** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

<u>A 1</u>	or the	2022 calendar year, or tax year beginning	nt 1, 2022 and	enaing J	UN 30, 2023				
B (a	Check if pplicabl	C Name of organization			D Employer ident	ification number			
	Addre								
	Name chang	Doing business as			13-162388	5			
	Initial return	Number and street (or P.0. box if mail is not del	ivered to street address)	Room/suite	E Telephone num				
	Final return	101 N INDEPENDENCE MALL E FL 8			(215) 309-				
_	termin ated Amen		G Gross receipts \$	625,831,536.					
L	return	FRIDADEDFRIA, FA 19100-2155	H(a) Is this a group						
	Applic tion pendi	F Name and address of principal officer: O ENNI	FER HOLLORAN		for subordinat				
		SAME AS C ABOVE			H(b) Are all subordinate				
		empt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 527	1 ′	a list. See instructions			
_	<u>Nebsi</u>			1	H(c) Group exemp				
	orm of	organization: X Corporation Trust As Summary	sociation Other	L Year	of formation: 1816	M State of legal domicile: NY			
•	1	Briefly describe the organization's mission or most	significant activities: TO MAK	E THE BIE	BLE AVAILABLE TO)			
Activities & Governance		EVERY PERSON IN A LANGUAGE AND FORMAT	EACH CAN SEE SCHEDU	LE O					
rna	2	Check this box if the organization discor	ntinued its operations or dispos	sed of more	than 25% of its net a	assets.			
ove	3	Number of voting members of the governing body	(Part VI, line 1a)			3 14			
Ğ	4	Number of independent voting members of the gov	verning body (Part VI, line 1b)			4 14			
es &		Total number of individuals employed in calendar y				5 355			
<u>vit</u> i	6	Total number of volunteers (estimate if necessary)				6 225			
₹cti	ı	Total unrelated business revenue from Part VIII, col	· //			'a 441,017.			
_	b	Net unrelated business taxable income from Form	990-T, Part I, line 11	<u></u>		b 279,086.			
					Prior Year	Current Year			
<u>e</u>	l	Contributions and grants (Part VIII, line 1h)	60,863,768	3. 43,674,470.					
Revenue	ı								
3eV		Investment income (Part VIII, column (A), lines 3, 4,		46,839,353					
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	4,905,061						
_		Total revenue - add lines 8 through 11 (must equal			112,608,182				
	1	Grants and similar amounts paid (Part IX, column (41,691,760				
	I .	Benefits paid to or for members (Part IX, column (A				0.			
es	15	Salaries, other compensation, employee benefits (F		28,832,096	<u> </u>				
Expenses	16a	Professional fundraising fees (Part IX, column (A), li	ne 11e)	122	1,566,549	1,822,682.			
Ϋ́	_b	Total fundraising expenses (Part IX, column (D), line	· · · · · · · · · · · · · · · · · · ·		31,763,238	3. 42,740,537.			
_	''	Other expenses (Part IX, column (A), lines 11a-11d,			103,853,643				
	1	Total expenses. Add lines 13-17 (must equal Part I)			8,754,539				
	19	Revenue less expenses. Subtract line 18 from line	12		ginning of Current Yea				
its o	20	Total assets (Part X, line 16)			746,607,360				
ASSE	21	Total liabilities (Part X, line 16)			89,824,466				
Net Assets or	22	Net assets or fund balances. Subtract line 21 from	line 20		656,782,894				
	art II	Signature Block			<u> </u>	, , ,			
Und	er pena	Ities of perjury, I declare that I have examined this return,	including accompanying schedule	s and stateme	ents, and to the best of	my knowledge and belief, it is			
		t, and complete. Declaration of preparer (other than office				,			
Sig	n	Signature of officer			Date				
Her		сғо							
		Type or print name and title							
		Print/Type preparer's name	Preparer's signature] [Date Check	PTIN			
Paid	ı	ALYCIA SOLECKI			if self-em	P01272637			
Prep	arer	Firm's name GRANT THORNTON LLP			Firm's EIN	36-6055558			
Use	Only	Firm's address 2001 MARKET STREET, SUITE	700						
		PHILADELPHIA, PA 19103			Phone no. 2	15-561-4200			
May	the II	RS discuss this return with the preparer shown abo	ve? See instructions			X Yes No			

Pai	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	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?)
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No.)
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$)
	SCHEDULE O	_
		_
		_
		_
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
		_
4c	(Code:) (Expenses \$.)
		_
		_
		_
		_
		_
		_
		_
		_
		_
		_
		_
		_
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	_
<u>4e</u>	Total program service expenses 72,637,598. Form 990 (202	
	Form 990 (202	2)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	Х	

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Part IV | Checklist of Required Schedules (continued)

	(GOTHINGO)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		103	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u></u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		х
20	"Yes," complete Schedule L, Part IV	28c 29	х	
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	ļ		
UZ.	•	32		Х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	UL		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	"		
- •	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	х	L
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 3016	4		
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

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Part V Statements Regarding Other IRS Filings and Tax Compliance (co	ontinued)
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			Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Х							
b	o If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O									
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?									
b	If "Yes," enter the name of the foreign country BRAZIL, TURKEY									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х						
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			۱						
	any contributions that were not tax deductible as charitable contributions?	6a		Х						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
_	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).	_		.,,						
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		\vdash						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			x						
	to file Form 8282?	7c		_						
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e		х						
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	76 7f		x						
g	If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
9 h										
8										
•	sponsoring organization have excess business holdings at any time during the year?									
9										
а										
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Х						
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities									
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders 11a									
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)									
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	Note: See the instructions for additional information the organization must report on Schedule O.									
D	Enter the amount of reserves the organization is required to maintain by the states in which the									
_	organization is licensed to issue qualified health plans The the amount of recorded an head									
	Enter the amount of reserves on hand Did the exemplation vession any payments for indeed template adminst the tay year?	110		х						
14a	· · · · · · · · · · · · · · · · · · ·	14a 14b		 						
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14D		\vdash						
	excess parachute payment(s) during the year?	15		x						
	If "Yes," see the instructions and file Form 4720, Schedule N.	.5								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х						
	If "Yes," complete Form 4720, Schedule O.	.0								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities									
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		1						
	If "Yes," complete Form 6069.									
	• •									

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

	Check if Schedule O contains a response or note to any line in this Part VI			X					
Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 14								
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.								
b	Enter the number of voting members included on line 1a, above, who are independent 1b 14								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
	officer, director, trustee, or key employee?	2		х					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors, trustees, or key employees to a management company or other person?	3		х					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х					
6	Did the organization have members or stockholders?	6		Х					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
	more members of the governing body?	7a		х					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
	persons other than the governing body?	7b		х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?	8a	Х						
b	Each committee with authority to act on behalf of the governing body?	8b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
	(This social 2 logistic mismatch as sat policies to require by the mismatch as social)		Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х					
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?								
b	b 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	12a	Х						
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х						
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	on Schedule O how this was done	12c	Х						
13	Did the organization have a written whistleblower policy?	13	Х						
14	Did the organization have a written document retention and destruction policy?	14	Х						
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a	Х						
	Other officers or key employees of the organization	15b	Х						
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
	taxable entity during the year?	16a		х					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed 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)	availal	ble					
	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	financ	cial						
	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								

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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, box 6 of 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 ne		orga	niza			nper	ısat			
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do not ch		Pos heck			one	Reportable	Reportable	Estimated
	hours per		, unle cer ar					compensation	compensation	amount of
	week (list any	.o.					Ĺ	from the	from related organizations	other compensation
	hours for	direct				P		organization	(W-2/1099-MISC/	from the
	related	ee or	trustee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	nal tr		oyee	om e		1099-NEC)	•	and related
	below	Individual trustee or director	Institutional	cer	Key employee	Highest compensated employee	Former			organizations
	line)	lnd	lust	Officer	Key	E High	For			
(1) ROBERT BRIGGS	40.00									
PRESIDENT & CEO (END AUG 2022)	5.00	Х		Х				482,999.	0.	45,626.
(2) JOHN D. CLAUSE	40.00								_	
CHIEF MSTRY ADV OFF (END MAY 2023)	0.00			Х				275,390.	0.	56,064.
(3) OVIDIO ALFARO	40.00									
SVP (END DEC 2022)	0.00			Х				247,240.	0.	57,397.
(4) NICHOLAS PAGANO	40.00							04.6 505		54 644
CHIEF FINANCIAL OFFICER	0.00			Х				216,525.	0.	71,644.
(5) STEPHEN KAO	40.00			l				014 600		F4 004
CHIEF LEGAL OFFICER	0.00			Х				214,600.	0.	54,904.
(6) NICOLE M. MARTIN	40.00			l				026 020		00 010
SVP (END NOV 2022)	0.00			Х				236,939.	0.	20,919.
(7) JOHN GRECO	40.00					l		106.645		60 540
SENIOR DIRECTOR - BIBLE.COM	0.00					Х		186,647.	0.	62,549.
(8) WHITNEY T. KUNIHOLM	40.00			l				100.000		44 550
CHIEF MINISTRY IMPACT OFFICER	0.00			Х				198,932.	0.	41,579.
(9) JOHN M. MITCHELL	40.00							104 212		F0 02F
DIRECTOR - DIGITAL BIBLE	0.00					Х		184,313.	0.	52,235.
(10) JANET A. GRELL	40.00							005 120		20 545
HEAD OF HR	0.00				Х			205,132.	0.	30,545.
(11) SUSAN B. HARPER	40.00					,,		177 007		F1 F22
EXECUTIVE DIRECTOR	0.00					Х		177,887.	0.	51,522.
(12) FRANK LOFARO EXECUTIVE DIRECTOR	0.00					x		105 440	0.	41 142
(13) DAVID J. THOMAS	40.00					<u>├</u>		185,440.	٠.	41,143.
EXECUTIVE DIRECTOR	0.00					X		172 670	0.	E1 400
(14) GOPAL RAO RAVEENDRAN	40.00					├^		172,678.	٠.	51,498.
SENIOR DIRECTOR - MINISTRY ADVANCEME	0.00				v			182,388.	0.	40,876.
(15) ANNA AVERLING	40.00		\vdash		Х			102,388.	0.	±0,070.
DIR. RELATIONSHIP MKTING (END JAN 20	0.00	1			х			161,043.	0.	50,061.
(16) JAMES J. PUCHY	40.00							101,045.	· · ·	50,001.
CHIEF ADMINISTRATIVE OFFICER	5.00	1		x				126,312.	0.	60,716.
(17) JOHN F. PLAKE	40.00			 		\vdash		120,512.	· · ·	30,710.
CHIEF PROG. OFFCR (BEG JUL 2022)	5.00	1		х				87,435.	0.	48,074.
	1 3,00	<u> </u>	<u> </u>		l	<u> </u>	l .	1 07, ±33.	· ·	40,074.

