

PUBLIC DISCLOSURE COPY

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2024

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning 07/01, 2024, and ending 06/30, 20 25

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Final return/terminated [ ] Amended return [ ] Application pending
C Name of organization AMERICAN BIBLE SOCIETY
Doing business as AMERICAN BIBLE SOCIETY
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
101 N INDEPENDENCE MALL E FL 8
City or town, state or province, country, and ZIP or foreign postal code
PHILADELPHIA, PA 19106
F Name and address of principal officer: JENNIFER HOLLORAN
SAME AS C ABOVE
D Employer identification number 13-1623885
E Telephone number (215) 309-0900
G Gross receipts \$ 536,426,418
H(a) Is this a group return for subordinates? [ ] Yes [x] No
H(b) Are all subordinates included? [ ] Yes [ ] No
If "No," attach a list. See instructions.
H(c) Group exemption number

I Tax-exempt status: [x] 501(c)(3) [ ] 501(c) ( ) (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: WWW.AMERICANBIBLE.ORG

K Form of organization: [x] Corporation [ ] Trust [ ] Association [ ] Other L Year of formation: 1816 M State of legal domicile: NY

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1 Briefly describe the organization's mission... TO MAKE THE BIBLE AVAILABLE TO EVERY PERSON... 2 Check this box [ ] if the organization discontinued its operations... 3-7a Activities & Governance summary rows. 8-12 Revenue summary table with Prior Year and Current Year columns. 13-19 Expenses summary table with Prior Year and Current Year columns. 20-22 Net Assets or Fund Balances summary table with Beginning of Current Year and End of Year columns.

Part II Signature Block

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

Sign Here Signature of officer: [Signature] Date: 3/10/26
NICHOLAS PAGANO, CFO
Type or print name and title

Paid Preparer Use Only Print/Type preparer's name: TODD TERESCO Preparer's signature: [Signature] Date: [ ] Check [ ] if self-employed PTIN: P00247720
Firm's name: BDO USA Firm's EIN: 13-5381590
Firm's address: 8401 GREENSBORO DR STE 800, MCLEAN, VA 22102-3599 Phone no.: (703) 893-0600

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

**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III  Yes  No

**1** Briefly describe the 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.

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

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  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 \$ 55,335,957 including grants of \$ 18,281,369 ) (Revenue \$ 1,084,767 )  
(SEE ON SCHEDULE O)

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

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

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

**4e** Total program service expenses 55,335,957

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? See instructions . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</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? <i>If "Yes," complete Schedule D, Part VII . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I. See instructions . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Part IV Checklist of Required Schedules** *(continued)*

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>23</b> 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? <i>If "Yes," complete Schedule J</i> . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>28</b> 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).		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Yes No

Table with 17 main rows (2a-17) and sub-rows (a-e). Columns include question text, input fields (e.g., 2a: 397, 7d: [ ]), and Yes/No columns with checkmarks.

**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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . .		
	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>1b</b>	Enter the number of voting members included on line 1a, above, who are independent . . . . .		
<b>2</b>	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? . . . . .		<input checked="" type="checkbox"/>
<b>3</b>	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? . . . . .		<input checked="" type="checkbox"/>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		<input checked="" type="checkbox"/>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		<input checked="" type="checkbox"/>
<b>6</b>	Did the organization have members or stockholders? . . . . .		<input checked="" type="checkbox"/>
<b>7a</b>	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? . . . . .		<input checked="" type="checkbox"/>
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		<input checked="" type="checkbox"/>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>8b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>9</b>	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 . . . . .		<input checked="" type="checkbox"/>

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		<input checked="" type="checkbox"/>
<b>10b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<input checked="" type="checkbox"/>	
<b>11b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<input checked="" type="checkbox"/>	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<input checked="" type="checkbox"/>	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done . . . . .	<input checked="" type="checkbox"/>	
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	<input checked="" type="checkbox"/>	
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	<input checked="" type="checkbox"/>	
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official . . . . .	<input checked="" type="checkbox"/>	
<b>15b</b>	Other officers or key employees of the organization . . . . .	<input checked="" type="checkbox"/>	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		<input checked="" type="checkbox"/>
<b>16b</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? . . . . .		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed AK, CA, CO, DC, (CONTINUED ON SCHEDULE O)
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.  
NICHOLAS PAGANO, 101 N INDEPENDENCE MALL E FL 8, PHILADELPHIA, PA 19106, (215) 309-0900

