



TAX RETURN FILING INSTRUCTIONS

PUBLIC INSPECTION COPY

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|---|---|
| Prepared by | Grant Thornton LLP |
| Special Instructions | <p>The return should be signed and dated by the appropriate officer(s).</p> <p>Exempt organizations are required to provide copies of their returns for a period of three years from the filing date for public inspection upon request. On the Form 990 the names of any contributors should not be disclosed, so we have deleted them. Charities must also provide copies of: 1) Forms 990-T filed after August 17, 2006. 2) Forms 4720 filed by the organization. Form 990-PF contributors must be disclosed.</p> |
| Application for Recognition of Exemption | <p>Exempt Organizations are also required to provide a copy of the Application for Recognition of Exemption (Form 1023 or 1024) including all documents and statements submitted in support of such application and any letter or other document issued by the Internal Revenue Service with respect to such application.</p> <p>An organization that submitted its Form 1023 or 1024 on or before July 15, 1987 must make this form available for public inspection only if they had a copy of the Application on July 15, 1987.</p> |
| Requests made in person | If the request is made in person, the organization must respond by the end of the business day. |
| Requests made in writing | If the request is made in writing, response is generally required within 30 days. |
| Fees charged for copies | The organization can make a reasonable charge for copying and postage. The regulations limit the copying charge to that charged by the IRS for providing copies, currently \$1.00 for the first page and \$0.15 for each additional page. |
| What if we post the Form 990 on our website? | <p>The requirement to provide copies can be eliminated if the organization posts the relevant documents on its website. The public must be able to download the documents and print them in the exact form they were filed with the IRS (except for disclosing contributors). The download must be free and use software that is available without charge. Even if the documents are posted on the web, the organization must still have a copy available for inspection at its offices.</p> |
| What if we fail to comply with requests? | Please be aware that significant monetary penalties may be imposed by the IRS on an organization for failure to follow the above provisions. |

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)

2021

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.

Open to Public Inspection

A For the **2021** calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

| | | | |
|--|--|--|--|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization AMERICAN BIBLE SOCIETY | | D Employer identification number 13-1623885 |
| | Doing business as | | E Telephone number (215) 309-0900 |
| | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | |
| | City or town, state or province, country, and ZIP or foreign postal code PHILADELPHIA, PA 19106-2155 | | G Gross receipts \$ 498,168,098. |
| F Name and address of principal officer: PAUL CLECKLER SAME AS C ABOVE | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| J Website: WWW.AMERICANBIBLE.ORG | | If "No," attach a list. See instructions | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | H(c) Group exemption number ▶ | |
| L Year of formation: 1816 | | M State of legal domicile: NY | |

Part I Summary

| | | | |
|---|---|----------------------------------|---------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: TO MAKE THE BIBLE AVAILABLE TO EVERY PERSON IN A LANGUAGE AND FORMAT EACH CAN... SEE SCHEDULE O | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 19 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 18 |
| | 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) | 5 | 342 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 225 |
| | 7 a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 864,880. |
| b Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b | 669,099. | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | 51,247,901. | 60,863,768. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 0. | 0. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 52,101,420. | 46,839,353. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 3,026,126. | 4,905,061. |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 106,375,447. | 112,608,182. |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 64,311,883. | 41,691,760. |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 0. | 0. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 28,748,960. | 28,832,096. |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 15,742,435. | 1,372,002. | 1,566,549. |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 27,833,215. | 31,763,238. |
| | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 122,266,060. | 103,853,643. |
| 19 Revenue less expenses. Subtract line 18 from line 12 | -15,890,613. | 8,754,539. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| | 21 Total liabilities (Part X, line 26) | 840,756,264. | 746,607,360. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 101,155,297. | 89,824,466. |
| | | 739,600,967. | 656,782,894. |

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.

| | | | | | |
|--|--|---|-------------------------------|---|--------------------------|
| Sign Here | Signature of officer | Date | | | |
| | NICHOLAS PAGANO, VP FINANCE Type or print name and title | | | | |
| Paid Preparer Use Only | Print/Type preparer's name ALYCIA SOLECKI | Preparer's signature <i>Alycia Solecki</i> | Date 3/28/2023 | Check if self-employed <input type="checkbox"/> | PTIN P01272637 |
| | Firm's name ▶ GRANT THORNTON LLP | Firm's EIN ▶ 36-6055558 | Phone no. 215-561-4200 | | |
| Firm's address ▶ 2001 MARKET STREET, SUITE 700 PHILADELPHIA, PA 19103 | | | | | |

May the IRS discuss this return with the preparer shown above? See instructions 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 \$ 80,717,277. including grants of \$ 41,691,760.) (Revenue \$ 6,167,006.) 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 80,717,277.

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, 12, and 14. Marked 'X' in Yes/No columns indicate completion.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

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 number, Yes, No. Rows 1a-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 columns. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business 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 Enter the number of voting members of the governing body at the end of the tax year (19); 1b Enter the number of voting members included on line 1a, above, who are independent (18); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

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 Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

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. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 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
NICHOLAS PAGANO - 215-309-0900
101 N INDEPENDENCE MALL E FL 8, PHILADELPHIA, PA 19106-2155

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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

| (A) 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/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (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) ROBERT BRIGGS PRESIDENT & CEO | 40.00 5.00 | X | | X | | | | 397,935. | 0. | 58,249. |
| (2) JOHN D. CLAUSE SVP | 40.00 0.00 | | | X | | | | 270,203. | 0. | 59,078. |
| (3) JAMES J. PUCHY VP | 40.00 5.00 | | | | X | | | 241,819. | 0. | 44,265. |
| (4) NICHOLAS PAGANO VP FINANCE (BEG JULY 2021) | 40.00 0.00 | | | X | | | | 204,081. | 0. | 69,778. |
| (5) STEPHEN KAO VP / GENERAL COUNSEL | 40.00 0.00 | | | X | | | | 214,002. | 0. | 54,788. |
| (6) JOHN GRECO MANAGING DIRECTOR | 40.00 0.00 | | | | | X | | 181,152. | 0. | 61,724. |
| (7) WHITNEY T. KUNIHOLM SVP | 40.00 0.00 | | | X | | | | 192,923. | 0. | 41,026. |
| (8) DAVID BRYCE ALLISON EXECUTIVE DIRECTOR (BEG JULY 2021) | 40.00 0.00 | | | | | X | | 182,481. | 0. | 50,666. |
| (9) PATRICK MURDOCK EXECUTIVE DIRECTOR (END APRIL 2022) | 40.00 0.00 | | | | X | | | 192,263. | 0. | 40,853. |
| (10) JOHN M. MITCHELL DIRECTOR | 40.00 0.00 | | | | | X | | 179,083. | 0. | 51,730. |
| (11) NICOLE M. MARTIN SVP | 40.00 0.00 | | | X | | | | 211,646. | 0. | 17,711. |
| (12) SUSAN B. HARPER EXECUTIVE DIRECTOR | 40.00 0.00 | | | | | X | | 177,772. | 0. | 51,487. |
| (13) JANET A. GRELL HEAD OF HR | 40.00 0.00 | | | | X | | | 198,583. | 0. | 29,966. |
| (14) FRANK LOFARO EXECUTIVE DIRECTOR (BEG JULY 2021) | 40.00 0.00 | | | | | X | | 175,728. | 0. | 40,337. |
| (15) MARK R. WILSON VP (END JULY 2021) | 40.00 0.00 | | | X | | | | 165,228. | 0. | 38,344. |
| (16) OVIDIO ALFARO SVP (BEG AUGUST 2021) | 40.00 0.00 | | | X | | | | 152,435. | 0. | 23,865. |
| (17) KAREN MCDONALD CHAIRPERSON | 6.00 0.00 | X | | X | | | | 0. | 0. | 0. |