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Form 990 (2022) AMERICAN BIBLE SOCIETY 13-1623885 Page **8**

Form 990 (2022) AMERICAN BIB.									13-162366	Page o			
Part VII Section A. Officers, Directors, Trus	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (E) (F)												
(A)	(D)	(E)	(F)										
Name and title	Average	Position (do not check more than one					nne	Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of			
	week		cer ar	ia a a	a director/trustee)			from	from related	other			
	(list any hours for	recto						the	organizations	compensation			
	related	ordi	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization			
	organizations	ndividual trustee or director	l trus		ee	ubeu		1099-NEC)	1099-1450)	and related			
	below	dual t	rtiona	L	nploy	st cor	72	1000 (120)		organizations			
	line)	Indivi	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former						
(18) PATRICK MURDOCK	0.00												
FORMER VP, MINISTRY ADVANCEMENT	0.00						Х	106,217.	0.	23,919.			
(19) ROBERT WONDERLING	40.00												
CHIEF ADV OFFICER (BEG JUL 2022)	5.00			Х				96,777.	0.	20,699.			
(20) DAVID VIEHMAN	40.00												
ACTING CEO (END APR 2023)	5.00	Х		Х				94,982.	0.	8,317.			
(21) JEFF BROWN	40.00												
INTERIM CEO (END SEP 2022)	5.00	Х		Х				0.	0.	0.			
(22) PAUL CLECKNER	40.00												
INTERIM CEO (BEG MAR 2023)	5.00		Х					0.	0.	0.			
(23) KATHERINE BARNHART	6.00												
CHAIR	0.00	Х		Х				0.	0.	0.			
(24) DAVID WILLS	6.00												
VICE CHAIR	0.00	Х		Х				0.	0.	0.			
(25) GEORGANNE PERKINS	3.00												
TREASURER	0.00	Х		Х				0.	0.	0.			
(26) MARY E. BANKS	3.00												
SECRETARY	0.00	Х		Х				0.	0.	0.			
1b Subtotal							-	3,839,876.	0.	890,287.			
c Total from continuation sheets to Part VI								0.	0.	0.			
d Total (add lines 1b and 1c)		3,839,876.	0.	890,287.									

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

Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

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? If "Yes," complete Schedule J for such individual

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

Section B. Independent Contractors

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)	(B)	(C)
Name and business address	Description of services	Compensation
RKD GROUP INC, 3400 WATERVIEW PKWY, STE		
250, RICHARDSON, TX 75080-1560	DIRECT MAIL	10,953,519.
SHERIDAN PUBLISHING GRAND RAPI, 5100 33RD		
STREET SE, GRAND RAPIDS, MI 49512-2062	BIBLE PRINTING/PRODUCTION	3,014,943.
TELE-DATA SERVICES INC		
2900 E APACHE ST, TULSA, OK 74110-2253	WAREHOUSING/LOGISTICS	1,491,657.
LSC COMMUNICATIONS US, LLC		
PO BOX 842291, BOSTON, MA 02284-2291	BIBLE PRINTING/PRODUCTION	1,296,516.
GLOBAL MEDIA DRTV LLC, 4200 PARLIAMENT		
PLACE, FL 3, LANHAM, MD 20706-1803	FUNDRAISING CONSULTING	874,010.
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	50	
	-	202

SEE PART VII, SECTION A CONTINUATION SHEETS

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Form 990 AMERICAN BIBLE SOCIETY 13-1623885

1 01111 000	SIBLE SOCIETY								13-16238	385
Part VII Section A. Officers, Directors,	Trustees, Key Er	nplo	yee	s, aı	nd H	ligh	est (Compensated Employe	ees (continued)	
(A)	(D)	(F)								
Name and title	(B) Average	(C) Position						Reportable	(E) Reportable	Estimated
	hours	(cl			that		ly)	compensation	compensation	amount of
	per week (list any hours for	or director	9			ated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization
	related organizations below line)	stee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			and related organizations
(27) ELAINE ALLEN	3.00									
DIRECTOR	0.00	Х						0.	0.	0.
(28) JOYCE KOO DALRYMPLE	3.00									
DIRECTOR (END APR 2023)	0.00	Х						0.	0.	0.
(29) TESSIE DEVORE	3.00									
DIRECTOR	0.00	Х						0.	0.	0.
(30) DEBORAH GARCIA-GRATACOS	3.00									
DIRECTOR	0.00	Х						0.	0.	0.
(31) TIMOTHY HOUSEAL	3.00									
DIRECTOR	0.00	Х						0.	0.	0.
(32) NICOLE JOHANSSON	3.00									
DIRECTOR	0.00	Х						0.	0.	0.
(33) KAREN MCDONALD	3.00									
DIRECTOR	0.00	Х						0.	0.	0.
(34) ASH NOAH	3.00									
DIRECTOR	0.00	Х						0.	0.	0.
(35) THEO NICOLAKIS	3.00									
DIRECTOR	0.00	Х						0.	0.	0.
(36) HELEN OSMAN	3.00									
DIRECTOR	0.00	Х						0.	0.	0.
(37) MARIO PAREDES	3.00									
DIRECTOR	0.00	Х						0.	0.	0.
(38) CHARLIE SHAVER	3.00									
DIRECTOR (END JUN 2023)	0.00	х						0.	0.	0.
(39) KENNETH VOLPERT	3.00									
DIRECTOR (END JUN 2023)	0.00	Х						0.	0.	0.
			_							
			_							
Total to Part VII, Section A, line 1c										

Form 990 (2022) AMERICAN B
Part VIII Statement of Revenue

		Check if Schedule O contains a response o	r note to any line	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
SS	1 :	Federated campaigns 1a					
ant		Membership dues 1b					
S S		Fundraising events 1c					
fts,		d Related organizations 1d					
ية إق							
ons,		Government grants (contributions) 1e					
Contributions, Gifts, Grants and Other Similar Amounts	1	All other contributions, gifts, grants, and	43,674,470.				
			1,048,415.				
o d		Noncash contributions included in lines 1a-1f	1,040,413.	43,674,470.			
Oa		Total. Add lines 1a-1f	Business Code	45,074,470.			
			Business Code				
<u>ic</u> e	2						
erv							
n S	•						
Program Service Revenue	(i					
og F	•						
Δ		All other program service revenue					
		Total. Add lines 2a-2f					
	3	Investment income (including dividends, interes	st, and				
		other similar amounts)		11,798,106.		441,017.	11,357,089.
	4	Income from investment of tax-exempt bond pro	oceeds				
	5	Royalties		2,347,937.			2,347,937.
		(i) Real	(ii) Personal				
	6	Gross rents 6a					
	- 1	Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
	7 :	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 561,995,404.					
		Less: cost or other basis					
e		and sales expenses 7b \$10,714,416.					
her Revenue		Gain or (loss) 7c 51,280,988.					
Re		Net gain or (loss)		51,280,988.			51,280,988.
ē		Gross income from fundraising events (not					
₽		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
	ı	Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
		Gross income from gaming activities. See					
		Part IV, line 199a					
	-	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
			5,638,618.				
			6,254,639.				
		Net income or (loss) from sales of inventory		-616,021.	-616,021.		
			Business Code				
sno	11 :	OTHER REVENUE	900099	377,001.			377,001.
nec				,			, ,
Miscellaneous Revenue	·						
isc	Ì	All other revenue					
Σ	Ì	• Total. Add lines 11a-11d		377,001.			
	12	Total revenue. See instructions		108,862,481.	-616,021.	441,017.	65,363,015.

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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 to tinclude amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	3b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	10 470 007	10 470 007		
_	and domestic governments. See Part IV, line 21	10,470,097.	10,470,097.		
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	14 077 670	14 077 670		
	individuals. See Part IV, lines 15 and 16	14,877,670.	14,877,670.		
	Benefits paid to or for members				
5	Compensation of current officers, directors,	2 464 453	1 564 736	432 987	466 730
^	trustees, and key employees	2,464,453.	1,564,736.	432,987.	466,730
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and	106 217	106 217		
_	persons described in section 4958(c)(3)(B)	106,217. 16,239,536.	106,217.	2,735,284.	2,948,444
	Other salaries and wages	10,239,330.	10,555,808.	2,733,284.	2,940,444
8	Pension plan accruals and contributions (include	3,109,738.	2,337,281.	391,307.	381,150
^	section 401(k) and 403(b) employer contributions)	3,109,738.	2,337,281.	606,621.	653,895
9	Other employee benefits	1,300,558.	845,371.	219,058.	236,129
10	Payroll taxes	1,300,330.	045,571.	215,030.	230,123
11	Fees for services (nonemployees):				
	Management	992,841.	432,515.	496,071.	64,255
	Legal	327,611.	252,082.	17,454.	58,075
	Accounting	327,011.	232,002.	17,434.	30,073
	Lobbying Co. Part IV line 17	1,822,682.			1,822,682
	Professional fundraising services. See Part IV, line 17		2 269 971	157,172.	522,961
	Investment management fees	2,950,104.	2,269,971.	137,172.	322,301
g	Other. (If line 11g amount exceeds 10% of line 25,	9 131 7/9	6 257 011	433,234.	1 //1 503
	column (A), amount, list line 11g expenses on Sch 0.)	8,131,748.	6,257,011.	433,234.	1,441,503
	Advertising and promotion	2,907,123.	2,103,180.	525,071.	278,872
13	Office expenses	2,153,954.	1,603,266.	76,861.	473,827
	Information technology	2,133,334.	1,003,200.	70,001.	475,027
15	Royalties	10,989,666.	7,504,792.	2,044,519.	1,440,355
16	Occupancy		· · ·	· · ·	
17	Travel	1,080,160.	768,665.	58,102.	253,393
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	171 062	124 122	23,235.	24 606
19	Conferences, conventions, and meetings	171,963.	124,122.	23,233.	24,606
20	Interest				
21	Payments to affiliates	1 100 000	874,864.	198,667.	126,369
22	Depreciation, depletion, and amortization	1,199,900.	277,079.	204,627.	104,077
23	Insurance	303,703.	211,013.	204,027.	104,077
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 ().				
•	amount, list line 24e expenses on Schedule 0.) PRINTING & PUBLICATIONS	6,121,539.	3,675,022.	2,775.	2,443,742
a b	POSTAGE AND MAILINGS	4,093,608.	2,564,206.	3,942.	1,525,460
C	WRITE DOWN OF ASSETS	555,054.	555,054.	-,,,,,,,	_,020,100
d	BANK FEES & COMPLIANCE	226,228.	107,844.	52,299.	66,085
-	All other expenses	253,255.	169,716.	22,027.	61,512
е 25	Total functional expenses. Add lines 1 through 24e	96,733,033.	72,637,598.	8,701,313.	15,394,122
25 26	Joint costs. Complete this line only if the organization	, , , , ,	. 2, 22, , 333,	5,,,,,,,,,	
_0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	oudoational campaign and fundraising solicitation.		4,776,066.		

