Form **8879-EO**

Department of the Treasury
Internal Revenue Service

IRS *e-file* Signature Authorization for an Exempt Organization

For calendar year 2007, or fiscal year beginning 07/01 , 2007, and ending 06/30 , 20 08

● Do not send to the IRS. Keep for your records.
● See instructions.

OMB No. 1545-1878

Return ID (20-digit number) ● 13037220071234TW1787

Name of exempt organization: AMERICAN BIBLE SOCIETY

Employer identification number: 13-1623885

Name and title of officer: DONALD CAVANAUGH, CORPORATE SECRETARY

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 from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, 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 1 line in Part I.

1a	Form 990 check here ● [X]	b	Total revenue, if any (Form 990, line 12)	1b 113045570.
2a	Form 990-EZ check here ● [ ]	b	Total revenue, if any (Form 990-EZ, line 9)	2b
3a	Form 1120-POL check here ● [ ]	b	Total tax (Form 1120-POL, line 22)	3b
4a	Form 990-PF check here ● [ ]	b	Tax Based on Investment Income (Form 990-PF, Part VI, line 5)	4b
5a	Form 8868 check here ● [ ]	b	Balance Due (Form 8868, line 3c)	5b

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2007 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 organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) 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 organization's 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 organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize GRANT THORNTON LLP (ERO firm name) to enter my PIN 26234 (do not enter all zeros) as my signature on the organization's tax year 2007 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 of the organization, I will enter my PIN as my signature on the organization's tax year 2007 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.

Officer's signature ● Donald P. Cavanaugh Date ● 2/6/09

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 13037236605 (do not enter all zeros)

I certify that the above numeric entry is my PIN, which is my signature on the 2007 electronically filed return for the organization 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.

ERO's signature ● [signature] Date ● 2/9/09

ERO Must Retain This Form - See Instructions

Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form. Form 8879-EO (2007)

JSA
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Form **990** | **Return of Organization Exempt From Income Tax** | OMB No. 1545-0047 **2007**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Open to Public Inspection

A For the 2007 calendar year, or tax year beginning 07/01, 2007, and ending 06/30/2008

B Check if applicable: Address change; Name change; Initial return; Termination; Amended return; Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: AMERICAN BIBLE SOCIETY

Number and street (or P.O. box if mail is not delivered to street address): 1865 BROADWAY | Room/suite:

City or town, state or country, and ZIP + 4: NEW YORK, NY 10023

D Employer identification number: 13-1623885

E Telephone number: (212) 408-1200

F Accounting method: [ ] Cash [X] Accrual; Other (specify) ▶

● Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? [ ] Yes [ ] No (If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? [ ] Yes [X] No

I Group Exemption Number ▶

G Website: ▶ WWW.AMERICANBIBLE.ORG

J Organization type (check only one) ▶ [X] 501(c) (3) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

K Check here ▶ [ ] if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than $25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

M Check ▶ [X] if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 645,769,164.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances *(See the instructions.)*

COPY FOR PUBLIC INSPECTION

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Contributions to donor advised funds	1a			
	b	Direct public support (not included on line 1a)	1b	38,712,311.		
	c	Indirect public support (not included on line 1a)	1c			
	d	Government contributions (grants) (not included on line 1a)	1d			
	e	Total (add lines 1a through 1d) (cash $ 38,712,311. noncash $)			1e	38,712,311.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	
	3	Membership dues and assessments			3	
	4	Interest on savings and temporary cash investments			4	14,909.
	5	Dividends and interest from securities			5	15,292,909.
	6a	Gross rents	6a	2,684,187.		
	b	Less: rental expenses	6b	1,573,271.		
	c	Net rental income or (loss). Subtract line 6b from line 6a			6c	1,110,916.
	7	Other investment income (describe ▶)			7	

		(A) Securities		(B) Other
8a	Gross amount from sales of assets other than inventory	576,843,524.	8a	
b	Less: cost or other basis and sales expenses	525,664,697.	8b	
c	Gain or (loss) (attach schedule)	51,178,827.	8c	