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/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (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) KATHERINE BARNHART VICE CHAIRPERSON | 6.00 0.00 | X | | X | | | | 0. | 0. | 0. |
| (19) GEORGANNE PERKINS TREASURER | 3.00 0.00 | X | | X | | | | 0. | 0. | 0. |
| (20) MARY E. BANKS SECRETARY | 3.00 0.00 | X | | X | | | | 0. | 0. | 0. |
| (21) JOYCE KOO DALRYMPLE DIRECTOR (BEG OCT 2021) | 3.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (22) TESSIE DEVORE DIRECTOR | 3.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (23) JEFF BROWN DIRECTOR | 3.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (24) DEBORAH GARCIA-GRATACOS DIRECTOR | 3.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (25) TIMOTHY HOUSEAL DIRECTOR | 3.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (26) GEORGE KOVOOR DIRECTOR | 3.00 0.00 | X | | | | | | 0. | 0. | 0. |
| 1b Subtotal | | | | | | | | 3,337,334. | 0. | 733,867. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 3,337,334. | 0. | 733,867. |

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 79

| | 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 |
|---|--|---------------------|
| RKD GROUP, INC., 3400 WATERVIEW PKWY, STE 250, RICHARDSON, TX 75080-1560 | DIRECT MAIL | 9,790,304. |
| INTECH CONSTRUCTION, LLC, 3020 MARKET STREET, PHILADELPHIA, PA 19104-2999 | CONSTRUCTION MANAGEMENT | 5,710,249. |
| SHERIDAN PUBLISHING, 5100 33RD ST SE, GRAND RAPIDS, MI 49512-2062 | PRINTING & PRODUCTION OF BIBLE RESOURCES | 1,784,280. |
| TELE-DATA SERVICES 2900 E. APACHE ST., TULSA, OK 74110-2253 | WAREHOUSING/LOGISTICS | 1,123,495. |
| WORD 4 ASIA, 7702 E. DOUBLETREE RANCH RD. STE 300, SCOTTSDALE, AZ 85258 | BIBLE DISTRIBUTION | 740,000. |

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 49

SEE PART VII, SECTION A CONTINUATION SHEETS

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 | 60,863,768. | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | \$ 389,162. | | | | |
| | h Total. Add lines 1a-1f | | 60,863,768. | | | | |
| Program Service Revenue | | | Business Code | | | | |
| | 2 a _____ | | | | | | |
| | 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) | | 11,664,155. | | 864,880. | 10,799,275. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | 2,148,876. | | | 2,148,876. | |
| | 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 | 118,014,204. | | | |
| | | | (ii) Other | | | | |
| | | | | | | | |
| | b Less: cost or other basis and sales expenses | 7b | 82,839,006. | | | | |
| | c Gain or (loss) | 7c | 35,175,198. | | | | |
| | d Net gain or (loss) | | 35,175,198. | | | 35,175,198. | |
| 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 | | 4,018,130. | | | | |
| | | | 2,720,910. | | | | |
| | | | | | | | |
| b Less: cost of goods sold | 10b | | | | | | |
| c Net income or (loss) from sales of inventory | | 1,297,220. | 1,297,220. | | | | |
| Miscellaneous Revenue | | | Business Code | | | | |
| | 11 a OTHER REVENUE | | 900099 | 1,458,965. | | 1,458,965. | |
| | b _____ | | | | | | |
| | c _____ | | | | | | |
| | d All other revenue | | | | | | |
| e Total. Add lines 11a-11d | | | 1,458,965. | | | | |
| 12 Total revenue. See instructions | | | 112,608,182. | 1,297,220. | 864,880. | 49,582,314. | |

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 ... | 21,224,671. | 21,224,671. | | |
| 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 | 20,467,089. | 20,467,089. | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 2,281,873. | 1,448,604. | 394,423. | 438,846. |
| 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 | 17,124,010. | 10,870,854. | 2,959,894. | 3,293,262. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 3,233,892. | 2,409,909. | 407,679. | 416,304. |
| 9 Other employee benefits | 4,842,521. | 3,074,183. | 837,032. | 931,306. |
| 10 Payroll taxes | 1,349,800. | 856,895. | 233,314. | 259,591. |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | 384,307. | 179,720. | 179,209. | 25,378. |
| c Accounting | 461,708. | 324,517. | 40,214. | 96,977. |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | 1,566,549. | | | 1,566,549. |
| f Investment management fees | 2,505,593. | 1,761,088. | 218,231. | 526,274. |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) | 5,430,091. | 3,816,608. | 472,948. | 1,140,535. |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 2,258,012. | 1,541,839. | 462,546. | 253,627. |
| 14 Information technology | 2,089,935. | 1,519,039. | 53,919. | 516,977. |
| 15 Royalties | | | | |
| 16 Occupancy | 3,890,449. | 2,395,523. | 585,393. | 909,533. |
| 17 Travel | 827,984. | 548,292. | 43,025. | 236,667. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... | | | | |
| 19 Conferences, conventions, and meetings | 146,284. | 86,426. | 12,570. | 47,288. |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 1,270,938. | 921,834. | 211,089. | 138,015. |
| 23 Insurance | 537,239. | 251,191. | 188,259. | 97,789. |
| 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 | 7,247,343. | 4,207,843. | 2,819. | 3,036,681. |
| b POSTAGE AND MAILINGS | 4,166,814. | 2,517,687. | 5,643. | 1,643,484. |
| c BANK FEES & COMPLIANCE | 323,032. | 151,116. | 65,477. | 106,439. |
| d ALL OTHER EXPENSES | 223,509. | 142,349. | 20,247. | 60,913. |
| e All other expenses _____ | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 103,853,643. | 80,717,277. | 7,393,931. | 15,742,435. |
| 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) | | | | |

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 | 14,255,816. | 1 | 7,813,349. |
| | 2 Savings and temporary cash investments | 17,648,319. | 2 | 8,895,691. |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | 8,034,338. | 4 | 6,577,426. |
| | 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 | 20,549,404. | 7 | 19,949,997. |
| | 8 Inventories for sale or use | 5,708,689. | 8 | 6,023,630. |
| | 9 Prepaid expenses and deferred charges | 3,861,774. | 9 | 3,473,075. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 19,031,420. | | |
| | b Less: accumulated depreciation | 10b 6,963,691. | | |
| | 11 Investments - publicly traded securities | 19,469,643. | 10c | 12,067,729. |
| | 12 Investments - other securities. See Part IV, line 11 | 229,988,321. | 11 | 202,516,082. |
| | 13 Investments - program-related. See Part IV, line 11 | 490,600,536. | 12 | 453,385,806. |
| | 14 Intangible assets | | 13 | |
| | 15 Other assets. See Part IV, line 11 | 30,639,424. | 14 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 840,756,264. | 15 | 25,904,575. | |
| | | 16 | 746,607,360. | |
| Liabilities | 17 Accounts payable and accrued expenses | 12,597,196. | 17 | 10,575,736. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 5,457,050. | 19 | 4,534,332. |
| | 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 | 3,827,218. | 24 | 3,125,815. |
| | 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 | 79,273,833. | 25 | 71,588,583. |
| | 26 Total liabilities. Add lines 17 through 25 | 101,155,297. | 26 | 89,824,466. |
| 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 | 624,278,884. | 27 | 548,848,308. |
| | 28 Net assets with donor restrictions | 115,322,083. | 28 | 107,934,586. |
| | 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 | 739,600,967. | 32 | 656,782,894. |
| 33 Total liabilities and net assets/fund balances | 840,756,264. | 33 | 746,607,360. | |