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Form 990 (2022)
Part X Balance Sheet

Part X	Balance Sneet					
	Check if Schedule O contains a response of	r note to any lin	e in this Part XI			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			7,813,349.	1	4,728,150
2				8,895,691.	2	12,870,52
3					3	
4				6,577,426.	4	2,555,61
5						
	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 disc	qualified person	s (as defined			
	under section 4958(f)(1)), and persons desc	ribed in section	4958(c)(3)(B)		6	
က္က 7	Notes and loans receivable, net			19,949,997.	7	20,299,99
Assets a series	Inventories for sale or use			6,023,630.	8	12,007,76
₹ 9	B			3,473,075.	9	1,321,98
10:	a Land, buildings, and equipment: cost or oth	ner				
	basis. Complete Part VI of Schedule D	10a	19,497,793.			
	b Less: accumulated depreciation	10b	8,163,591.	12,067,729.	10c	11,334,20
11	Investments - publicly traded securities			202,516,082.	11	234,217,23
12	Investments - other securities. See Part IV,	ine 11		453,385,806.	12	422,518,06
13	Investments - program-related. See Part IV,	line 11			13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11	25,904,575.	15	47,662,80		
16	Total assets. Add lines 1 through 15 (must	equal line 33)		746,607,360.	16	769,516,33
17		10,575,736.	17	15,394,87		
18	Grants payable				18	
19	Deferred revenue	4,534,332.	19	4,391,77		
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Comp	lete Part IV of S	chedule D		21	
22						
Ě	trustee, key employee, creator or founder, s		ributor, or 35%			
	controlled entity or family member of any of	these persons			22	
23	. ,	-			23	
24	' '			3,125,815.	24	505,03
25	,					
	parties, and other liabilities not included on	lines 17-24). Co	mplete Part X	T4 F00 F00		00 054 55
	of Schedule D		·····	71,588,583.	25	88,254,570
26	<u> </u>			89,824,466.	26	108,546,26
ا ي	Organizations that follow FASB ASC 958	check here	X			
စ္က	and complete lines 27, 28, 32, and 33.			E40 040 200		E40 0E1 10
			·····	548,848,308.	27	548,051,168
28				107,934,586.	28	112,918,90
<u> </u>	Organizations that do not follow FASB A	SC 958, check	here			
5	and complete lines 29 through 33.					
29					29	
8 30	1 1 , , ,				30	
Net Assets or Fund Balances 28 29 31 32 32	3 , ,			656 700 004	31	660 070 07
				656,782,894.	32	660,970,070
33	Total liabilities and net assets/fund balance	s		746,607,360.	33	769,516,330

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

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

2022

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

AMERICAN BIBLE SOCIETY 13-1623885 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990) 2022 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.)

Sec	ction A. Public Support	71	1	,			
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	(1) = 1 1 1	(-, : -	(-)	(-)	(5) = 5 = =	(4)
	membership fees received. (Do not						
	include any "unusual grants.")	59,480,874.	58,583,048.	51,247,901.	60,863,768.	43,674,470.	273,850,061.
2	Tax revenues levied for the organ-						
	ization'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	59,480,874.	58,583,048.	51,247,901.	60,863,768.	43,674,470.	273,850,061.
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)						5,342,375.
6	Public support. Subtract line 5 from line 4.						268,507,686.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	59,480,874.	58,583,048.	51,247,901.	60,863,768.	43,674,470.	273,850,061.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	13,597,255.	11,891,869.	13,159,164.	12,948,151.	13,705,592.	65,302,031.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	36,372.	4,081.	112,987.	669,099.	279,086.	1,101,625.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	715,355.	510,422.	565,771.	1,458,965.	377,001.	3,627,514.
11	Total support. Add lines 7 through 10						343,881,231.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	20,631,890.
13	First 5 years. If the Form 990 is for the	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
_	organization, check this box and stop						
	ction C. Computation of Publi					T T	
	Public support percentage for 2022 (li	, ,,,	•	.,,		14	78.08 %
	Public support percentage from 2021					15	79.91 %
16a	33 1/3% support test - 2022. If the o				4 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2021. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	ū					*
	and if the organization meets the facts		*	•	•	VI how the organiz	ation
	meets the facts-and-circumstances te	_	•	*	-		
b	10% -facts-and-circumstances test	_					10% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circu			•	•		
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						

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support		Ī	1	<u> </u>	1	1
alendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6					1	
loa Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
3 Total support. (Add lines 9, 10c, 11, and 12.)						
4 First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organization	on,
check this box and stop here	<u></u>	······································	<u></u>	<u></u>	<u></u>	<u></u> [
ection C. Computation of Public	Support Per	centage				
5 Public support percentage for 2022 (lii	ne 8, column (f), d	livided by line 13, o	column (f))		15	
6 Public support percentage from 2021	Schedule A, Part	III, line 15			16	
ection D. Computation of Inves						
7 Investment income percentage for 20	22 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	
8 Investment income percentage from 2	•				18	
9a 33 1/3% support tests - 2022. If the						7 is not
more than 33 1/3%, check this box an						· · ·
b 33 1/3% support tests - 2021. If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	
line 18 is not more than 33 1/3%, chec						_
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in:	structions	L

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Schedule A (Form 990) 2022 AMERI Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
_		
За		
3b		
3с		
4a		
4b		
4c		
2		
_		
5a		
- 1-		
5b		
5c		
6		
•		
7		
8		
9a		
9b		
9c		
10a		
10b		
IUU	1	1

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- 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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
- By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's

<u>supported organizations played in this regard</u> 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).
- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b
- The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С

2 Activities Test. Answer lines 2a and 2b below.

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

2a 2b За

Yes No

1

2

3

Pa	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	ng trust on N	Nov. 20, 1970 (explain in l	Part VI). See instructions.	
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.		
Sect	ion 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			
Sect	ion 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):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	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			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functional	ally integrate	d Type III supporting orga	nization (see	
	instructions).				

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish exe	mpt purposes	1				
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported					
	organizations, in excess of income from activity	2					
3	Administrative expenses paid to accomplish exempt purpose	3					
4	Amounts paid to acquire exempt-use assets		4				
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5				
_6	Other distributions (describe in Part VI). See instructions.		6				
7	Total annual distributions. Add lines 1 through 6.		7				
8	Distributions to attentive supported organizations to which the	ne organization is responsive					
	(provide details in Part VI). See instructions.		8				
9	Distributable amount for 2022 from Section C, line 6		9				
10	Line 8 amount divided by line 9 amount		10				
		(i)	(ii)	(iii)			
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2022	Distributable Amount for 2022			
1	Distributable amount for 2022 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2022 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2022						
a	From 2017						
b	From 2018						
c	From 2019						
d	From 2020						
e	From 2021						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
<u>h</u>	Applied to 2022 distributable amount						
<u>i</u>	Carryover from 2017 not applied (see instructions)						
<u>j_</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2022 from Section D,						
	line 7: \$						
<u>a</u>	Applied to underdistributions of prior years						
<u> </u>	Applied to 2022 distributable amount						
<u> </u>	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2022, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2022. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2023. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
	Excess from 2018						
	Excess from 2019						
	Excess from 2020						
<u>a</u>	Excess from 2021 Excess from 2022						

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				
2018 AMOUNT: \$ 715,355.				
2019 AMOUNT: \$ 510,422.				
2020 AMOUNT: \$ 565,771.				
2021 AMOUNT: \$ 1,458,965.				
2022 AMOUNT: \$ 377,001.				

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

2022

Employer identification number

AMERICAN BIBLE SOCIETY 13-1623885 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 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). LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990) (2022) Schedule B (Form 990) (2022) Page **2**

Name of organization

Employer identification number

AMERICAN BIBLE SOCIETY

13-1623885

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.

Schedule B (Form 990) (2022) Page **3**

Name of organization

Employer identification number

AMERICAN BIBLE SOCIETY

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

Schedule B (Form 990) (2022)

Name of organization

lame of or	rganization			Employer identification number			
MERICAN	BIBLE SOCIETY			13-1623885			
Part III	Exclusively religious, charitable, etc., contributions from any one contributor. Complete columns (a) thro			hat total more than \$1,000 for the year			
	completing Part III, enter the total of exclusively religious, charit	table, etc., contributions of \$1,000 or	less for the year. (Enter this info.	once.) \$			
(a) No.	Use duplicate copies of Part III if additional space	ce is needed.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
-		(e) Transfer of gif	 ft				
		(e) Italisiei oi gii	ı				
	Transferee's name, address, and 2	ZIP + 4	Relationship of tra	ansferor to transferee			
(a) No.	4.5		(1) 5				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
	(e) Transfer of gift						
_	Transferee's name, address, and a	ZIP + 4	Relationship of tra	ansferor to transferee			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
Part I			(,,=				
	(e) Transfer of gift						
	Transferee's name, address, and 2	7ID ± 1	Relationship of tra	ansferor to transferee			
	Transferee 3 hame, address, and a		Ticiationship of the				
(a) No.							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
-	(e) Transfer of gift						
	(e) transier of gift						
	Transferee's name, address, and 2	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