Revenue	d	Net gain or (loss). Combine line 8c, columns (A) and (B)			8d	51,178,827.
	9	Special events and activities (attach schedule). If any amount is from gaming, check here ▶ [ ]				
	a	Gross revenue (not including $ of contributions reported on line 1b) STMT 2	9a	67,900.		
	b	Less: direct expenses other than fundraising expenses	9b	24,482.		
	c	Net income or (loss) from special events. Subtract line 9b from line 9a			9c	43,418.
	10a	Gross sales of inventory, less returns and allowances STMT 3	10a	9,076,931.		
	b	Less: cost of goods sold	10b	5,461,144.		
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a			10c	3,615,787.
	11	Other revenue (from Part VII, line 103)			11	3,076,493.
	12	**Total revenue.** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12	113,045,570.
Expenses	13	Program services (from line 44, column (B))			13	62,996,754.
	14	Management and general (from line 44, column (C))			14	16,381,575.
	15	Fundraising (from line 44, column (D))			15	12,376,847.
	16	Payments to affiliates (attach schedule)			16	
	17	**Total expenses.** Add lines 16 and 44, column (A)			17	91,755,176.
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12			18	21,290,394.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	529,251,298.
	20	Other changes in net assets or fund balances (attach explanation) STMT 4 STMT 5			20	-82,094,100.
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20			21	468,447,592.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2007)

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Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. *(See the instructions.)*

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash $ ____ noncash $ ____) If this amount includes foreign grants, check here ▶ ☐	22a				
22b Other grants and allocations (attach schedule) (cash $ 18,023,709. noncash $ ____) If this amount includes foreign grants, check here ▶ [X]	22b	18,023,709.	18,023,709.		
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a	1,207,928.	606,357.	373,686.	227,885.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b				
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26	16,427,124.	11,107,267.	4,337,734.	982,123.
27 Pension plan contributions not included on lines 25a, b, and c	27	4,762,531.	2,807,074.	1,320,689.	634,768.
28 Employee benefits not included on lines 25a - 27	28	5,096,257.	3,099,629.	1,501,573.	495,055.
29 Payroll taxes	29	1,113,843.	798,213.	171,319.	144,311.
30 Professional fundraising fees	30	905,717.			905,717.
31 Accounting fees	31	140,985.		140,985.	
32 Legal fees	32	728,371.	16,315.	703,314.	8,742.
33 Supplies	33	453,990.	317,443.	113,073.	23,474.
34 Telephone	34	694,160.	475,523.	126,506.	92,131.
35 Postage and shipping	35	4,933,637.	2,626,101.	75,577.	2,231,959.
36 Occupancy	36	1,693,381.	1,102,387.	509,367.	81,627.
37 Equipment rental and maintenance	37	2,415,094.	1,518,633.	729,892.	166,569.
38 Printing and publications	38	12,051,269.	7,553,136.	277,819.	4,220,314.
39 Travel	39	3,170,622.	2,179,322.	519,055.	472,245.
40 Conferences, conventions, and meetings	40	311,820.	236,213.	58,935.	16,672.
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42	4,846,621.	3,737,279.	708,681.	400,661.
43 Other expenses not covered above (itemize): a STMT 10	43a	12,778,117.	6,792,153.	4,713,370.	1,272,594.
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 **Total functional expenses.** Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	91,755,176.	62,996,754.	16,381,575.	12,376,847.

Joint Costs. Check ▶ [X] if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ▶ [X] Yes ☐ No

If "Yes," enter (i) the aggregate amount of these joint costs $ 14,572,319. ; (ii) the amount allocated to Program services $ 6,617,761. ; (iii) the amount allocated to Management and general $ 267,485. ; and (iv) the amount allocated to Fundraising $ 7,687,073.

Part III Statement of Program Service Accomplishments *(See the instructions.)*

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶SEE STATEMENT 11 All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a SEE STATEMENT 12 (Grants and allocations $ 3,422,672.) If this amount includes foreign grants, check here ▶ ☐	47,998,060.
b SEE STATEMENT 15 (Grants and allocations $ 14,601,037.) If this amount includes foreign grants, check here ▶ ☐	14,998,694.
c (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
d (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
e Other program services (attach schedule) (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) . . . . ▶	62,996,754.

