62 COUNTRIES, CURRENTLY SUPPORTING 182 LANGUAGE

PROJECTS. WE PROVIDE TECHNICAL RESOURCES LIKE TRANSLATION SOFTWARE,

TRANSLATOR TRAINING, AND PROGRAM DESIGN EXPERTISE, ENSURING THAT FIELD

TEAMS HAVE EVERYTHING THEY NEED TO COMPLETE THEIR WORK.

ONCE THE BIBLE IS AVAILABLE, PEOPLE NEED TO BE ABLE TO ACCESS IT.

THROUGH DISTRIBUTION, WE MAKE BIBLE OWNERSHIP AND DAILY SCRIPTURE

ENGAGEMENT A REALITY FOR PEOPLE SEPARATED FROM GOD'S WORD BY BARRIERS

LIKE POVERTY OR PERSECUTION. WE BRING GOD'S HOPE TO ENTIRE NATIONS

THROUGH MASSIVE INITIATIVES LIKE BIBLES FOR CHINA OR ONE MILLION BIBLES

FOR LATIN AMERICA. IN ADDITION TO TRADITIONAL PRINTING AND DIGITAL

FORMATS, WE PROMOTE VISUAL AND AUDIO VERSIONS OF SCRIPTURE LIKE THE

JESUS FILM AND INITIATE BIBLE LISTENING GROUPS MEETING IN MORE THAN 40

Name of the organization AMERICAN BIBLE SOCIETY	Employer identification number 13-1623885
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COUNTRIES.

SIMPLY OWNING A BIBLE IS NOT THE END OF THE JOURNEY. IN ORDER FOR LIVES TO TRANSFORM, HEARTS MUST BE ENGAGED WITH THE TRUTH OF SCRIPTURE. WE CONTEXTUALIZE THE BIBLE FOR ALL PEOPLE AND BREAK DOWN BARRIERS THAT CAN KEEP COMMUNITIES FROM FULLY EXPERIENCING GOD'S WORD.

FOR UNITED STATES MILITARY MEMBERS, VETERANS, AND THEIR FAMILIES, GOD'S LOVE CAN FEEL FAR AWAY AMID THE UNIQUE CHALLENGES THAT COME WITH SERVING OUR NATION. OUR HISTORIC ARMED SERVICES MINISTRY PARTNERS WITH CHAPLAINS AND CHURCH LEADERS TO DEVELOP AND DELIVER LIFE-SAVING MINISTRY RESOURCES, HELPING HUNDREDS OF THOUSANDS OF OUR BRAVE SERVICE MEMBERS DISCOVER THE COMFORT OF THE SCRIPTURES.

FOR AN ESTIMATED 1 BILLION PEOPLE WORLDWIDE, THE MESSAGE OF THE BIBLE IS HIDDEN BEHIND BARRIERS OF PAIN, GRIEF, AND TRAUMA. IN THE UNITED STATES AND ABROAD, OUR BIBLE-BASED TRAUMA HEALING MINISTRY WORKS TO EQUIP CHURCHES TO OFFER HOPE AND HEALING TO THOSE WHO HAVE ENDURED TRAUMA. THROUGH A CURRICULUM THAT BLENDS MENTAL HEALTH BEST PRACTICES WITH BIBLICAL TRUTHS, HEALING GROUPS EXPERIENCE RESTORATION THROUGH GOD'S WORD. IN FISCAL 2021, THIS MINISTRY REACHED MORE THAN 20,000 PEOPLE IN MORE THAN 60 COUNTRIES.

THE BIBLE IS FOR EVERYONE EVEN FOR THOSE WHO LIVE IN FREEDOM BUILT ON BIBLICAL VALUES WITHOUT UNDERSTANDING THE BIBLE'S INFLUENCE ON OUR HISTORY. THROUGH THE FAITH AND LIBERTY DISCOVERY INITIATIVE AND THE FAITH AND LIBERTY DISCOVER CENTER IN PHILADELPHIA, WE ADVOCATE FOR A COMPLETE VIEW OF AMERICAN HISTORY THROUGH THE LENS OF GOD'S WORD. WE

Name of the organization AMERICAN BIBLE SOCIETY	Employer identification number 13-1623885
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REMINDE AMERICANS OF THEIR BIBLICAL HERITAGE THROUGH STORIES OF PAST LEADERS, HEROES, AND EVERYDAY CITIZENS. WE EXPLORE THE BIBLICAL VALUES THAT SHAPED THE AMERICAN STORY, PAVING THE WAY FOR FUTURE GENERATIONS TO HAVE A CLEAR, ACTIVE UNDERSTANDING OF THE BIBLE'S PLACE IN OUR HISTORY AND GOD'S PURPOSE FOR OUR LIVES.

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

POLICIES LINE 11: THE FORM 990 WAS PREPARED AND REVIEWED BY AN INDEPENDENT ACCOUNTING FIRM, GRANT THORNTON LLP, IN CONJUNCTION WITH THE ORGANIZATION'S FINANCIAL DEPARTMENT. A COPY OF THE DRAFT FORM 990 WAS CIRCULATED TO THE FULL BOARD OF DIRECTORS FOR DISCUSSION AND COMMENT. EACH BOARD MEMBER WAS PROVIDED AMPLE OPPORTUNITY TO COMMENT ON THE INFORMATION CONTAINED IN THE 990 PRIOR TO ITS FILING WITH THE INTERNAL REVENUE SERVICE.