Inspection

Name of the organization

AMERICAN BIBLE SOCIETY

Employer identification number 13-1623885

Par	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		nilar Funds or	Accounts. Complete if the
	organization answered Tes On Form 990, Fart IV, line	(a) Donor advised	funds	(b) Funds and other accounts
1	Total number at end of year	(=, = = = = = = = = = = = = = = = = = =	3	(a) and a second
2	Aggregate value of contributions to (during year)		0.	_
3	Aggregate value of grants from (during year)		20,319.	_
4	Aggregate value at end of year		97,552.	
5	Did the organization inform all donors and donor advisors in w	riting that the assets held		funds
J	are the organization's property, subject to the organization's e	~		
6	Did the organization inform all grantees, donors, and donor ac			······· — —
Ū	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?	•	•	
Par				
1	Purpose(s) of conservation easements held by the organizatio		,	,
•	Preservation of land for public use (for example, recreat		Preservation of a h	nistorically important land area
	Protection of natural habitat	· —		certified historic structure
	Preservation of open space		. , , , , , , , , , , , , , , , , , , ,	
2	Complete lines 2a through 2d if the organization held a qualific	ed conservation contributi	on in the form of a	conservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				•
С	Number of conservation easements on a certified historic stru			***
d	Number of conservation easements included in (c) acquired at			
	historic structure listed in the National Register	•		2d
3	Number of conservation easements modified, transferred, rele			ganization during the tax
	year			-
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period		n, handling of	
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enfo	rcing conservation	easements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements	of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue	e and expense sta	tement and
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization's fi	nancial statements	s that describes the
D :	organization's accounting for conservation easements.	A . 112.1. 2 T		O's 'la Assala
Pai	t III Organizations Maintaining Collections of	•	sures, or Otne	r Similar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 958	•		
	of art, historical treasures, or other similar assets held for publ			erance of public
	service, provide in Part XIII the text of the footnote to its finance			
b	If the organization elected, as permitted under FASB ASC 958	•		
	art, historical treasures, or other similar assets held for public	exhibition, education, or re	esearch in furthera	nce of public service,
	provide the following amounts relating to these items:			•
	(i) Revenue included on Form 990, Part VIII, line 1			
_				· · · · · · · · · · · · · · · · · · ·
2	If the organization received or held works of art, historical trea			ın, provide
	the following amounts required to be reported under FASB AS			•
	Revenue included on Form 990, Part VIII, line 1			
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 2022

Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Oth	er S	imilar Ass	ets (cont	inued)	
3									
	collection items (check all that apply):								
а	a X Public exhibition d X Loan or exchange program								
b	X Scholarly research	е	Other						
С	X Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's ex	empt	purpose in F	Part XIII.		
5	During the year, did the organization solicit or	r receive donations o	f art, historical treas	sures, or other simi	lar as	sets			_
_	to be sold to raise funds rather than to be ma						Yes	Х	No
Par	t IV Escrow and Custodial Arrang		te if the organization	n answered "Yes"	on Fo	rm 990, Part	IV, line 9, o	r	
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodia		•						٦
	on Form 990, Part X?						Yes		_ No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table:				Λ		
							Amour	π	
	Beginning balance					1c			
	Additions during the year					1d			
_	Distributions during the year					1e			
f O-	Ending balance								
	Did the organization include an amount on Fo				-		Yes	H	∐ No
Par	If "Yes," explain the arrangement in Part XIII. T V Endowment Funds. Complete in								
	The state of the s	(a) Current year	(b) Prior year	(c) Two years back		Three years b	ack (e) Fou	ır vears	back
1a	Beginning of year balance	497,950,733.	644,123,812.	514,588,342	_	571,413,53	<u> </u>	,257,	
		988,591.	7,162,386.	-676,627	_			<u> </u>	
0	Net investment earnings, gains, and losses								
d	Grants or scholarships	,,	,,	,	╁	_,,		,,	
	Other expenditures for facilities				+				
·	and programs	26,438,581.	52,634,728.	34,071,259		58,219,00	39	,717,	871.
f	Administrative expenses	2,914,783.	2,411,995.			2,764,11		,879,	
g g	End of year balance	511,025,464.	497,950,733.			514,588,34		,413,	
2	Provide the estimated percentage of the curr					, ,		<u> </u>	
a	Board designated or quasi-endowment	91.7280	%	,					
b	Permanent endowment 4.3960	%							
С	Term endowment 3.8760								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
За	Are there endowment funds not in the posses	ssion of the organiza	tion that are held an	d administered for	the				
	organization by:	-						Yes	No
	(i) Unrelated organizations						3a(i)	Х	
	(ii) Related organizations								Х
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the		vment funds.						
Par	Part VI Land, Buildings, and Equipment.								
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part	X, line	e 10.			
	Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation							e	
1a	Land								
b	Buildings								
С	Leasehold improvements		13	,679,014.	4	,103,704.	9	,575,	310.
d	Equipment						,049,	111.	
<u>e</u>	e Other 1,351,929. 642,148. 709,781.								781.
Total	. Add lines 1a through 1e. (Column (d) must e	gual Form 990. Part	K. column (B). line 10	Oc.)			11	,334,	202.
				-			dule D (For	m 990	2022

Part VII	Investments -	Other	Securities
----------	---------------	-------	------------

(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	146,915,370.	END-OF-YEAR MARKET VALUE
(B) HEDGES/ABSOLUTE RETURN	28,972,289.	END-OF-YEAR MARKET VALUE
(C) FIXED INCOME	101,864,133.	END-OF-YEAR MARKET VALUE
(D) REAL ASSETS	32,210,854.	END-OF-YEAR MARKET VALUE
(E) PRIVATE EQUITY	112,555,417.	END-OF-YEAR MARKET VALUE
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	422,518,063.	

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) BENEFICIAL INTEREST IN INVESTMENTS HELD BY THIRD-PARTY TRUSTEES	27,629,600.
(2) LEASE RIGHT OF USE ASSET	20,033,203.
(3)	
(4)	
(5)	
<u>(6)</u>	
(8)	
<u>(9)</u>	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	47,662,803.

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) LEASE LIABILITY	37,661,274.
(3) ACCRUED POSTRETIREMENT BENEFITS	18,607,834.
(4) ANNUITIES PAYABLE	17,091,238.
(5) OBLIGATIONS UNDER CHARITABLE REMAINDER TRUST	8,808,933.
(6) AMOUNTS DUE TO AFFILIATE	6,085,291.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	88,254,570.

^{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 X

Sche	edule D (Form 990) 2022 AMERICAN BIBLE SOCI			13-162	3885 Page 4
Par	t XI Reconciliation of Revenue per Audite	d Financial Statemen	ts With Reve	nue per Return.	
	Complete if the organization answered "Yes" on F	Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited finan	icial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VI	II, line 12:			
а	Net unrealized gains (losses) on investments		2a		
b	Donated services and use of facilities		2b		
С	Recoveries of prior year grants		2c		
d	Other (Describe in Part XIII.)		2d		
е	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				
а	Investment expenses not included on Form 990, Part VIII	l, line 7b	4a		
b	Other (Describe in Part XIII.)		4b		
С	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form	990. Part I. line 12.)		5	
Pai	rt XII Reconciliation of Expenses per Audite	ed Financial Stateme	nts With Expe	enses per Return.	
	Complete if the organization answered "Yes" on F	Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statemer	nts		1	
2	Amounts included on line 1 but not on Form 990, Part IX	, line 25:			
а	Donated services and use of facilities		2a		
b	Prior year adjustments		2b		
С	Other losses		2c		
d	Other (Describe in Part XIII.)		2d		
е	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:			
а	Investment expenses not included on Form 990, Part VIII	l, line 7b	4a		
b	Other (Describe in Part XIII.)		4b		
С	Add lines 4a and 4b			4c	
	Total expenses. Add lines 3 and 4c. (This must equal For	rm 990, Part I, line 18.)		5	
	rt XIII Supplemental Information.				
Provi	de the descriptions required for Part II, lines 3, 5, and 9; P	art III, lines 1a and 4; Part I\	/, lines 1b and 2b	; Part V, line 4; Part X, lin	e 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete th	nis part to provide any additi	onal information.		
PART	PIII, LINE 1A:				
AMER	RICAN BIBLE SOCIETY MAINTAINS A RARE SCRIPT	URE COLLECTION THAT I	IAS BEEN		
ACQU	JIRED THROUGH PURCHASES AND CONTRIBUTIONS S	INCE AMERICAN BIBLE			
SOCI	ETY'S INCEPTION. THE COLLECTION PRESERVES	HISTORICALLY SIGNIFIC	CANT		
SCRI	PTURES, PROVIDES FOR SCHOLARLY RESEARCH, A	ND CONTRIBUTES TO THE	E PUBLIC		
GOOL	THROUGH EDUCATIONAL EXHIBITIONS.				
PART	V, LINE 4:				
ENDC	WMENT FUNDS				
	· ·				
AMER	RICAN BIBLE SOCIETY'S ENDOWMENT FUNDS (QUAS:	I & TRUE PERMANENTLY			
	NATIONAL THE CONTROL OF THE CONTROL				
KEST	RICTED ENDOWMENT) EXIST TO SUPPORT THE ORGA	ANIZATION'S MISSION.	THE		
	IMPLIAND HINDS (SWIST TOPOLITY)	TDIGE WAS ARRESTED =	NID GER		
UNKE	STRICTED FUNDS (QUASI-ENDOWMENT) HELP SUBS	IDIZE THE OPERATING E	SODGET.	<u> </u>	D /Form 000\ 0000

SCHEDULE F (Form 990)

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.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection

Employer identification number

AMERICAN BIBLE SOCIETY 13-1623885 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, X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 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.) (b) Number of (e) If activity listed in (d) (a) Region (c) Number of (d) Activities conducted in the region (f) Total employees, expenditures offices (by type) (such as, fundraising, prois a program service, agents, and for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region CENTRAL AMERICA AND THE CARIBBEAN 0 0 GRANTMAKING 555,537. EAST ASTA AND THE PACIFIC 0 0 GRANTMAKING 3,613,752. EUROPE (INCLUDING ICELAND & GREENLAND) 0 0 GRANTMAKING 5,582,366. MIDDLE EAST AND NORTH AFRICA 0 GRANTMAKING 0 701,465. NORTH AMERICA 0 0 GRANTMAKING 75,600. RUSSTA AND NEIGHBORING STATES 0 0 GRANTMAKING 208,330. SOUTH AMERICA 0 0 GRANTMAKING 1,042,223. SOUTH ASIA 0 0 GRANTMAKING 180,422. 0 0 11,959,695. 3 a Subtotal **b** Total from continuation 0 28,319,373. 0 sheets to Part I Totals (add lines 3a 40,279,068. and 3b)

232071 10-17-22

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

Schedule F (Form 990)	AMERICAN BIE			13-1623885	Page
Part I Continuatio	n of Activitie	s per Regior	(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		2,917,975
				MINISTRY PROJECT	
				MANAGEMENT; BIBLE	
EUROPE (INCLUDING				TRANSLATION AND	
[CELAND & GREENLAND)	0	0	PROGRAM SERVICES	DISTRIBUTION	147,160
				MINISTRY PROJECT	
				MANAGEMENT; BIBLE	
				TRANSLATION AND	
NORTH AMERICA	0	0	PROGRAM SERVICES	DISTRIBUTION	103,460.
				MINISTRY PROJECT	
				MANAGEMENT; BIBLE	
				TRANSLATION AND	00.504
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	DISTRIBUTION	23,694
EUROPE (INCLUDING					
ICELAND & GREENLAND)	0	0	INVESTMENTS		01 254
ICEDAND & GREENHAND)	 	0	INVESTMENTS		91,254.
SOUTH AMERICA	0	0	INVESTMENTS		63,524
					·
CENTRAL AMERICA AND					
THE CARIBBEAN	0	0	INVESTMENTS		83,033,582
NORTH AMERICA	0	0	INVESTMENTS		12,012,170
EUROPE (INCLUDING					
ICELAND & GREENLAND)	0	0	INVESTMENTS		29,926,554.
	1				
					120 210 252
Totals	`[]			128,319,373.