Form **990** (2021)

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 | 112,608,182. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 103,853,643. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 8,754,539. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 739,600,967. |
| 5 | Net unrealized gains (losses) on investments | 5 | -94,951,716. |
| 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 | 3,379,104. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 656,782,894. |

Part XII Financial Statements and Reporting

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

| | | Yes | No |
|-----------|---|-----|----|
| 1 | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| 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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | X | |
| 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. | X | |
| 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? _____ | | X |
| 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 _____ | | |

Form **990** (2021)

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) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|--|-------------|-------------|-------------|-------------|-------------|--------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 59,070,385. | 59,480,874. | 58,583,048. | 51,247,901. | 60,863,768. | 289,245,976. |
| 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 | 59,070,385. | 59,480,874. | 58,583,048. | 51,247,901. | 60,863,768. | 289,245,976. |
| 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) | | | | | | 2,503,084. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 286,742,892. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|---|-------------|-------------|-------------|-------------|-------------|--------------------------|
| 7 Amounts from line 4 | 59,070,385. | 59,480,874. | 58,583,048. | 51,247,901. | 60,863,768. | 289,245,976. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 12,838,100. | 13,597,255. | 11,891,869. | 13,159,164. | 12,948,151. | 64,434,539. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | 131,802. | 36,372. | 4,081. | 112,987. | 669,099. | 954,341. |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 960,424. | 715,355. | 510,422. | 565,771. | 1,458,965. | 4,210,937. |
| 11 Total support. Add lines 7 through 10 | | | | | | 358,845,793. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 18,926,566. |
| 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 2021 (line 6, column (f), divided by line 11, column (f)) | 14 | 79.91 % |
| 15 Public support percentage from 2020 Schedule A, Part II, line 14 | 15 | 80.02 % |
| 16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | ► <input checked="" type="checkbox"/> | |
| b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | ► <input type="checkbox"/> | |
| 17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or 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 - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization 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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital 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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2021. 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 - 2020. 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).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 on lines 11b and 11c below, the governing body of a supported organization? | | |
| b A family member of a person described on line 11a above? | | |
| c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i> | | |
| 11a | | |
| 11b | | |
| 11c | | |

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> | | |
| 1 | | |
| 2 | | |

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> | | |
| 1 | | |

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 on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | | |
| 1 | | |
| 2 | | |
| 3 | | |

Section E. Type III Functionally Integrated Supporting Organizations

| | | |
|---|-----|----|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the 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> | Yes | No |
| b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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> | | |
| 2a | | |
| 2b | | |
| 3a | | |
| 3b | | |

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 (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d. | 3 | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by 0.035. | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | (A) Prior Year | 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). | | |

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 2021 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-2021 | (iii) Distributable Amount for 2021 |
|--|-------------------------------------|---|--|
| 1 Distributable amount for 2021 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2021 | | | |
| a From 2016 | | | |
| b From 2017 | | | |
| c From 2018 | | | |
| d From 2019 | | | |
| e From 2020 | | | |
| f Total of lines 3a through 3e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2021 distributable amount | | | |
| i Carryover from 2016 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2021 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2021 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 6 Remaining underdistributions for 2021. 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 2022. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2017 | | | |
| b Excess from 2018 | | | |
| c Excess from 2019 | | | |
| d Excess from 2020 | | | |
| e Excess from 2021 | | | |

Schedule A (Form 990) 2021

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

2017 AMOUNT: \$ 908,674.

2018 AMOUNT: \$ 715,355.

2019 AMOUNT: \$ 510,422.

2020 AMOUNT: \$ 565,771.

2021 AMOUNT: \$ 1,458,965.

SPECIAL EVENTS

2017 AMOUNT: \$ 51,750.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

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), 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), 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).

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

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 | _____ _____ _____ | \$ 2,540,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | _____ _____ _____ | \$ 1,332,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | _____ _____ _____ | \$ 1,250,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| _____ | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| _____ | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| _____ | _____ _____ _____ | \$ _____ | 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 |
|---|--|

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

2021

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 to, grants from, and value at end of year. Includes Yes/No checkboxes for questions 5 and 6.

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

Form for Part II Conservation Easements. Includes checkboxes for purposes of easements, a table for lines 2a-2d (Total number, acreage, etc.), and questions 3-9 regarding monitoring, 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 for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a, 1b, and 2 regarding reporting requirements and asset values.

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 | 644,123,812. | 514,588,342. | 571,413,538. | 588,257,493. | 577,144,005. |
| b Contributions | 7,162,386. | -676,627. | 2,536,408. | -3,467,214. | -5,995,128. |
| c Net investment earnings, gains, and losses | -44,974,794. | 165,855,792. | 1,621,520. | 29,221,072. | 52,861,007. |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 52,634,728. | 34,071,259. | 58,219,008. | 39,717,871. | 32,791,320. |
| f Administrative expenses | 2,411,995. | 1,572,436. | 2,764,116. | 2,879,942. | 2,961,071. |
| g End of year balance | 551,264,681. | 644,123,812. | 514,588,342. | 571,413,538. | 588,257,493. |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 92.7800 %
 - b Permanent endowment 3.5900 %
 - c Term endowment 3.6300 %
- 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 | | 13,679,014. | 3,556,543. | 10,122,471. |
| d Equipment | | 4,068,111. | 3,021,859. | 1,046,252. |
| e Other | | 1,284,295. | 385,289. | 899,006. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 12,067,729. |

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 | 211,432,054. | END-OF-YEAR MARKET VALUE |
| (B) ABSOLUTE RETURN | 30,221,652. | END-OF-YEAR MARKET VALUE |
| (C) FIXED INCOME | 67,744,962. | END-OF-YEAR MARKET VALUE |
| (D) REAL ASSETS | 41,747,626. | END-OF-YEAR MARKET VALUE |
| (E) PRIVATE EQUITY | 102,239,512. | END-OF-YEAR MARKET VALUE |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | 453,385,806. | |

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) DEFERRED ALLOWANCE FROM LEASE ACTIVITY | 16,657,759. |
| (3) OBLIGATIONS UNDER CHARITABLE REMAINDER TRUST | 7,154,719. |
| (4) ANNUITIES PAYABLE | 18,364,070. |
| (5) ACCRUED POSTRETIREMENT BENEFITS | 28,215,541. |
| (6) AMOUNTS DUE TO AFFILIATE | 1,196,494. |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 71,588,583. |

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 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

2021

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 | | 700,470. |
| EAST ASIA AND THE PACIFIC | 0 | 0 | GRANTMAKING | | 2,911,904. |
| EUROPE (INCLUDING ICELAND & GREENLAND) | 0 | 0 | GRANTMAKING | | 6,059,789. |
| MIDDLE EAST AND NORTH AFRICA | 0 | 0 | GRANTMAKING | | 1,719,043. |
| NORTH AMERICA | 0 | 0 | GRANTMAKING | | 95,220. |
| RUSSIA AND NEWLY INDEPENDENT STATES | 0 | 0 | GRANTMAKING | | 978,581. |
| SOUTH AMERICA | 0 | 0 | GRANTMAKING | | 3,224,791. |
| SOUTH ASIA | 0 | 0 | GRANTMAKING | | 476,249. |
| 3 a Subtotal | 0 | 0 | | | 16,166,047. |
| b Total from continuation sheets to Part I | 0 | 0 | | | 89,995,659. |
| c Totals (add lines 3a and 3b) | 0 | 0 | | | 106,161,706. |