**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 nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JENNIFER HOLLORAN CHIEF EXECUTIVE OFFICER	40.0 3.0	✓		✓				356,854	0	65,563
(2) NICHOLAS PAGANO CHIEF FINANCIAL OFFICER	40.0 0.0			✓				222,313	0	76,737
(3) STEPHEN KAO CHIEF LEGAL OFFICER	40.0 0.0			✓				228,700	0	60,004
(4) JOHN GRECO SR. DIRECTOR	40.0 0.0					✓		240,956	0	46,986
(5) DAVID ALLISON CHIEF TECHNOLOGY OFFICER	40.0 0.0			✓				207,859	0	51,005
(6) ROBERT WONDERLING SR. DIRECTOR (THRU 07/24)	40.0 5.0					✓		145,469	64,653	46,588
(7) JOHN M MITCHELL DIRECTOR, DBL	40.0 0.0					✓		195,901	0	57,153
(8) JANET A GRELL HEAD OF BENEFITS ADMN & COMPLI	40.0 0.0					✓		217,640	0	33,452
(9) LEO HURTADO SR. DIRECTOR	40.0 0.0					✓		195,581	0	45,376
(10) MELINDA TRINE DIRECTOR, DONOR STEWARDSHIP	40.0 0.0					✓		174,367	0	57,054
(11) NANCY LUCERO SR. DIRECTOR	40.0 0.0					✓		187,585	0	31,288
(12) JOHN F PLAKE CHIEF INNOVATION OFFICER	40.0 2.0			✓				147,111	0	64,655
(13) THERESA BOYD SR. DIRECTOR, FP&A	40.0 0.0					✓		176,973	0	29,975
(14) SAMUEL HARRELL CHIEF PARTNERSHIPS OFFICER	40.0 0.0			✓				179,968	0	23,584

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>(15)</b> JAMES J PUCHY CHIEF ADMINISTRATIVE OFFICER	40.0 2.0			✓				145,648	0	50,714
<b>(16)</b> JOE MCINTOSH CHIEF DEVELOPMENT OFFICER (AS OF 08/19/24)	40.0 0.0			✓				80,000	0	6,306
<b>(17)</b> ALBERTO HUERTA CHIEF MARKETING OFFICER (AS OF 11/18/24)	40.0 0.0			✓				20,795	0	1,351
<b>(18)</b> NICOLE JOHANSSON CHAIR	6.0 0.0	✓						0	0	0
<b>(19)</b> MARY BANKS VICE-CHAIR	3.0 0.0	✓						0	0	0
<b>(20)</b> ELAINE ALLEN TREASURER	3.0 0.0	✓						0	0	0
<b>(21)</b> BEN VANGELDER DIRECTOR (AS OF 02/06/25)	3.0 0.0	✓						0	0	0
<b>(22)</b> BETTY URIBE DIRECTOR	3.0 0.0	✓						0	0	0
<b>(23)</b> DAVID WILLIS DIRECTOR	3.0 0.0	✓						0	0	0
<b>(24)</b> DEBORAH GARCIA-GRATACOS DIRECTOR	3.0 0.0	✓						0	0	0
<b>(25)</b> (SEE PART VII CONTINUATION SHEET)										
<b>1b Subtotal</b>								3,123,720	64,653	747,791
<b>c Total from continuation sheets to Part VII, Section A</b>								0	0	0
<b>d Total (add lines 1b and 1c)</b>								3,123,720	64,653	747,791

**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 70

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
RKD GROUP INC, 3400 WATERVIEW PKWY, STE 250, RICHARDSON, TX 75080-1560	DIRECT MAIL	7,870,676
MOORE RESPONSE MANAGEMENT GROUP, 2900 E APACHE ST., TULSA, OK 74110-2253	WAREHOUSING/LOGISTIC	2,082,068
SUMMIT DIRECT MAIL, INC., 1655 TERRE COLONY CT., DALLAS, TX 75212-6222	DIRECT MAIL POSTAGE	1,570,396
SHERIDAN PUBLISHING GRAND RAPI, 5100 33RD STREET SE, GRAND RAPIDS, MI 49512-2062	BIBLE PRINTING/PROD.	1,331,498
UNOSQUARE, LLC, 101 12TH STREET, SUITE 101, BIRMINGHAM, AL 35233	TECHNOLOGY SERVICES	854,800