Schedule F (Form 990) 2022

Part II Grants and Other

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
		CENTRAL AMERICA	GRANTMAKING/PROGAM					
		AND THE CARIBBEAN	SERVICES	111,448.	WIRE	0.		
		SOUTH AMERICA	GRANTMAKING/PROGAM SERVICES	506,079.	WIRE	0.		
				,				
		SUB-SAHARAN	GRANTMAKING/PROGAM					
		AFRICA	SERVICES	82,586.	WIRE	0.		
			GRANTMAKING/PROGAM					
		SOUTH AMERICA	SERVICES	23,325.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	GRANTMAKING/PROGAM SERVICES	13,849,106.	WIRE	0.		
		CENTRAL AMERICA	GRANTMAKING/PROGAM					
		AND THE CARIBBEAN	SERVICES	13,878.	WIKE	0.		
		SOUTH ASIA	GRANTMAKING/PROGAM SERVICES	44,150.	WIRE	0.		
		NORTH AMERICA	GRANTMAKING/PROGAM SERVICES	40,000.		0.		

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

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Page 2

Schedule F (Form 990) 2022

3 Enter total number of other organizations or entities

Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the I	United States.	(Schedule F (Form 9	90), Part II, line 1	1)	r ugo z
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)
		EUROPE (INCLUDING						
			GRANTMAKING/PROGAM					
			SERVICES	13,918.	 WIRE	0.		
		·		,		-		
			GRANTMAKING/PROGAM					
		AFRICA	SERVICES	17,594.	WIRE	0.		
		SUB-SAHARAN	GRANTMAKING/PROGAM					
			SERVICES	17,309.	 WIRE	0.		
				,				
			GRANTMAKING/PROGAM					
		PACIFIC	SERVICES	150,000.	WIRE	0.		
		FACT ACTA AND THE	GRANTMAKING/PROGAM					
			SERVICES	8,277.		0.		
				, =				

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)

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)	X 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	Yes	X No
	U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	163	140
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)	X 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)	X 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)	X 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	X No

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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

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

AND DULY REPORTED TO OUR BOARD ON A QUARTERLY BASIS.

Schedule F (Form 990) 2022

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection Employer identification number

Name of the organization		Employer identification number					
	IBLE SOCIETY					13-162388	
Part I Fundraising Activities. required to complete this par	Complete if the organization answer	ered "Y	es" or	n Form 990, Part IV, li	ine 17	. Form 990-EZ	filers are not
Indicate whether the organization rais	sed funds through any of the following e X Solicita	ition of	non-g gover	overnment grants			
2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individual compensated at least \$5,000 by the	art VII) or entity in connection with prividuals or entities (fundraisers) pursu	rofessi	onal fu	undraising services?		X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	ustody trol of	(iv) Gross receipts from activity	tò (oi	Amount paid r retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
RKD GROUP - 2701 NORTH DALLAS		Yes	No				
	SEE PART IV		Х	24,389,987.		9,245,142.	15,144,845.
INFOCISION MANAGEMENT CORPORATION - 325 SPRINGSIDE	SEE PART IV		x	19,470.		7,146.	12,324.
GLOBAL MEDIA DRTV, LLC - 3030				, -		,	, -
WATERVIEW AVENUE, BALTIMORE,	SEE PART IV		Х	18,707.		788,824.	-770,117.
				24,428,164.		.0,041,112.	14,387,052.
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	utions	or has been notified	it is e	xempt from reg	gistration
AL,AK,AZ,AR,CA,CO,CT,DE,FL,GA,H	I,ID,IL,IN,IA,KS,KY,LA,ME,1	MD,MA,	MI,M	N,MS,MO			
MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, O	K,OR,PA,RI,SC,SD,TN,TX,UT,	/T,VA,	WA,W	V,WI,WY			
DC							

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

SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2022

232081 10-27-22

			(a) Event #1	(b) Event #2	(c) Other events	(al) Tatal const-
						(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue						
5	1	Gross receipts				
	2	Less: Contributions				
1	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
201120	6	Rent/facility costs				
DII GOL EADGI 19G9	7	Food and beverages				
_ [8	Entertainment				
1	9	Other direct expenses				
1	10	Direct expense summary. Add lines 4 through	n 9 in column (d)			
_	11	Net income summary. Subtract line 10 from li				
'aı	rt II		answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	
_		\$15,000 on Form 990-EZ, line 6a.	T		T	T
al ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (d
Hevenue	1	Gross revenue				
2	2	Cash prizes				
חוופרו באלפו ואפא	3	Noncash prizes				
5	,					
	4	Rent/facility costs				
Z L						
	5	Other direct expenses	Yes %	Yes %	Yes %	
1	5			Yes% No	Yes %	
	<u>5</u>	Other direct expenses	Yes %		No No	
	5 6 7	Other direct expenses Volunteer labor	Yes % No 5 in column (d)	No No	No No	
	5 6 7 8	Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7	Yes% No 1 5 in column (d)	No	No No	
9	5 6 7 8 Ent	Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu	Yes% No 1 5 in column (d) 2 from line 1, column (d) 3 ucts gaming activities:	No	No	
) a	5 6 7 8 Ent	Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7	Yes% No 15 in column (d) 7 from line 1, column (d) acts gaming activities:ctivities in each of these	No States?	No	
) a	5 6 7 8 Ent	Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conducte organization licensed to conduct gaming and	Yes% No 15 in column (d) 7 from line 1, column (d) acts gaming activities:ctivities in each of these	No States?	No	
a b	5 6 7 8 Ent lis ti	Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conducte organization licensed to conduct gaming and	Yes% No 1 5 in column (d)	states?	No No	Yes N
a b	5 6 7 8 Ent lis ti	Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct organization licensed to conduct gaming action, "explain: ere any of the organization's gaming licenses re-	Yes% No 1 5 in column (d)	states?	No No	Yes N

Schedule G (Form 990) 2022 AMERICAN BIBLE SOCIETY	13-1623885 Page 3
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	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and recor	
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 ar	mount
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	
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: 2701 NORTH DALLAS PARKWAY, SUITE 650, DALLAS	
TX 75093	
THE ARRANGEMENT WITH RKD GROUP INCLUDES PROFESSIONAL FUNDRAISING	
SERVICES, CONSULTATION AND DEVELOPMENT OF FUNDRAISING MATERIALS, AND	
COST OF SUPPLIES, PRINTING AND DELIVERY. THE AGREEMENT DOES NOT	
DISTINGUISH BETWEEN PROFESSIONAL FUNDRAISING SERVICES AND EXPENSES.	

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

2022

Open to Public

Inspection

Name of the organization **Employer identification number** 13-1623885 AMERICAN BIBLE SOCIETY Part I **General Information on Grants and Assistance** 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 1 X Yes criteria used to award the grants or assistance? 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. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) OPERATION COMPASSION SCRIPTURE 1120 URBANE RD. NE 62-1697490 501(C)(3) RESOURCES CLEVELAND, TN 37312 0 53,093.FMV PROGRAM SERVICES MAIN POST CHAPEL (GARRISON) 1356 MINNESOTA AVE. BLDG 608 SCRIPTURE 35-9990000 Gov 26,727.FMV RESOURCES FORT LEONARD WOOD, MO 65473 0. PROGRAM SERVICES ETEN INNOVATION LAB C/O MISSION MUTUAL - 320 WESTWAY PL STE, 541 SCRIPTURE ARLINGTON, TX 76018-1000 82-3705696 501(C)(3) 0. 25,200. FMV RESOURCES PROGRAM SERVICES X.BIBLE 63 PARKDALE SCRIPTURE 86-2414492 501(C)(3) 25 000. FMV RESOURCES IRVINE CA 92620-7308 0. PROGRAM SERVICES OPERATION WORSHIP SCRIPTURE 4480 YANKEE HILL DR STE. 150 20-4727568 501(C)(3) 24 113. FMV RESOURCES PROGRAM SERVICES ROCKLIN CA 95677 0. SALVATION ARMY 615 SLATERS LANE SCRIPTURE ALEXANDRIA, VA 22313 13-3485289 501(C)(3) 0. 23 656. FMV RESOURCES PROGRAM SERVICES 62. 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 14. Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	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 non-cash assistance	(h) Purpose of grant or assistance
CASA DE MI PADRE							
4702 N 23RD ST.						SCRIPTURE	
MCALLEN, TX 78504-4117	36-4749836	501(C)(3)	0.	23,497.	FMV	RESOURCES	PROGRAM SERVICES
AMERICAN REHABILITATION MINISTRIES							
3605 N MAIN ST.						SCRIPTURE	
JOPLIN, MO 64801-7665	43-1037106	501(C)(3)	0.	20,857.	FMV	RESOURCES	PROGRAM SERVICES
DIOCESE OF BRIDGEPORT							
238 JEWETT AVE.						SCRIPTURE	
BRIDGEPORT, CT 06606-2845	06-0737923	501(C)(3)	0.	20,810.	FMV	RESOURCES	PROGRAM SERVICES
GREEN PASTURES MINISTRIES							
7147 E 46TH ST.						SCRIPTURE	
INDIANAPOLIS, IN 46226-3803	91-2147777	501(C)(3)	0.	18,637.	FMV	RESOURCES	PROGRAM SERVICES
RECRUIT TRAINING COMMAND/CHAPEL							
3355 ILLINOIS ST. BLDG 1301						SCRIPTURE	
GREAT LAKES, IL 60088-3115	34-9990000	GOV	0.	16,875.	FMV	RESOURCES	PROGRAM SERVICES
CBN - THE WARRIOR'S JOURNEY							
977 CENTERVILLE TURNPIKEBCSB 339						SCRIPTURE	
VIRGINIA BEACH, VA 23493-1001	75-2772563	501(C)(3)	0.	15,786.	FMV	RESOURCES	PROGRAM SERVICES
OFFICERS CHRISTIAN FELLOWSHIP							
3784 S INCA ST.						SCRIPTURE	
ENGLEWOOD, CO 80110	38-1415401	501(C)(3)	0.	15,279.	FMV	RESOURCES	PROGRAM SERVICES
SIL INTERNATIONAL							
7500 W CAMP WISDOM RD.						SCRIPTURE	
DALLAS, TX 75236	75-1840827	501(C)(3)	0.	15,000.	FMV	RESOURCES	PROGRAM SERVICES
HOMELESS MILITARY VETERANS							
2704 SW 44TH ST.						SCRIPTURE	
OKLAHOMA CITY, OK 73119-3339	82-2109674	501(C)(3)	0.	14,439.	FMV	RESOURCES	PROGRAM SERVICES

Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt 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
CAMPUS CRUSADE PROVISION							
2401 W COMMERCE ST.						SCRIPTURE	
SAN ANTONIO, TX 78207-3832	95-6006123		0.	13,570.	FMV	RESOURCES	PROGRAM SERVICES
ORLANDO VA MEDICAL CENTER							
13800 VETERANS WAY		504 (5) (2)		12.074		SCRIPTURE	
ORLANDO, FL 32827	80-1394976	501(C)(3)	0.	13,071.	F.W.V	RESOURCES	PROGRAM SERVICES
SUPPORT MILITARY FAMILIES							
10177 N KINGS HWY UNIT E9						SCRIPTURE	
MYRTLE BEACH, SC 29572-4033	35-9990000	gov	0.	11,915.	FMV	RESOURCES	PROGRAM SERVICES
MCRD PARRIS ISLAND RELIGIOUS						G G D T D WILD D	
MINISTRIES CENTER - 854 BLVD DE FRANCE - PARRIS ISLAND, SC 29905	35-9990000	501/C)/3)	0.	10,647.	EW7	SCRIPTURE RESOURCES	PROGRAM SERVICES
FRANCE - FARRIS ISLAND, SC 23303	33-3330000	501(0)(3)	0.	10,047.	r m v	RESOURCES	FROGRAM SERVICES
LIFECHURCH WEST CHESTER							
8480 CINCINNATI COLUMBUS RD.						SCRIPTURE	
WEST CHESTER, OH 45069-3525	04-3809559	501(C)(3)	0.	10,510.	FMV	RESOURCES	PROGRAM SERVICES
3 BT 60 INF RGT							
5500 MARION AVE.	35-9990000	E01/G)/2)	0.	10,031.	EM7	SCRIPTURE RESOURCES	PROGRAM SERVICES
COLUMBIA, SC 29207-6019	33-3330000	501(C)(3)	0.	10,031.	rmv	RESOURCES	PROGRAM SERVICES
ATLANTA VA MEDICAL CENTER							
1670 CLAIRMONT RD.						SCRIPTURE	
DECATUR, GA 30033-4004	58-2091280	gov	0.	8,651.	FMV	RESOURCES	PROGRAM SERVICES
THE SALVATION ARMY INC.						GGD T DWILD II	
615 SLATERS LANE	13-3485289	501/C)/3\	0.	8,422.	EW7	SCRIPTURE RESOURCES	PROGRAM SERVICES
ALEXANDRIA, VA 22313	13-3403209	DOT(C)(3)	0.	0,422.	T. I.I. A	KESOUKCES	EVOCUME SEKATORS
A CHILD'S HOPE INTERNATIONAL							
2430 E KEMPER RD.						SCRIPTURE	
CINCINNATI, OH 45241-5805	26-2650611	501(C)(3)	0.	8,323.	FMV	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		
SALT OF THE EARTH BAPTIST CHURCH									
4221 S 4TH ST.						SCRIPTURE			
PHOENIX, AZ 85040	27-2187125	501(C)(3)	0.	7,899.	FMV	RESOURCES	PROGRAM SERVICES		
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
VA ADMINISTRATION MEDICAL CENTER									
400 VETERANS AVE. BUILDING 1 ROOM	L					SCRIPTURE			
BILOXI, MS 39531	31-1575142	gov	0.	7,737.	FMV	RESOURCES	PROGRAM SERVICES		
MIAMI YOUTH FOR CHRIST									
9350 SW 79TH AVE.						SCRIPTURE			
MIAMI, FL 33156	35-0992753	501(C)(3)	0.	7,102.	FMV	RESOURCES	PROGRAM SERVICES		
LIFE POINT CHURCH									
1915 ROSSVIEW RD.						SCRIPTURE			
CLARKESVILLE, TN 37043	32-0136581	501(C)(3)	0.	6,297.	FMV	RESOURCES	PROGRAM SERVICES		
TUCALOOSA VA MEDICAL CENTER									
3701 LOOP RD. E ATTN: CHAPLAIN									
SERVICE 120 - TUSCALOOSA, AL	62 0000000					SCRIPTURE	L		
35404-5015	63-0297932		0.	6,186.	F'MV	RESOURCES	PROGRAM SERVICES		
CARL VINSON VA MEDICAL CENTER									
1826 VETERANS BOULEVARD						SCRIPTURE			
DUBLIN, GA 31021-3620	58-2080668		0.	6,078.	FMV	RESOURCES	PROGRAM SERVICES		
DODDIN, GA 31021 3020	30 2000000		· ·	0,070.	r m v	RESCORCES	I KOGKAM BEKVICES		
YOUTH WITH A MISSION GREATER									
PHILADELPHIA - 7500 GERMANTOWN						SCRIPTURE			
AVE PHILADELPHIA, PA 19119-1600	84-3440535	501(C)(3)	0.	6,044.	FMV	RESOURCES	PROGRAM SERVICES		
•				,					
REGIMENTAL CHAPEL									
187 INF REGIMENT ST.						SCRIPTURE			
FORT BENNING, GA 31905	35-9990000	gov	0.	5,726.	FMV	RESOURCES	PROGRAM SERVICES		
CUYAHOGA COUNTY JAIL									
1313 W 3RD ST.						SCRIPTURE			
CLEVELAND, OH 44113	23-7093819		0.	5,471.	FMV	RESOURCES	PROGRAM SERVICES		

Schedule I (Form 990)

Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	T
(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
ARVEST FIELDS COMMUNITY CHURCH							
P.O. BOX 589						SCRIPTURE	
BRONX, NY 10472-0589	13-4125016	501(C)(3)	0.	5,217.	FMV	RESOURCES	PROGRAM SERVICES
KIDS COMMUNITY BIBLE STUDIES							
10 SOUTHGATE DR						SCRIPTURE	
FREEBURG, IL 62243-1566	37-1376944	501(C)(3)	0.	5,201.	FMV	RESOURCES	PROGRAM SERVICES
43D AG BATTALION RECEPTION							
4566 OKLAHOMA AVE. BLDG 2100						SCRIPTURE	
FORT LEONARD WOOD, MO 65473-1638	35-9990000		0.	5,190.	FMV	RESOURCES	PROGRAM SERVICES
HOPE'S BEACON BAPTIST CHURCH							
1401 N 60TH ST.						SCRIPTURE	
PHILADELPHIA, PA 15191	85-2048599	501(C)(3)	0.	5,100.	FMV	RESOURCES	PROGRAM SERVICES
FAITH AND LIBERTY DISCOVERY CENTRE				,			
- EAST END - 101 N. INDEPENDENCE							
MALL EAST - PHILADELPHIA, PA							
19106-2155	83-2372645	501(C)(3)	5,957,587.	0.			PROGRAM SERVICES
WYCLIFFE BIBLE TRANSLATORS							
P.O. BOX 628200							
ORLANDO, FL 32862-8200	95-1831097	501(C)(3)	509,411.	0.			PROGRAM SERVICES
WORD 4 ASIA							
5625 E SANTA ANA CANYON RD.							
ANAHEIM, CA 92807-3125	53-1588858		390,000.	0.			PROGRAM SERVICES
,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
THE WORD FOR THE WORLD							
INTERNATIONAL - P.O. BOX 26363 -							
COLORADO SPRINGS, CO 80936	84-1426685	501(C)(3)	300,000.	0.			PROGRAM SERVICES
CAMBRIDGE DIGITAL BIBLE RESEARCH							
8913 CINCINNATI DAYTON RD.							
WEST CHESTER, OH 45069	85-3424727	501(C)(3)	230,700.	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		
KD GROUP INC									
3400 WATERVIEW PARKWAY, SUITE 250									
RICHARDSON, TX 75080	47-5152075		153,195.	0.			PROGRAM SERVICES		
DOOR INTERNATIONAL									
135 N STATE ST. STE. 200				_					
ZEELAND, MI 49464-1283	56-1251149	501(C)(3)	112,858.	0.			PROGRAM SERVICES		
RENEW WORLD OUTREACH ORG									
3225 WYCLIFFE WAY									
STONE MOUNTAIN, GA 30087-4148	46-1197184	501(C)(3)	69,808.	0.			PROGRAM SERVICES		
GOOD NEWS CENTER INC.									
P.O. BOX 2135									
DULUTH, TX 30096-0037	27-0977686	501(C)(3)	50,000.	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		
,									
THE SENDING PROJECT									
12480 S. BLACK BOB ROAD									
OLATHE, KS 66062	27-1485904	501(C)(3)	38,448.	0.			PROGRAM SERVICES		
PHILADELPHIA GOSPEL MOVEMENT									
P.O. BOX 31903	87-1385476	501/C\/3\	30,000.	0.			PROGRAM SERVICES		
PHILADELPHIA, PA 19104	07-1303470	301(C)(3)	30,000.	0.			PROGRAM SERVICES		
FAITH CHRISTIAN CHURCH									
175 W 16TH STREET									
CHICAGO HEIGHTS, IL 60411	20-2440739	501(C)(3)	29,114.	0.			PROGRAM SERVICES		
BOSTON COLLABORATIVE									
971 COMMONWEALTH AVE. STE. 37									
BOSTON, MA 02215-1314	82-5139472	501(C)(3)	26,000.	0.			PROGRAM SERVICES		

Schedule I (Form 990)