Part IV Balance Sheets *(See the instructions.)*

	Note: *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.*			(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing			2,386,809.	45	4,295,808.
	46 Savings and temporary cash investments			34,831,625.	46	30,764,347.
	47a Accounts receivable	47a	6,553,903.			
	b Less: allowance for doubtful accounts	47b	1,417,100.	3,831,250.	47c	5,136,803.
	48a Pledges receivable	48a				
	b Less: allowance for doubtful accounts	48b			48c	
	49 Grants receivable				49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)				50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)				50b	
	51a Other notes and loans receivable (attach schedule)	51a				
	b Less: allowance for doubtful accounts	51b			51c	
	52 Inventories for sale or use			5,229,212.	52	7,007,343.
	53 Prepaid expenses and deferred charges			943,700.	53	1,153,774.
	54a Investments - publicly-traded securities ▶ [ ] Cost [X] FMV			545,259,265.	54a	432,649,349.
	b Investments - other securities (attach schedule) ▶ [ ] Cost [ ] FMV				54b	
	55a Investments - land, buildings, and equipment: basis	55a				
	b Less: accumulated depreciation (attach schedule)	55b			55c	
	56 Investments - other (attach schedule) STMT. 19.			110,751,915.	56	127,879,947.
	57a Land, buildings, and equipment: basis	57a	70,572,304.			
	b Less: accumulated depreciation (attach schedule)	57b	52,222,676.	17,887,110.	57c	18,349,628.
	58 Other assets, including program-related investments (describe ▶ STMT 20)			31,725,919.	58	31,033,683.
	59 **Total assets** (must equal line 74). Add lines 45 through 58			752,846,805.	59	658,270,682.
Liabilities	60 Accounts payable and accrued expenses			9,307,853.	60	8,354,260.
	61 Grants payable			1,665,142.	61	500,000.
	62 Deferred revenue			7,249,312.	62	6,334,438.
	63 Loans from officers, directors, trustees, and key employees (attach schedule)				63	
	64a Tax-exempt bond liabilities (attach schedule)				64a	
	b Mortgages and other notes payable (attach schedule)				64b	
	65 Other liabilities (describe ▶ STMT 21)			205,373,200.	65	174,634,392.
	66 **Total liabilities.** Add lines 60 through 65			223,595,507.	66	189,823,090.
Net Assets or Fund Balances	**Organizations that follow SFAS 117, check here** ▶ [X] and complete lines 67 through 69 and lines 73 and 74.					
	67 Unrestricted			457,863,825.	67	397,307,161.
	68 Temporarily restricted			35,649,211.	68	35,155,771.
	69 Permanently restricted			35,738,262.	69	35,984,660.
	Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 70 through 74.					
	70 Capital stock, trust principal, or current funds				70	
	71 Paid-in or capital surplus, or land, building, and equipment fund				71	
	72 Retained earnings, endowment, accumulated income, or other funds				72	
	73 **Total net assets or fund balances.** Add lines 67 through 69 **or** lines 70 through 72. (Column (A) **must** equal line 19 and column (B) **must** equal line 21)			529,251,298.	73	468,447,592.
	74 **Total liabilities and net assets/fund balances.** Add lines 66 and 73			752,846,805.	74	658,270,682.

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return *(See the instructions.)*

a	Total revenue, gains, and other support per audited financial statements			a	35,701,839.
b	Amounts included on line a but not on Part I, line 12:				
1	Net unrealized gains on investments	b1	-81,117,133.		
2	Donated services and use of facilities	b2			
3	Recoveries of prior year grants	b3			
4	Other (specify): SEE STATEMENT 22	b4	5,461,144.		
	Add lines b1 through b4			b	-75,655,989.
c	Subtract line b from line a			c	111,357,828.
d	Amounts included on Part I, line 12, but not on line a:				
1	Investment expenses not included on Part I, line 6b	d1	1,687,742.		
2	Other (specify):	d2			
	Add lines d1 and d2			d	1,687,742.
e	**Total revenue** (Part I, line 12). Add lines c and d ▶			e	113,045,570.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements			a	95,528,578.
b	Amounts included on line a but not on Part I, line 17:				
1	Donated services and use of facilities	b1			
2	Prior year adjustments reported on Part I, line 20	b2			
3	Losses reported on Part I, line 20	b3			
4	Other (specify): SEE STATEMENT 23	b4	5,461,144.		
	Add lines b1 through b4			b	5,461,144.
c	Subtract line b from line a			c	90,067,434.
d	Amounts included on Part I, line 17, but not on line a:				
1	Investment expenses not included on Part I, line 6b	d1	1,687,742.		
2	Other (specify):	d2			
	Add lines d1 and d2			d	1,687,742.
e	**Total expenses** (Part I, line 17). Add lines c and d ▶			e	91,755,176.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) *(See the instructions.)*

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 24		1,207,928.	262,583.	83,667.