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

Schedule F (Form 990) 2021

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 | | 4,301,042. |
| EUROPE (INCLUDING ICELAND & GREENLAND) | 0 | 0 | PROGRAM SERVICES | MINISTRY PROJECT MANAGEMENT; BIBLE TRANSLATION AND DISTRIBUTION | 117,573. |
| NORTH AMERICA | 0 | 0 | PROGRAM SERVICES | MINISTRY PROJECT MANAGEMENT; BIBLE TRANSLATION AND DISTRIBUTION | 431,190. |
| SUB - SAHARAN AFRICA | 0 | 0 | PROGRAM SERVICES | MINISTRY PROJECT MANAGEMENT; BIBLE TRANSLATION AND DISTRIBUTION | 79,275. |
| SOUTH AMERICA | 0 | 0 | PROGRAM SERVICES | MINISTRY PROJECT MANAGEMENT; BIBLE TRANSLATION AND DISTRIBUTION | 1,000. |
| CENTRAL AMERICA AND THE CARIBBEAN | 0 | 0 | PROGRAM SERVICES | MINISTRY PROJECT MANAGEMENT; BIBLE TRANSLATION AND DISTRIBUTION | 2,040. |
| EUROPE (INCLUDING ICELAND & GREENLAND) | 0 | 0 | INVESTMENTS | | 69,195. |
| SOUTH AMERICA | 0 | 0 | INVESTMENTS | | 41,316. |
| CENTRAL AMERICA AND THE CARIBBEAN | 0 | 0 | INVESTMENTS | | 68,695,854. |
| NORTH AMERICA | 0 | 0 | INVESTMENTS | | 16,257,174. |
| Totals | | | | | 89,995,659. |

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) |
|-------------------------------|--|---------------------------------------|------------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| | | EAST ASIA AND THE PACIFIC | GRANTMAKING/PROGRAM SERVICES | 20,000. | WIRE | 0. | | |
| | | SOUTH AMERICA | GRANTMAKING/PROGRAM SERVICES | 2,098,295. | WIRE | 0. | | |
| | | MIDDLE EAST AND NORTH AFRICA | GRANTMAKING/PROGRAM SERVICES | 24,752. | WIRE | 0. | | |
| | | SOUTH ASIA | GRANTMAKING/PROGRAM SERVICES | 59,008. | WIRE | 0. | | |
| | | SUB SAHARAN AFRICAN REGION NOT LISTED | GRANTMAKING/PROGRAM SERVICES | 48,000. | WIRE | 0. | | |
| | | SUB SAHARAN AFRICAN REGION NOT LISTED | GRANTMAKING/PROGRAM SERVICES | 5,630. | WIRE | 0. | | |
| | | RUSSIA AND NEWLY INDEPENDENT STATES | GRANTMAKING/PROGRAM SERVICES | 11,000. | WIRE | 0. | | |
| | | SUB SAHARAN AFRICAN REGION NOT LISTED | GRANTMAKING/PROGRAM SERVICES | 61,183. | WIRE | 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 ► 14

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) |
| | | 2 - EAST ASIA AND THE PACIFIC | GRANTMAKING/PROGRAM SERVICES | 1,137,500. | WIRE | 0. | | |
| | | CENTRAL AMERICA | GRANTMAKING/PROGRAM SERVICES | 0. | | 6,990. | PROVISION OF SCRIPTURE RESOURCES | FMV |
| | | SOUTH AMERICA | GRANTMAKING/PROGRAM SERVICES | 115,126. | WIRE | 0. | | |
| | | MIDDLE EAST AND NORTH AFRICA | GRANTMAKING/PROGRAM SERVICES | 274,053. | WIRE | 0. | | |
| | | EUROPE (INCLUDING ICELAND & GREENLAND) | GRANTMAKING/PROGRAM SERVICES | 16,583,058. | WIRE | 0. | | |
| | | 2 - EAST ASIA AND THE PACIFIC | GRANTMAKING/PROGRAM SERVICES | 6,644. | WIRE | 0. | | |
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Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
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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

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)**

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.

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

▶ 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 - 2701 NORTH DALLAS PARKWAY, SUITE 650, PLANO, TX | DIRECT RESPONSE | | X | 24,936,279. | 9,858,567. | 15,077,712. |
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| Total | | | | 24,936,279. | 9,858,567. | 15,077,712. |

- 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

THE ARRANGEMENT WITH RKD GROUP INCLUDES PROFESSIONAL FUNDRAISING

SERVICES, CONSULTATION AND DEVELOPMENT OF FUNDRAISING MATERIALS AND

COSTS OF SUPPLIES, PRINTING AND DELIVERY. THE AGREEMENT DOESN'T

DISTINGUISH BETWEEN THE PROFESSIONAL FUNDRAISING SERVICES AND EXPENSES REPOSTED IN PART I, COLUMN V.

**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

2021

**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 noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|---------------------------------|---|--|--|---|
| NOMAD PRODUCTIONS 7400 FM 2622 PONDER, TX 76259-4109 | 17-5263395 | | 0. | 82,433. | FMV | SCRIPTURE RESOURCES | PROGRAM SERVICES |
| RECRUIT TRAINING COMMAND/CHAPEL 3355 ILLINOIS ST BLDG 1301 GREAT LAKES, IL 60088-3115 | 34-9990000 | GOV | 0. | 48,719. | FMV | SCRIPTURE RESOURCES | PROGRAM SERVICES |
| MARINE CORPS RECRUIT DEPOT 4250 BELLEAU AVE BLDG 149 SAN DIEGO, CA 92140-5095 | 53-9990000 | GOV | 0. | 29,324. | FMV | SCRIPTURE RESOURCES | PROGRAM SERVICES |
| US ARMY CADET COMMAND 414 26TH CAVALRY DR BLDG 5918 FORT KNOX, KY 40121-4188 | 35-9990000 | GOV | 0. | 27,458. | FMV | SCRIPTURE RESOURCES | PROGRAM SERVICES |
| RELIGIOUS MINISTRIES P.O. BOX 19601 BLVD DEFRANCE BLDG 8 PARRIS ISLAND, SC 29905-9601 | 53-9990000 | GOV | 0. | 26,221. | FMV | SCRIPTURE RESOURCES | PROGRAM SERVICES |
| GREEN PASTURES MINISTRIES 7147 E 46TH ST INDIANAPOLIS, IN 46226-3803 | 91-2147777 | 501(C)(3) | 0. | 15,901. | FMV | SCRIPTURE RESOURCES | PROGRAM SERVICES |

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 57.
- 3** Enter total number of other organizations listed in the line 1 table ▶ 21.