Part II Continuation of Grants and Othe	r Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt 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
TRANSFORM MINNESOTA							
1515 E 66TH ST.							
RICHFIELD, MN 55423	41-0968131	501(C)(3)	20,200.	0.			PROGRAM SERVICES
FEDEX							
P.O. BOX 371461							
PITTSBURGH, PA 15250-7461	71-0427007	501(C)(3)	17,915.	0.			PROGRAM SERVICES
QUEST TRAUMA HEALING CENTERS							
2744 MAIN ROAD							
FRANKLINVILLE, NJ 08322	61-1673999	501(C)(3)	17,000.	0.			PROGRAM SERVICES
THE SALVATION ARMY (SYRACUSE))							
677 S. SALINA STREET							
SYRACUSE, NY 13202	13-5562351	501(C)(3)	15,000.	0.			PROGRAM SERVICES
				-			
AWANA CLUBS INTERNATIONAL							
15877 COLLECTION CENTER DR							
CHICAGO, IL 60693-0158	36-2428692	501(C)(3)	15,000.	0.			PROGRAM SERVICES
LOVE BALTIMORE							
225 CHESTERFIELD AVE.							
BALTIMORE, MD 21213	19-9588151	501(C)(3)	14,750.	0.			PROGRAM SERVICES
HOPE OF THE NATION							
P.O. BOX 1777							
WOODBRIDGE, CA 95258-1777	26-1096582	501(C)(3)	13,600.	0.			PROGRAM SERVICES
,			<u>'</u>				
ECO SOLUTION LLC							
280 S TAYLOR AVE. UNIT 200							
LOUISVILLE, CO 80027-3096	47-4863867	501(C)(3)	12,846.	0.			PROGRAM SERVICES
R & L CARRIERS INC.							
P.O. BOX 10020							
PORT WILLIAMS, OH 45164-2000	57-0558568		12,311.	0.			PROGRAM SERVICES

Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	T
(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
WORLDSERVE MINISTRIES INC							
477 PEACE PORTAL DR STE. 107192							
BLAINE, WA 98230-4023	32-0482182	501(C)(3)	12,275.	0.			PROGRAM SERVICES
BILL RICE RANCH							
627 BILL RICE RANCH ROAD							
MURFREESBORO, TN 37128	62-0787248	501(C)(3)	11,715.	0.			PROGRAM SERVICES
CAMPUS CRUSADE FOR CHRIST							
100 LAKE HART DR							
ORLANDO, FL 32832-0100	26-4068192	501(C)(3)	11,715.	0.			PROGRAM SERVICES
TRANS WORLD RADIO							
P.O. BOX 8700							
CARY, NC 27512	22-1690564	501(C)(3)	11,156.	0.			PROGRAM SERVICES
TELE-DATA SERVICES INC							
7655 E 46TH ST.	73-1531306		11,077.	0.			PROGRAM SERVICES
TULSA, OK 74145-6303	73-1531306		11,077.	0.			PROGRAM SERVICES
YRC LOGISTICS GLOBAL LLC							
P.O. BOX 13573							
NEWARK, NJ 07188-3573	48-1119865		10,295.	0.			PROGRAM SERVICES
THE MUSEUM OF THE BIBLE							
7507 SW 44TH STREET							
OKLAHOMA CITY, OK 73179-4312	27-3444987	501(C)(3)	10,000.	0.			PROGRAM SERVICES
CAMBOLIC DRICON MINICEPIES							
CATHOLIC PRISON MINISTRIES							
COALITION - 1703 WOODLAWN BLVD - AUSTIN, TX 78703	92-0584805	501(C)(3)	10,000.	0.			PROGRAM SERVICES
1001IN, IA 70703	72 0304003	301(0)(3)	10,000.	· ·			I ROOMAN DERVICES
SOCIEDAD BIBLICA DE PUERTO RICO							
627 AVE. ANDALUCIA							
SAN JUAN, PR 00920-5309	66-0330313	501(C)(3)	10,000.	0.			PROGRAM SERVICES

Schedule I (Form 990)

AMERICAN BIBLE SOCIETY 13-1623885

(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
CORNERSTONE COUNSELING MINISTRIES							
42 S 2ND ST.							
EASTON, PA 18042-3659	47-1848721	501(C)(3)	9,000.	0.			PROGRAM SERVICES
FUNDACION RAMON PANE							
1335 NW 179TH TERRACE							
MIAMI GARDENS, FL 33169	65-1045014	501(C)(3)	8,000.	0.			PROGRAM SERVICES
FORGOTTEN MAN MINISTRIES							
1480 BUCHANAN AVE. SW							
GRAND RAPIDS, MI 49507	38-1813208	501(C)(3)	7,000.	0.			PROGRAM SERVICES
CLIFTON & ANDREA RILEY ENTERPRISES							
LLC - 4 MAYMONT LANE -							
WILLINGBORO, NJ 08046	82-4649550	501(C)(3)	7,000.	0.			PROGRAM SERVICES
WILLINGBOKO, NO 00040	02 4049330	301(0)(3)	7,000.	•••			TROCKER BERVICES
LIGHTNING SOURCE LLC							
P.O. BOX 503531							
SAINT LOUIS, MO 63150-3531	62-1814386		6,662.	0.			PROGRAM SERVICES
FULL OF HOPE FOR LIFE							
P.O. BOX 321							
CHELTENHAM, PA 19012	84-3543319		6,000.	0.			PROGRAM SERVICES
,			1				
WABASH COLLEGE							
301 W WABASH AVENUE							
CRAWFORDSVILLE, IN 47933	35-0868202	501(C)(3)	5,500.	0.			PROGRAM SERVICES

Page 1

Schedule I (Form 990)

Schedule I (Form 990) 2022 AMERICAN BIBLE SOCIETY 13-1623885 Page 2 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. (f) Description of noncash assistance (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(e) Method of valuation (book, FMV, appraisal, other) recipients cash grant cash 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

REPORTS ON USAGE AND SUSTAINED SCRIPTURE ENGAGEMENT.

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

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

SCHEDULE J (Form 990)

Compensation Information

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.

Open to Public

OMB No. 1545-0047

Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

AMERICAN BIBLE SOCIETY

Employer identification number 13-1623885

Pa	art I Questions Regarding Compensation			
			Yes	No
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.			
	First-class or charter travel X Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account 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	1b	Х	
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?	2	Х	
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.			
	X Compensation committee			
	X Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X 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:			
а	Receive a severance payment or change-of-control payment?	4a	Х	
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	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:			
	The organization?	5a		X
b	Any related organization?	5b		Х
	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:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	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	7		X
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	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		1

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

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022 AMERICAN BIBLE SOCIETY 13-1623885 Page 2

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.

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) ROBERT BRIGGS	(i)	247,503.	0.	235,496.	25,883.	19,743.	528,625.	0.
PRESIDENT & CEO (END AUG 2022)	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JOHN D. CLAUSE	(i)	270,584.	0.	4,806.	22,248.	33,816.	331,454.	0.
CHIEF MSTRY ADV OFF (END MAY 2023)	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) OVIDIO ALFARO	(i)	245,998.	0.	1,242.	20,300.	37,097.	304,637.	0.
SVP (END DEC 2022)	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) NICHOLAS PAGANO	(i)	213,476.	0.	3,049.	34,597.	37,047.	288,169.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) STEPHEN KAO	(i)	212,557.	0.	2,043.	17,834.	37,070.	269,504.	0.
CHIEF LEGAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) NICOLE M. MARTIN	(i)	208,602.	0.	28,337.	19,114.	1,805.	257,858.	0.
SVP (END NOV 2022)	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JOHN GRECO	(i)	185,722.	0.	925.	26,908.	35,641.	249,196.	0.
SENIOR DIRECTOR - BIBLE.COM	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) WHITNEY T. KUNIHOLM	(i)	195,704.	0.	3,228.	16,099.	25,480.	240,511.	0.
CHIEF MINISTRY IMPACT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) JOHN M. MITCHELL	(i)	183,714.	0.	599.	15,298.	36,937.	236,548.	0.
DIRECTOR - DIGITAL BIBLE	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) JANET A. GRELL	(i)	202,265.	0.	2,867.	16,492.	14,053.	235,677.	0.
HEAD OF HR	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) SUSAN B. HARPER	(i)	175,384.	0.	2,503.	14,620.	36,902.	229,409.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) FRANK LOFARO	(i)	182,566.	0.	2,874.	15,040.	26,103.	226,583.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) DAVID J. THOMAS	(i)	172,111.	0.	567.	14,598.	36,900.	224,176.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) GOPAL RAO RAVEENDRAN	(i)	179,485.	0.	2,903.	14,769.	26,107.	223,264.	0.
SENIOR DIRECTOR - MINISTRY ADVANCEME	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) ANNA AVERLING	(i)	160,555.	0.	488.	13,444.	36,617.	211,104.	0.
DIR. RELATIONSHIP MKTING (END JAN 20	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) JAMES J. PUCHY	(i)	122,526.	0.	3,786.	34,598.	26,118.	187,028.	0.
CHIEF ADMINISTRATIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.

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

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

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

		(B) Breakdown of W	V-2 and/or 1099-MISO compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(17) PATRICK MURDOCK	(i)	57,039.	0.	49,178.	4,736.	19,183.	130,136.	0.
FORMER VP, MINISTRY ADVANCEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III | Supplemental Information

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

PART I, LINE 1A:

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

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

DEFINED/MEASUREABLE BIBLE SOCIETY BUSINESS PURPOSE. IF SPOUSAL TRAVEL IS

INCURRED THE VALUE OF SUCH TRAVEL IS REPORTED AS TAXABLE COMPENSATION TO

THE RECIPIENT.

THE BIBLE SOCIETY DOES PROVIDE A CLERGY HOUSING ALLOWANCE TO SEVERAL

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

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

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

PART I, LINE 4A:

THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAYMENTS DURING 2022. THE

AMOUNT IS INCLUDED IN SCHEDULE J. PART II. COLUMN B(III).

ROBERT BRIGGS - \$161,539

PATRICK MURDOCK - \$48,431

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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.

AMERICAN BIBLE SOCIETY Employer identification number 13-1623885

Pai	t I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of det		_	_
		applicable		Form 990, Part VIII, line 1g	noncash contribu	lion ai	nounts	>
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	28	1,048,415.	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	-	•					
	for which the organization completed Form 828	3, Part V, D	onee Acknowledge	ement 29		- 1	28	
							Yes	No
30a	During the year, did the organization receive by							
	must hold for at least 3 years from the date of the		ntribution, and whi	ch isn't required to be used	for			77
_	exempt purposes for the entire holding period?					30a		Х
	If "Yes," describe the arrangement in Part II.	alia414	andrea de consta	af anni na madamatan da sud a sud 9 - 1	:0			
31	Does the organization have a gift acceptance p				ions?	31	Х	
32a	Does the organization hire or use third parties o		_	· ·		00-		Y
	contributions?					32a		Х
	If "Yes," describe in Part II.	Jumps (=\ f=	o huno of access	for which column (a) is also	J. a d			
33	If the organization didn't report an amount in co	oiumn (c) for	a type of property	ror wnich column (a) is ched	скеа,			
	describe in Part II.							