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

		Yes	No
75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 26			
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b		X
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." ▶ If "Yes," attach a statement that includes the information described in the instructions.	75c		X
d Does the organization have a written conflict of interest policy?	75d	X	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
	-0-	-0-	-0-	-0-

Part VI Other Information *(See the instructions.)*

		Yes	No
76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		X
78a Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a	X	
b If "Yes," has it filed a tax return on **Form 990-T** for this year?	78b	X	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X	
b If "Yes," enter the name of the organization ▶ STMT 29 and check whether it is [X] exempt or [ ] nonexempt			
81a Enter direct and indirect political expenditures. (See line 81 instructions.) 81a NONE			
b Did the organization file **Form 1120-POL** for this year?	81b		X

Part VI Other Information *(continued)*

				Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b N/A			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?		83a	X	
b	Did the organization comply with the disclosure requirements relating to *quid pro quo* contributions?		83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		84b	N/A	
85a	*501(c)(4), (5), or (6).* Were substantially all dues nondeductible by members?		85a	N/A	
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?		85b	N/A	
	If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.				
c	Dues, assessments, and similar amounts from members	85c N/A			
d	Section 162(e) lobbying and political expenditures	85d N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		85g	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		85h	N/A	
86	*501(c)(7) orgs.* Enter: a Initiation fees and capital contributions included on line 12	86a N/A			
b	Gross receipts, included on line 12, for public use of club facilities	86b N/A			
87	*501(c)(12) orgs.* Enter: a Gross income from members or shareholders	87a N/A			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b N/A			
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		88a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI ▶		88b		X
89a	*501(c)(3) organizations.* Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ NONE ; section 4912 ▶ NONE ; section 4955 ▶ NONE				
b	*501(c)(3) and 501(c)(4) orgs.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ NONE				
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ NONE				
e	*All organizations.* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		89e		X
f	*All organizations.* Did the organization acquire a direct or indirect interest in any applicable insurance contract?		89f		X
g	*For supporting organizations and sponsoring organizations maintaining donor advised funds.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		89g		X

90a List the states with which a copy of this return is filed ▶ AK, CA, DC, FL, IL, KY, MD, MN, NH, ND, OR, PA, RI, SC, TN, VA, WV, WI,

b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.) 90b 209

91a The books are in care of ▶ STEPHEN SHARP Telephone no. ▶ 212-408-1200

Located at ▶ 1865 BROADWAY NEW YORK, NY ZIP + 4 ▶ 10023

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		X
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**, Report of Foreign Bank and Financial Accounts.			

Part VI Other Information *(continued)*

		Yes	No
c At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶	91c		X

92 *Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* **Form 1041** - Check here ▶ ☐
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 NONE

Part VII Analysis of Income-Producing Activities *(See the instructions.)*

Note: *Enter gross amounts unless otherwise indicated.*	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
93 Program service revenue:	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	14,909.	
96 Dividends and interest from securities	525990	468,628.	14	14,824,281.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	1,110,916.	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	51,178,827.	
101 Net income or (loss) from special events			01	43,418.	
102 Gross profit or (loss) from sales of inventory					3,615,787.
103 Other revenue: a STMT 30				2,246,204.	830,289.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		468,628.		69,418,555.	4,446,076.

105 **Total** (add line 104, columns (B), (D), and (E)) ▶ 74,333,259.

Note: *Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.*

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes *(See the instructions.)*

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
	STMT 31

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities *(See the instructions.)*

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
STMT 32	%		NONE	100.
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts *(See the instructions.)*

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No
Note: *If "Yes" to* ***(b)****, file Form 8870* ***and*** *Form 4720 (see instructions).*

Part XI **Information Regarding Transfers To and From Controlled Entities.** *Complete only if the organization is a controlling organization as defined in section 512(b)(13).*

		Yes	No
106	Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

		Yes	No
107	Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

		Yes	No
108	Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?		X

Please Sign Here

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

Signature of officer — Date

Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ☐	Preparer's SSN or PTIN (See Gen. Inst. X) P00504182
Firm's name (or yours if self-employed), address, and ZIP + 4	GRANT THORNTON LLP 666 THIRD AVENUE NEW YORK, NY 10017-4011	EIN	36-6055558
		Phone no.	212-599-0100