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

Schedule I (Form 990) 2021

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 noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| AMERICAN REHABILITATION MINISTRIES 3605 N MAIN ST JOPLIN, MO 64801-7665 | 43-1037106 | 501(C)(3) | 0. | 14,752. | FMV | SCRIPTURE RESOURCES | PROGRAM SERVICES |
| 2ND BN 60TH IN REGT 5422 JACKSON BLVD COLUMBIA, SC 29207-5022 | 35-9990000 | GOV | 0. | 14,634. | FMV | SCRIPTURE RESOURCES | PROGRAM SERVICES |
| USS GERALD R FORD (CVN78) UNIT 100328 BOX 1 FPO, AK 09523-2800 | 34-9990000 | GOV | 0. | 14,610. | FMV | SCRIPTURE RESOURCES | PROGRAM SERVICES |
| MAIN POST CHAPEL (GARRISON) 13566 MINNESOTA AVE BLDG 608 FORT LEONARD WOOD, MO 65473-9170 | 35-9990000 | GOV | 0. | 14,187. | FMV | SCRIPTURE RESOURCES | PROGRAM SERVICES |
| REGIMENTAL CHAPEL 187 INF REGIMENT ST FORT BENNING, GA 31905 | 35-9990000 | GOV | 0. | 13,763. | FMV | SCRIPTURE RESOURCES | PROGRAM SERVICES |
| BROOKE ARMY MEDICAL CENTER 3851 ROGER BROOKE DR FORT SAM HOUSTON, TX 78234-4501 | 35-9990000 | GOV | 0. | 11,197. | FMV | SCRIPTURE RESOURCES | PROGRAM SERVICES |
| MCRD PARRIS ISLAND RELIGIOUS MINISTRIES CENTER - 854 BLVD DE FRANCE - PARRIS ISLAND, SC 29905 | 35-9990000 | 501(C)(3) | 0. | 10,934. | FMV | SCRIPTURE RESOURCES | PROGRAM SERVICES |
| EDGEWOOD BAPTIST CHURCH 3564 FORREST RD COLUMBUS, GA 31907-2599 | 58-0908581 | 501(C)(3) | 0. | 10,855. | FMV | SCRIPTURE RESOURCES | PROGRAM SERVICES |
| 43D AG BATTALION RECEPTION 4566 OKLAHOMA AVE BLDG 2100 FORT LEONARD WOOD, MO 65473-1638 | 35-9990000 | 501(C)(3) | 0. | 10,421. | FMV | SCRIPTURE RESOURCES | 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 noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| 2-15 CAV RGT /MARSHALL 7022 OLD CUSSETA RD BLDG 4205 FORT BENNING, GA 31905-5128 | 35-9990000 | 501(C)(3) | 0. | 10,069. | FMV | SCRIPTURE RESOURCES | PROGRAM SERVICES |
| SKG GLOBAL SHIPPING SERVICES 4910 WRIGHT RD STE 160 STAFFORD, TX 77477-4120 | 16-0988642 | | 0. | 9,945. | FMV | SCRIPTURE RESOURCES | PROGRAM SERVICES |
| RSO/ CRU MILITARY 14130 3RD ST BLDG 340 FORT LEONARD WOOD, MO 65473-9167 | 95-6006123 | 501(C)(3) | 0. | 9,376. | FMV | SCRIPTURE RESOURCES | PROGRAM SERVICES |
| THE 1687 FOUNDATION, BOOK MINISTRY DIVISION - PO BOX 1961 - SISTERS, OR 97759-1961 | 26-3772474 | 501(C)(3) | 0. | 9,354. | FMV | SCRIPTURE RESOURCES | PROGRAM SERVICES |
| IGLESIA GALILEA DELAS ASAMBLEA DE DIOS - 22211 GLENN DR - STERLING, VA 20164-5370 | 30-0286176 | 501(C)(3) | 0. | 8,405. | FMV | SCRIPTURE RESOURCES | PROGRAM SERVICES |
| SPI GLOBAL LOGISTICS 8718 WESTPARK DR HOUSTON, TX 77063-5814 | 38-4055846 | | 0. | 7,734. | FMV | SCRIPTURE RESOURCES | PROGRAM SERVICES |
| BEDS FOR KIDS 4200 BARRINGER DR CHARLOTTE, NC 28217-1512 | 27-4153074 | 501(C)(3) | 0. | 7,639. | FMV | SCRIPTURE RESOURCES | PROGRAM SERVICES |
| GODS BACKWOODS CHURCH 21692 STATE LINE RD LOT 3 BRISTOL, IN 46507-8340 | 62-0484177 | 501(C)(3) | 0. | 7,564. | FMV | SCRIPTURE RESOURCES | PROGRAM SERVICES |
| SUPPORT MILITARY FAMILIES 10177 N KINGS HWY UNIT E9 MYRTLE BEACH, SC 29572-4033 | 35-9990000 | 501(C)(3) | 0. | 7,445. | FMV | SCRIPTURE RESOURCES | 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 noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| CORPORATE MESS 17705 150TH AVE JAMAICA, NY 11434-6208 | 85-1662418 | | 0. | 7,426. | FMV | SCRIPTURE RESOURCES | PROGRAM SERVICES |
| PASTOR DALE INTERNATIONAL 527 EN BN HHC APO, AA 93660 | 35-9990000 | GOV | 0. | 6,981. | FMV | SCRIPTURE RESOURCES | PROGRAM SERVICES |
| VA ADMINISTRATION MEDICAL CENTER 400 VETERANS AVE BUILDING 1 ROOM 1C BILOXI, MS 39531 | 31-1575142 | GOV | 0. | 6,460. | FMV | SCRIPTURE RESOURCES | PROGRAM SERVICES |
| 1-13TH IN REGT/ CHAPLAIN 5482 JACKSON BLVD BLDG 11000 COLUMBIA, SC 29207-5023 | 35-9990000 | 501(C)(3) | 0. | 6,315. | FMV | SCRIPTURE RESOURCES | PROGRAM SERVICES |
| MAIN STREAM BIBLE OUTREACH 120 OSAGE AVE KANSAS CITY, KS 66105-1415 | 20-1680489 | | 0. | 6,040. | FMV | SCRIPTURE RESOURCES | PROGRAM SERVICES |
| A CHILD'S HOPE INTERNATIONAL 2430 E KEMPER RD CINCINNATI, OH 45241-5805 | 26-2650611 | 501(C)(3) | 0. | 5,766. | FMV | SCRIPTURE RESOURCES | PROGRAM SERVICES |
| CRU MILITARY 2813 CREEKSTONE LN PHENIX CITY, AL 36867-2422 | 95-6006173 | | 0. | 5,744. | FMV | SCRIPTURE RESOURCES | PROGRAM SERVICES |
| ATLANTA VA MEDICAL CENTER 1670 CLAIRMONT RD DECATUR, GA 30033-4004 | 58-2091280 | GOV | 0. | 5,702. | FMV | SCRIPTURE RESOURCES | PROGRAM SERVICES |
| 11TH ENGINEER BATTALION DSB 2ID UNIT 15611 APO, AA 96271-5611 | 35-9990000 | 501(C)(3) | 0. | 5,501. | FMV | SCRIPTURE RESOURCES | 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 noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| ARKANSAS ARMY NATIONAL GUARD CAMP JOSEPH T. ROBINSON-POST CHAPEL BUILDING 318 - N LITTLE ROCK, AR 72199-0 | 35-9990000 | 501(C)(3) | 0. | 5,464. | FMV | SCRIPTURE RESOURCES | PROGRAM SERVICES |
| PSI GLOBAL LOGISTICS 8718 WESTPARK DR HOUSTON, TX 77063-5814 | 81-3664939 | | 0. | 5,447. | FMV | SCRIPTURE RESOURCES | PROGRAM SERVICES |
| MCRD CHAPLAIN 1600 HENDERSON AVE BLDG 31-125 SAN DIEGO, CA 92140-5000 | 53-9990000 | GOV | 0. | 5,410. | FMV | SCRIPTURE RESOURCES | PROGRAM SERVICES |
| OLD TOWN COMMUNITY CHURCH 2444 CONGRESS ST SAN DIEGO, CA 92110-2819 | 95-3821580 | 501(C)(3) | 0. | 5,360. | FMV | SCRIPTURE RESOURCES | PROGRAM SERVICES |
| DAYTONA BEACH VA CLINIC 551 NATIONAL HEALTH CARE DR DAYTONA BEACH, FL 32114-1495 | 74-1612229 | GOV | 0. | 5,236. | FMV | SCRIPTURE RESOURCES | PROGRAM SERVICES |