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

Schedule M (Form 990) 2022

Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
SCHEDULE	M, PART I, COLUMN (B):
SCHEDULE	M, PART I, COLUMN (B): THE ORGANIZATION IS REPORTING THE
NUMBER OF	F STOCK GIFTS RECEIVED RATHER THAN EACH SHARE, AND THE MARKET
VALUE OF	THE CONTRIBUTIONS RECEIVED.

232142 09-09-22

SCHEDULE O (Form 990)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-EZ.

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

Inspection **Employer identification number**

AMERICAN BIBLE SOCIETY	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 2023, AMERICAN BIBLE SOCIETY CONTINUED ITS 207TH 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.	
AMERICAN BIBLE SOCIETY HELPS PEOPLE EXPERIENCE GOD THROUGH THE BIBLE.	
WE PROVIDE ACCESS TO THE BIBLE TO UNREACHED AND UNDERSERVED PEOPLE	
AROUND THE WORLD, HELP PEOPLE ENGAGE IN THE BIBLE INCLUDING THOSE IN	
CRISIS WHO FIND RESTORATION THROUGH SCRIPTURE, AND ADVOCATE FOR THE	
I HA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990) 2022

232211 10-28-22

Name of the organization **Employer identification number** AMERICAN BIBLE SOCIETY 13-1623885 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 PROVIDE ACCESS TO THE BIBLE IN EVERY LANGUAGE. FOR EVERY PERSON. WE ARE LEADERS AND INNOVATORS IN THE BIBLE TRANSLATION MOVEMENT, FOCUSING ON CREATING AND APPLYING EMERGING TECHNOLOGIES TO ACCELERATE TRANSLATIONS EFFORTS. THIS YEAR WE PROVIDED GREATER ACCESS TO SCRIPTURE TO 24 MILLION PEOPLEREACHING 141 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. 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 PIECES OF SCRIPTURE WORLDWIDE. OFTEN, OUR BIBLE DISTRIBUTION MINISTRY LEADS US TO THE

Schedule O (Form 990) 2022 Page **2**

Employer identification number Name of the organization AMERICAN BIBLE SOCIETY 13-1623885 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 RESTORING HOPE 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 BASIC TRAUMA HEALING RESOURCES TO INCREASE AWARENESS IN THE CHURCH AND EQUIP BELIEVERS TO CARE FOR PEOPLE IN CRISIS.

Name of the organization **Employer identification number** AMERICAN BIBLE SOCIETY 13-1623885 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 2,951 CHURCHES AND OTHER CHRISTIAN MINISTRIES WERE EQUIPPED WITH TRAUMA HEALING RESOURCES AND TRAINING AND MORE THAN 46,000 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 AND SCRIPTURE RESOURCES 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 581,000 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

Name of the organization **Employer identification number** AMERICAN BIBLE SOCIETY 13-1623885 FAITH AND FREEDOM OF EXPRESSION. THROUGH THE FAITH AND LIBERTY DISCOVERY CENTER. WE CELEBRATE AND EXPLORE THE BIBLE'S ROLE IN INSPIRING THE MEN AND WOMEN WHO FOUNDED AND REFORMED OUR GREAT NATION. WE CHAMPION THE BIBLE CAUSECONNECTING THE TIMELESS MESSAGE OF GOD'S WORD WITH ONGOING CONVERSATIONS IN THE PUBLIC SPHERE . 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. ANY PERSON WHO HAS A CONFLICT RECUSES THEMSELVES FROM DELIBERATION AND DECISIONS RELATED TO THE TRANSACTION. FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION FOR THE PRESIDENT & CEO IS DETERMINED BY INDEPENDENT MEMBERS OF 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

Name of the organization **Employer identification number** AMERICAN BIBLE SOCIETY 13-1623885 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 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 XI, LINE 9, CHANGES IN NET ASSETS: PENSION RELATED ACTIVITY 8,830,566.

30,566.

Name of the organization AMERICAN BIBLE SOCIETY		Employer identification number 13-1623885
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	513,991.	
DEPRECIATION IN VALUE OF THIRD PARTY TRUSTS	1,734,151.	
TOTAL TO FORM 990, PART XI, LINE 9	11,078,708.	

SCHEDULE R (Form 990)

Name of the organization

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.

Department of the Treasury Internal Revenue Service

AMERICAN BIBLE SOCIETY

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

13-1623885

(a)	(b)	(c)	(d)	(e)	, I		(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	I			Direct of	controlling ntity	g
Part II Identification of Related Tax-Exempt Orgorganizations during the tax year.	ganizations. Complete if the organizati	on answered "Yes" on Form 990), Part IV, line 34, I	pecause it had one	or more r	related tax-exe	mpt	
Part II Identification of Related Tax-Exempt Orgorganizations 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	Direct	(f) t controlling entity	Section 5	g) 512(b)(13) rolled tity?
organizations during the tax year. (a) Name, address, and EIN of related organization	(b)	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity	Direct	(f)	Section 5	rolled
organizations during the tax year. (a) Name, address, and EIN of related organization FAITH AND LIBERTY DISCOVERY CENTER -	(b)	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity status (if section	Direct	(f) t controlling	Section 5	rolled tity?
organizations during the tax year. (a) Name, address, and EIN of related organization FAITH AND LIBERTY DISCOVERY CENTER - 83-2372645, 101 N INDEPENDENCE MALL E,	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	Direct	(f) t controlling	Section 5	rolled tity?
organizations during the tax year. (a) Name, address, and EIN of related organization FAITH AND LIBERTY DISCOVERY CENTER -	(b)	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity status (if section	Direct	(f) t controlling	Section 5	rolled tity?
organizations during the tax year. (a) Name, address, and EIN of related organization FAITH AND LIBERTY DISCOVERY CENTER - 83-2372645, 101 N INDEPENDENCE MALL E,	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	Direct	(f) t controlling	Section 5	rolled tity?

Schedule R (Form 990) 2022 AMERICAN BIBLE SOCIETY 13-1623885 Page 2

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.

			ı	1		ı			1	_	
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI	Gener	Percenta ping ownersh
of related organization		(state or foreign	entity	(related, unrelated, excluded from tax under sections 512-514)	income	end-of-year assets	alloca	itions?			
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No.
						l					

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	(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	512(b	tion b)(13) rolled tity?
		country)		or tructy				Yes	No
	-								
CHARITABLE REMAINDER ANNUITY TRUST (5)	INVESTMENTS	WY		TRUST	0.	0.	.00%		х
	-								
CHARITABLE REMAINDER ANNUITY TRUST (2)	INVESTMENTS	ME		TRUST	0.	0.	.00%		х
	-								
CHARITABLE REMAINDER UNITRUST (3)	INVESTMENTS	CA		TRUST	0.	0.	.00%		х
	-								
CHARITABLE REMAINDER UNITRUST (1)	INVESTMENTS	co		TRUST	0.	0.	.00%		х
	-								
CHARITABLE REMAINDER UNITRUST (6)	INVESTMENTS	FL		TRUST	0.	0.	.00%		х

Schedule R (Form 990)

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	(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 Sec 512(b contr enti	tion b)(13) colled ity?
		country)		or tracty		455615		Yes	No
CHARITABLE REMAINDER UNITRUST (1)	INVESTMENTS	GA		TRUST	0.	0.	.00%		Х
CHARITABLE REMAINDER UNITRUST (6)	INVESTMENTS	IN		TRUST	0.	0.	.00%		Х
CHARITABLE REMAINDER UNITRUST (3)	INVESTMENTS	МО		TRUST	0.	0.	.00%		Х
CHARITABLE REMAINDER UNITRUST (3)	INVESTMENTS	NC		TRUST	0.	0.	.00%		Х
CHARITABLE REMAINDER UNITRUST (2)	INVESTMENTS	TN		TRUST	0.	0.	.00%		X
CHARITABLE REMAINDER UNITRUST (2)	INVESTMENTS	WI		TRUST	0.	0.	.00%		х
CHARITABLE REMAINDER UNITRUST (1)	INVESTMENTS	sc		TRUST	0.	0.	.00%		X

Schedule R (Form 990) 2022 AMERICAN BIBLE SOCIETY 13-1623885 Page 3

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

Not	ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more	related organizations listed in	n Parts II-IV?			
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1a	Х	
	b Gift, grant, or capital contribution to related organization(s)			1b	Х	
	Gift, grant, or capital contribution from related organization(s)			1c		Х
	d Loans or loan guarantees to or for related organization(s)			1d	Х	
	Loans or loan guarantees by related organization(s)			1e		Х
f	f Dividends from related organization(s)			1f		Х
g	g Sale of assets to related organization(s)			1g		Х
	h Purchase of assets from related organization(s)			1h		Х
	Exchange of assets with related organization(s)			1i		Х
	Lease of facilities, equipment, or other assets to related organization(s)			1j		Х
k	k Lease of facilities, equipment, or other assets from related organization(s)			1k		Х
	Performance of services or membership or fundraising solicitations for related organization(s)			11	Х	
				1m		Х
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1n		Х
	Sharing of paid employees with related organization(s)			10		Х
р	P Reimbursement paid to related organization(s) for expenses			1p		Х
	Reimbursement paid by related organization(s) for expenses			1q		Х
	r Other transfer of cash or property to related organization(s)			1r		Х
s	s Other transfer of cash or property from related organization(s)			1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including covered re	elationships and transaction thresholds.			
	(a) (b) Name of related organization Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount invo	lved		

Name of related organization

Name of related organization

Transaction type (a·s)

Amount involved

Method of determining amount involved

(1) FAITH AND LIBERTY DISCOVERY CENTER

A 250,000. FMV

(2) FAITH AND LIBERTY DISCOVERY CENTER

B 5,957,587. FMV

(3) FAITH AND LIBERTY DISCOVERY CENTER

D 20,299,997. FMV

(4) FAITH AND LIBERTY DISCOVERY CENTER

L 872,067. FMV

(5)

Schedule R (Form 990) 2022 AMERICAN BIBLE SOCIETY 13-1623885 Page 4

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprition allocat	opor- late tions?	General manage partner	(k) Percentage ownership
									000) 0000