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

LINE 12: EMPLOYEES ARE REGULARLY COUNSELED BY THE LEGAL STAFF IN CONFLICT OF INTEREST AWARENESS AND ARE REQUIRED TO FILE CONFLICT OF INTEREST DISCLOSURE STATEMENTS ANNUALLY. CONFLICTS IDENTIFIED ARE INVESTIGATED BY THE INTERNAL AUDIT STAFF FOR RESOLUTION WITH MANAGEMENT AND THE BOARD AUDIT COMMITTEE.

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

LINE 15A AND 15B: COMPENSATION FOR THE PRESIDENT & CEO IS DETERMINED BY THE BOARD OF DIRECTORS, AS FACILITATED BY THE CHAIRPERSON OF THE BOARD. THE CHAIRPERSON RELIES ON A NUMBER OF DIFFERENT SOURCES TO DETERMINE COMPENSATION, INCLUDING, BUT NOT LIMITED TO COMPENSATION BENCHMARK SURVEYS AND STUDIES, COMPENSATION PAID TO SIMILAR OFFICER AT SIMILAR INSTITUTIONS

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(I.E. BY REVIEWING THE FORM 990 OF OTHER ORGANIZATIONS), INCLUDING THOSE IN MAJOR URBAN CENTERS. RECOMMENDATIONS WERE BASED ON A COMPREHENSIVE STUDY LEVERAGING EXTERNAL, INDEPENDENT RESEARCH BY GUIDE STAR AND OTHER 3RD PARTY CONSULTING ORGANIZATIONS. THE CHAIRPERSON THEN RECOMMENDS THE CEO COMPENSATION TO THE FULL BOARD OF DIRECTORS FOR ITS APPROVAL. THE BOARD OF DIRECTORS' APPROVAL IS DOCUMENTED IN MINUTES.

COMPENSATION FOR OTHER OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION IS DETERMINED USING VARIOUS SOURCES BY HUMAN RESOURCES SUCH AS COMPENSATION SURVEYS AND STUDIES, INCLUDING INFORMATION ON FORM 990 OF OTHER ORGANIZATIONS AS WELL AS INDEPENDENT COMPENSATION STUDIES. HUMAN RESOURCES THEN OBTAINS APPROVAL FOR THE RECOMMENDED COMPENSATION FROM THE OFFICERS' OR KEY EMPLOYEES' NEXT HIGHER LEVEL MANAGER. FINAL COMPENSATION AMOUNT IS THEN COMMUNICATED TO THE OFFICER OR KEY EMPLOYEE BY HUMAN RESOURCES.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AK, CA, CO, DC, FL, HI, IL, KY, LA, MD, MN, MS, NV, NH, NY, ND, OH, OR, SC, TN, VA, WA, WY, WI

FORM 990, PART VI, SECTION C, LINE 19:
LINE 19: AMERICAN BIBLE SOCIETY ("THE BIBLE SOCIETY") MAKES ITS FORM 990 AND AUDITED FINANCIAL STATEMENTS AVAILABLE ON ITS WEBSITE, WWW.AMERICANBIBLE.ORG. THE BIBLE SOCIETY'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST STATEMENT ARE AVAILABLE UPON REQUEST AND AT MANAGEMENT'S DISCRETION.

FORM 990, PART VI, LINE 1A & 1B AND PART VII
THE BIBLE SOCIETY IS REPORTING 18 MEMBERS OF THE BOARD OF DIRECTORS. SINCE ONE MEMBER OF THE BOARD WAS COMPENSATED, THE BIBLE SOCIETY IS

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REPORTING 17 INDEPENDENT VOTING MEMBERS OF THE BOARD OF DIRECTORS AT
THE END OF THE TAX YEAR.

THERE IS AN EXECUTIVE COMMITTEE OF THE BOARD WHICH HAS THE AUTHORITY TO
ACT ON BEHALF OF THE FULL BOARD WHEN APPLICABLE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PENSION RELATED ACTIVITY	3,016,810.
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	-994,634.
APPRECIATION IN FAIR VALUE OF THIRD-PARTY TRUSTS	4,167,010.
WRITE-OFF OF DEFERRED REAL ESTATE TAX ACCRUED LIABILITY	1,483,063.
TOTAL TO FORM 990, PART XI, LINE 9	7,672,249.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization **AMERICAN BIBLE SOCIETY** Employer identification number **13-1623885**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
FAITH AND LIBERTY DISCOVERY CENTER - 83-2372645, 101 N INDEPENDENCE MALL E, PHILADELPHIA, PA 19106	MUSEUM	PENNSYLVANIA	501(C)(3)	LINE 7	ABS	X	

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	X	
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) FAITH AND LIBERTY DISCOVERY CENTER	A	1,513,700.	FMV
(2) FAITH AND LIBERTY DISCOVERY CENTER	B	36,435,481.	FMV
(3) FAITH AND LIBERTY DISCOVERY CENTER	D	20,549,404.	FMV
(4) FAITH AND LIBERTY DISCOVERY CENTER	L	315,749.	FMV
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

Table with 11 columns: (a) Name, address, and EIN of entity; (b) Primary activity; (c) Legal domicile; (d) Predominant income; (e) Are all partners sec. 501(c)(3) orgs.; (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations?; (i) Code V-UBI amount; (j) General or managing partner?; (k) Percentage ownership.