| US ARMY RESERVES UMT 3020 COLLEGE ST BEAUMONT, TX 77701-4606 | 35-9990000 | 501(C)(3) | 0. | 5,195. | FMV | SCRIPTURE RESOURCES | PROGRAM SERVICES |
| LIFECHURCH WEST CHESTER 8480 CINCINNATI COLUMBUS RD WEST CHESTER, OH 45069-3525 | 04-3809559 | 501(C)(3) | 0. | 5,096. | FMV | SCRIPTURE RESOURCES | PROGRAM SERVICES |
| HONT GLOBAL SERVICES 8600 COMMERCE PARK DR HOUSTON, TX 77036-7414 | 04-3805104 | | 0. | 5,008. | FMV | SCRIPTURE RESOURCES | PROGRAM SERVICES |
| WYCLIFFE BIBLE TRANSLATORS PO BOX 628200 ORLANDO, FL 32862-8200 | 95-1831097 | 501(C)(3) | 421,839. | 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 noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| HOSANNA FAITH COMES BY HEARING 2421 AZTEC ROAD NE ALBUQUERQUE, NM 87107-4200 | 85-0223225 | 501(C)(3) | 326,213. | 0. | | | PROGRAM SERVICES |
| YRC LOGISTICS GLOBAL LLC PO BOX 13573 NEWARK, NJ 07188-3573 | 48-1119865 | | 6,499. | 0. | | | PROGRAM SERVICES |
| FEDEX A/C 1036-7348-8 - PO BOX 371461 PITTSBURGH, PA 15250-7461 | 71-0427007 | | 42,052. | 0. | | | PROGRAM SERVICES |
| TRANS WORLD RADIO PO BOX 8700 CARY, NC 27512 | 22-1690564 | | 12,941. | 0. | | | PROGRAM SERVICES |
| R & L CARRIERS INC. PO BOX 10020 PORT WILLIAMS, OH 45164-2000 | 57-0558568 | | 11,184. | 0. | | | PROGRAM SERVICES |
| 4IMPRINT INC. 25303 NETWORK PL. CHICAGO, IL 60673-1253 | 39-1837105 | | 18,130. | 0. | | | PROGRAM SERVICES |
| SOCIEDAD BIBLICA DE PUERTO RICO 627 AVE. ANDALUCIA SAN JUAN, PR 00920-5309 | 66-0330313 | 501(C)(3) | 11,250. | 0. | | | PROGRAM SERVICES |
| JOYCE DALMAN PRINTING SERVICES PO BOX 2478 SEAL BEACH, CA 90740-1478 | 33-0889385 | | 6,466. | 0. | | | PROGRAM SERVICES |
| NEW YORK CITY LEADERSHIP CENTER, INC. - 2 WASHINGTON ST FL. 20 - NEW YORK, NY 10004-3411 | 20-8991671 | 501(C)(3) | 447,500. | 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 noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| WORD 4 ASIA 5625 E SANTA ANA CANYON RD ANAHEIM, CA 92807-3125 | 53-1588858 | | 770,000. | 0. | | | PROGRAM SERVICES |
| NATIONAL LATINO EVANGELICAL COALITION - 61 RIVINGTON ST - NEW YORK, NY 10002-2116 | 45-2323621 | 501(C)(3) | 40,000. | 0. | | | PROGRAM SERVICES |
| LSC COMMUNICATIONS, INC. PO BOX 842291 BOSTON, MA 02284-2291 | 36-4829580 | | 7,788. | 0. | | | PROGRAM SERVICES |
| THE SENDING PROJECT 12480 S. BLACK BOB ROAD OLATHE, KS 66062 | 27-1485904 | 501(C)(3) | 30,000. | 0. | | | PROGRAM SERVICES |
| RENEW WORLD OUTREACH ORG 3225 WYCLIFFE WAY STONE MOUNTAIN, GA 30087-4148 | 46-1197184 | 501(C)(3) | 119,330. | 0. | | | PROGRAM SERVICES |
| RKD GROUP INC 3400 WATERVIEW PARKWAY, SUITE 250 RICHARDSON, TX 75080 | 47-5152075 | | 79,509. | 0. | | | PROGRAM SERVICES |
| QUEST MOVEMENT 2744 MAIN RD FRANKLINVILLE, NJ 08322-2006 | 61-1673999 | 501(C)(3) | 50,000. | 0. | | | PROGRAM SERVICES |
| ILLUMINATIONS PO BOX 511 ALPHARETTA, GA 30009-0511 | 47-5209151 | 501(C)(3) | 558,000. | 0. | | | PROGRAM SERVICES |
| TALKING BOOKS INTERNATIONAL INC 419 E GRAND AVE ESCONDIDO, CA 92025-3303 | 33-0975333 | 501(C)(3) | 97,376. | 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 noncash 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) | 14,830. | 0. | | | PROGRAM SERVICES |
| WORLD SERVE MINISTRIES INC 477 PEACE PORTAL DR STE 107192 BLAINE, WA 98230-4023 | 32-0482182 | 501(C)(3) | 12,275. | 0. | | | PROGRAM SERVICES |
| CORNERSTONE COUNSELING MINISTRIES 42 S 2ND ST EASTON, PA 18042-3659 | 47-1848721 | 501(C)(3) | 24,372. | 0. | | | PROGRAM SERVICES |
| JERUSALEM CENTER FOR BIBLE TRANSLATORS - 1450 WEBSTER LANE - DES PLAINS, IL 60018 | 04-3286275 | 501(C)(3) | 41,700. | 0. | | | PROGRAM SERVICES |
| ECO SOLUTION LLC 280 S TAYLOR AVE UNIT 200 LOUISVILLE, CO 80027-3096 | 47-4863867 | 501(C)(3) | 461,617. | 0. | | | PROGRAM SERVICES |
| NATIONAL ASSOCIATION OF CATHOLIC CHAPLAINS - 4915 S HOWELL AVE - MILWAUKEE, WI 53207-5939 | 39-1368967 | 501(C)(3) | 10,000. | 0. | | | PROGRAM SERVICES |
| FAITH CHRISTIAN CHURCH 175 W 16TH STREET CHICAGO HEIGHTS, IL 60411 | 20-2440739 | 501(C)(3) | 33,804. | 0. | | | PROGRAM SERVICES |
| NATIONAL LITHOGRAPH INC 22800 EXECUTIVE DRIVE, SUITE 190 STERLING, IL 20166 | 52-1253165 | | 20,194. | 0. | | | PROGRAM SERVICES |
| BOSTON COLLABORATIVE 971 COMMONWEALTH AVE STE 37 BOSTON, MA 02215-1314 | 82-5139472 | 501(C)(3) | 41,500. | 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 noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| EVERYTHING BRANDED USA INC MARNELL CORPORATE CENTRE 3 6725 VIA AUSTI PKWY STE 150 - LAS VEGAS, NV 89119 | 98-1439917 | | 93,595. | 0. | | | PROGRAM SERVICES |
| TRANSFORM MINNESOTA 1515 E 66TH ST RICHFIELD, MN 55423 | 41-0968131 | 501(C)(3) | 25,000. | 0. | | | PROGRAM SERVICES |
| THE WORD FOR THE WORLD INTERNATIONAL - PO BOX 26363 - COLORADO SPRINGS, CO 80936 | 84-1426685 | 501(C)(3) | 300,000. | 0. | | | PROGRAM SERVICES |
| BILL RICE RANCH 627 BILL RICE RANCH ROAD MURFREESBORO, TN 37128 | 62-0787248 | 501(C)(3) | 9,960. | 0. | | | PROGRAM SERVICES |
| FRIENDS OF AGAPE INC PO BOX 49522 COLORADO SPRINGS, CO 80949 | 46-2853104 | 501(C)(3) | 372,377. | 0. | | | PROGRAM SERVICES |
| CAMBRIDGE DIGITAL BIBLE RESEARCH 8913 CINCINATTI DAYTON RD. WEST CHESTER, OH 45069 | 85-3424727 | | 185,836. | 0. | | | PROGRAM SERVICES |
| LOVE BALTIMORE (JAY BAYLOR) 225 CHESTERFIELD AVE BALTIMORE, MD 21213 | 19-9588151 | 501(C)(3) | 16,187. | 0. | | | PROGRAM SERVICES |
| KARI LEE SPECIALTIES 3900 YOSEMITE AVE. S. MINNEAPOLIS, MN 55416 | 84-5081416 | | 17,500. | 0. | | | PROGRAM SERVICES |
| FAITH AND LIBERTY DISCOVERY CENTER 101 N. INDEPENDENCE MALL EAST PHILADELPHIA, PA 19106-2155 | 83-2372645 | 501(C)(3) | 0. | 9,294,205. | FMV | | PROGRAM SERVICES |

Schedule I (Form 990)

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

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

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) 2021

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 and/or 1099-NEC 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) ROBERT BRIGGS PRESIDENT & CEO | (i) | 392,616. | 0. | 5,319. | 32,000. | 26,249. | 456,184. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) JOHN D. CLAUSE SVP | (i) | 266,639. | 0. | 3,564. | 21,932. | 37,146. | 329,281. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) JAMES J. PUCHY VP | (i) | 236,058. | 0. | 5,761. | 18,091. | 26,174. | 286,084. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) NICHOLAS PAGANO VP FINANCE (BEG JULY 2021) | (i) | 201,148. | 0. | 2,933. | 32,769. | 37,009. | 273,859. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) STEPHEN KAO VP / GENERAL COUNSEL | (i) | 212,026. | 0. | 1,976. | 17,783. | 37,005. | 268,790. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (6) JOHN GRECO MANAGING DIRECTOR | (i) | 180,258. | 0. | 894. | 26,143. | 35,581. | 242,876. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (7) WHITNEY T. KUNIHOLM SVP | (i) | 189,822. | 0. | 3,101. | 15,600. | 25,426. | 233,949. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (8) DAVID BRYCE ALLISON EXECUTIVE DIRECTOR (BEG JULY 2021) | (i) | 182,089. | 0. | 392. | 15,079. | 35,587. | 233,147. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (9) PATRICK MURDOCK EXECUTIVE DIRECTOR (END APRIL 2022) | (i) | 189,570. | 0. | 2,693. | 15,834. | 25,019. | 233,116. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (10) JOHN M. MITCHELL DIRECTOR | (i) | 178,503. | 0. | 580. | 14,853. | 36,877. | 230,813. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (11) NICOLE M. MARTIN SVP | (i) | 211,189. | 0. | 457. | 15,852. | 1,859. | 229,357. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (12) SUSAN B. HARPER EXECUTIVE DIRECTOR | (i) | 175,269. | 0. | 2,503. | 14,623. | 36,864. | 229,259. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (13) JANET A. GRELL HEAD OF HR | (i) | 195,811. | 0. | 2,772. | 15,975. | 13,991. | 228,549. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (14) FRANK LOFARO EXECUTIVE DIRECTOR (BEG JULY 2021) | (i) | 172,957. | 0. | 2,771. | 14,271. | 26,066. | 216,065. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (15) MARK R. WILSON VP (END JULY 2021) | (i) | 163,990. | 0. | 1,238. | 13,545. | 24,799. | 203,572. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (16) OVIDIO ALFARO SVP (BEG AUGUST 2021) | (i) | 98,076. | 0. | 54,359. | 8,077. | 15,788. | 176,300. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |

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).

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

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 | 25 | 389,162. 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** 25

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**

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**

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **32a**

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) 2021

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.

Multiple horizontal lines for supplemental information.

**SCHEDULE O
(Form 990)**

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 Form 990-EZ.

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

OMB No. 1545-0047

2021

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 2022, AMERICAN BIBLE SOCIETY CONTINUED ITS 206TH 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) 2021

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

AMERICAN BIBLE SOCIETY HELPS PEOPLE EXPERIENCE GOD THROUGH THE BIBLE.

WE TRANSLATE AND DISTRIBUTE THE BIBLE TO UNREACHED PEOPLE AROUND THE

WORLD, HELP PEOPLE IN CRISIS FIND RESTORATION THROUGH SCRIPTURE, AND

ADVOCATE FOR THE BIBLE'S MESSAGE OF HOPE HERE IN AMERICA. THROUGH THE

CHURCH AND A GLOBAL NETWORK OF BIBLE SOCIETIES, WE CARRY GOD'S WORD

WHERE IT IS NEEDED MOST. OUR RESEARCH AND 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.

GOD'S WORD FOR THE UNREACHED

WE TRANSLATE THE BIBLE INTO EVERY LANGUAGE, FOR EVERY PERSON. WE ARE

LEADERS AND PIONEERS IN THE BIBLE TRANSLATION MOVEMENT, AND WE HAVE

COMMITTED TO A BOLD STRATEGY TO TRANSLATE THE BIBLE INTO EVERY LIVING

LANGUAGE BY 2033. THIS YEAR WE PROVIDED GREATER ACCESS TO SCRIPTURE TO

77 MILLION PEOPLE REACHING 102 LANGUAGE GROUPS THROUGH BIBLE

TRANSLATION.

BECAUSE WE BELIEVE THE BIBLE IS FOR ALL PEOPLE, OUR TRANSLATION

MINISTRY INCLUDES AUDIO AND VIDEO BIBLES, SIGN LANGUAGE BIBLES, BRAILLE

BIBLES, AND BIBLE RESOURCES THAT CONTEXTUALIZE THE GOSPEL MESSAGE FOR

DIVERSE CULTURES AND TRADITIONS AROUND THE WORLD. OUR INNOVATIVE

TRANSLATION FRAMEWORK ALLOWS US TO ACCURATELY AND EFFICIENTLY TRANSLATE

FIRST BIBLES, STUDY BIBLES, AND MODERN LANGUAGE BIBLES FOR THE NEXT

GENERATION.

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| Name of the organization AMERICAN BIBLE SOCIETY | Employer identification number 13-1623885 |
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WE ALSO DISTRIBUTE THE BIBLE WITH THE AIM OF PLACING GOD'S WORD INTO THE HANDS AND HEARTS OF ALL PEOPLE SEARCHING FOR TRUTH. SINCE OUR FOUNDING, WE HAVE DISTRIBUTED MORE THAN 6.9 BILLION BIBLES WORLDWIDE. OFTEN, OUR BIBLE DISTRIBUTION MINISTRY LEADS US TO THE FRONTLINES OF CONFLICT, WAR, TERRORISM, NATURAL DISASTERS, AND OTHER HUMANITARIAN CRISES. WE JOYFULLY PARTNER WITH LOCAL BIBLE SOCIETIES MINISTERING IN MORE THAN 240 COUNTRIES AND TERRITORIES AROUND THE WORLD TO ENSURE EFFICIENT DISTRIBUTION THROUGH THE LOCAL COMMUNITY. OUR BIBLE SOCIETY PARTNERS ARE EXPERTS ON THEIR NATIONS' CHURCH CULTURES AND HELP US RESPOND TO THE REAL-TIME SCRIPTURE NEEDS OF LOCAL BELIEVERS. IN THE PAST YEAR, WE PROVIDED 16 MILLION PRINT AND DIGITAL BIBLES TO WAITING PEOPLE AROUND THE WORLD. GOD'S WORD FOR PEOPLE IN CRISIS THE BIBLE RESTORES BROKEN HEARTS. OUR BIBLE-BASED TRAUMA HEALING MINISTRY HELPS PEOPLE IN CRISIS FIND PEACE THROUGH THE POWER OF SCRIPTURE. FIRST DEVELOPED IN THE DEMOCRATIC REPUBLIC OF THE CONGO TO HELP PEOPLE REBUILD IN THE AFTERMATH OF WAR AND GENOCIDE, THIS MINISTRY COMBINES MENTAL HEALTH BEST PRACTICES WITH THE POWER OF GOD'S WORD. BY ENGAGING WITH THE BIBLE'S HEALING WORDS IN SAFE, SMALL GROUP SETTINGS, PEOPLE ARE GUIDED TO GIVE THEIR PAIN TO JESUS AND BEGIN THE JOURNEY TO JOY AND RESTORATION.

OUR TRAUMA HEALING RESOURCES ADDRESS THE MANY FORMS OF TRAUMA EXPERIENCED BY THE WORLD'S PEOPLE. THESE RESOURCES EQUIP CHURCHES AND AGENCIES IN SERVING POPULATIONS SUFFERING FROM CONFLICT AND WAR, SURVIVORS OF DISASTER, PEOPLE STRUGGLING WITH THE AFTERMATH OF THE COVID-19 PANDEMIC, CHILDREN AND TEENS EXPERIENCING TRAUMA, AND MEMBERS OF THE MILITARY COMMUNITY. FORMATS INCLUDE SMALL GROUPS, ONLINE VIDEO COURSES, AND PRINT AND DIGITAL DOCUMENTS. IN ADDITION, WE SHARE FREE

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BASIC TRAUMA HEALING RESOURCES TO INCREASE AWARENESS IN THE CHURCH AND EQUIP BELIEVERS TO CARE FOR PEOPLE IN CRISIS. SINCE 2012, THIS MINISTRY HAS BUILT A GLOBAL COMMUNITY OF TRAINED FACILITATORS WHO COME ALONGSIDE LOCAL COMMUNITIES OF FAITH TO SERVE PEOPLE IN CRISIS THROUGH BIBLE-BASED TRAUMA HEALING. THIS YEAR, MORE THAN 2,000 CHURCHES WERE EQUIPPED WITH TRAUMA HEALING RESOURCES AND TRAINING AND MORE THAN 32,000 PEOPLE COMPLETED A HEALING GROUP.

GOD'S WORD FOR AMERICA
HERE IN THE UNITED STATES, WE ADVOCATE FOR THE BIBLE AS THE LIVING WORD OF GOD AND OUR SUREST SOURCE OF TRUTH. WE ENGAGE AMERICANS WITH THE BIBLE BY PROVIDING RESOURCES AND EXPERIENCES THAT HELP PEOPLE ENCOUNTER AND LIVE OUT THE TRUTHS OF SCRIPTURE. OUR DAILY DEVOTIONALS, PRAYER GUIDES, BIBLE STORIES, AND TEACHINGS ARE UNIQUELY CONTEXTUALIZED TO SERVE A BEAUTIFULLY DIVERSE AUDIENCE OF BELIEVERS AND SEEKERS.

OUR ARMED SERVICES MINISTRY SERVES OUR NATION'S BRAVE HEROES BY DISTRIBUTING THE WORD OF GOD TO U.S. MILITARY MEMBERS, VETERANS, AND THEIR FAMILIES. TO DATE, WE HAVE SHARED MORE THAN 60 MILLION BIBLES WITHIN THE MILITARY COMMUNITY. THROUGH A GROWING NETWORK CHAPLAINS AND CHURCH PARTNERS ON THE FRONTLINES OF MILITARY MINISTRY, WE PROVIDE MILITARY-SPECIFIC BIBLE RESOURCES THAT EQUIP MILITARY FAMILIES IN THEIR SERVICE TO OUR NATION. IN THE PAST YEAR, THIS MINISTRY REACHED 435,000 PEOPLE IN THE MILITARY COMMUNITY.

JUST AS THE BIBLE'S MESSAGE OF LOVE SHOULD GUIDE EACH OF US IN OUR PERSONAL LIVES AND RELATIONSHIPS, THE BIBLE'S CALL FOR JUSTICE SHOULD ALSO INFORM EVERY CIVIC INSTITUTION. WE HONOR AMERICA'S HERITAGE OF

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| Name of the organization AMERICAN BIBLE SOCIETY | Employer identification number 13-1623885 |
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FAITH AND FREEDOM OF EXPRESSION. THROUGH THE FAITH AND LIBERTY

DISCOVERY CENTER, WE CELEBRATE AND EXPLORE THE BIBLE.

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

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:

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:

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 (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

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

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 TO THE EXTENT REQUIRED BY LAW AND AT MANAGEMENT'S DISCRETION.

FORM 990, PART VI, LINE 1A & 1B AND PART VII

THE BIBLE SOCIETY IS REPORTING XX MEMBERS OF THE BOARD OF DIRECTORS. SINCE ONE MEMBER OF THE BOARD WAS COMPENSATED, THE BIBLE SOCIETY IS REPORTING XX 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

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| Name of the organization AMERICAN BIBLE SOCIETY | Employer identification number 13-1623885 |
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ACT ON BEHALF OF THE FULL BOARD WHEN APPLICABLE.

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

| | |
|--|-------------|
| PENSION RELATED ACTIVITY | 6,383,920. |
| CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS | 931,593. |
| DEPRECIATION IN FAIR VALUE OF THIRD PARTY TRUSTS | -3,936,409. |
| TOTAL TO FORM 990, PART XI, LINE 9 | 3,379,104. |

**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

2021

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 |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------------|
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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 |
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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 | |
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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 |
| CHARITABLE REMAINDER ANNUITY TRUST (5) | INVESTMENTS | WY | | TRUST | | | | | X |
| CHARITABLE REMAINDER ANNUITY TRUST (3) | INVESTMENTS | ME | | TRUST | | | | | X |
| CHARITABLE REMAINDER UNITRUST (3) | INVESTMENTS | CA | | TRUST | | | | | X |
| CHARITABLE REMAINDER UNITRUST (1) | INVESTMENTS | CO | | TRUST | | | | | X |
| CHARITABLE REMAINDER UNITRUST (3) | INVESTMENTS | FL | | TRUST | | | | | X |

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

| (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 |
| CHARITABLE REMAINDER UNITRUST (1) | INVESTMENTS | GA | | TRUST | | | | | X |
| CHARITABLE REMAINDER UNITRUST (6) | INVESTMENTS | IN | | TRUST | | | | | X |
| CHARITABLE REMAINDER UNITRUST (5) | INVESTMENTS | MO | | TRUST | | | | | X |
| CHARITABLE REMAINDER UNITRUST (3) | INVESTMENTS | NC | | TRUST | | | | | X |
| CHARITABLE REMAINDER UNITRUST (1) | INVESTMENTS | SC | | TRUST | | | | | X |
| CHARITABLE REMAINDER UNITRUST (2) | INVESTMENTS | TN | | TRUST | | | | | X |
| CHARITABLE REMAINDER UNITRUST (1) | INVESTMENTS | PA | | TRUST | | | | | X |
| CHARITABLE REMAINDER UNITRUST (2) | INVESTMENTS | WI | | TRUST | | | | | X |
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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 | 1,199,405. FMV | |
| (2) FAITH AND LIBERTY DISCOVERY CENTER | B | 14,931,187. FMV | |
| (3) FAITH AND LIBERTY DISCOVERY CENTER | D | 19,949,997. FMV | |
| (4) FAITH AND LIBERTY DISCOVERY CENTER | L | 490,650. FMV | |
| (5) | | | |
| (6) | | | |

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for providing supplemental information.