**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 41

**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b>	Membership dues . . . . .	<b>1b</b>					
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>					
	<b>d</b>	Related organizations . . . . .	<b>1d</b>					
	<b>e</b>	Government grants (contributions)	<b>1e</b>					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	32,800,688				
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b>	\$ 315,120				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		32,800,688				
<b>Program Service Revenue</b>	<b>2a</b>	Business Code						
	<b>b</b>							
	<b>c</b>							
	<b>d</b>							
	<b>e</b>							
	<b>f</b>	All other program service revenue . .		0	0	0	0	
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .		0				
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		13,244,984		(347,477)	13,592,461	
	<b>4</b>	Income from investment of tax-exempt bond proceeds						
	<b>5</b>	Royalties . . . . .		2,685,500			2,685,500	
	<b>6a</b>	Gross rents . . . . .	(i) Real					
			(ii) Personal					
	<b>b</b>	Less: rental expenses	<b>6b</b>					
	<b>c</b>	Rental income or (loss)	<b>6c</b>	0	0			
	<b>d</b>	Net rental income or (loss) . . . . .						
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities					
			(ii) Other					
				484,762,676				
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .	<b>7b</b>	453,358,608				
	<b>c</b>	Gain or (loss) . . . . .	<b>7c</b>	31,404,068	0			
	<b>d</b>	Net gain or (loss) . . . . .		31,404,068			31,404,068	
<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>						
<b>b</b>	Less: direct expenses . . . . .	<b>8b</b>						
<b>c</b>	Net income or (loss) from fundraising events . . . . .							
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>						
		<b>9b</b>						
<b>c</b>	Net income or (loss) from gaming activities . . . . .							
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>	2,572,475					
		<b>b</b>	Less: cost of goods sold . . . . .	<b>10b</b>	1,487,708			
		<b>c</b>	Net income or (loss) from sales of inventory . . . . .		1,084,767	1,084,767		
<b>Miscellaneous Revenue</b>	<b>11a</b>	OTHER REVENUE	Business Code	900099	360,095		360,095	
	<b>b</b>							
	<b>c</b>							
	<b>d</b>	All other revenue . . . . .		0	0	0	0	
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		360,095				
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .		81,580,102	1,084,767	(347,477)	48,042,124		

**Part IX Statement of Functional Expenses**

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

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	6,817,665	6,817,665		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	478,003	478,003		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	10,985,701	10,985,701		
<b>4</b> Benefits paid to or for members . . . . .	0	0		
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	3,871,512	2,703,804	740,503	427,205
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	11,850,355	8,276,102	2,266,615	1,307,638
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	1,774,519	1,275,797	282,469	216,253
<b>9</b> Other employee benefits . . . . .	3,476,470	2,443,709	645,167	387,594
<b>10</b> Payroll taxes . . . . .	1,131,667	795,481	210,016	126,170
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	217,145	123,558	49,247	44,340
<b>c</b> Accounting . . . . .	380,946	295,749	33,790	51,407
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .	1,406,200			1,406,200
<b>f</b> Investment management fees . . . . .	1,971,624	1,530,680	174,882	266,062
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .	8,633,344	7,243,690	551,148	838,506
<b>12</b> Advertising and promotion . . . . .				
<b>13</b> Office expenses . . . . .	4,569,002	2,770,349	1,484,988	313,665
<b>14</b> Information technology . . . . .	1,035,479	983,101	36,485	15,893
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	2,652,018	1,319,700	864,674	467,644
<b>17</b> Travel . . . . .	629,689	479,337	63,223	87,129
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	63,418	43,411	10,721	9,286
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	1,437,623	1,083,602	211,360	142,661
<b>23</b> Insurance . . . . .	480,591	262,587	140,659	77,345
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) . . . . .				
<b>a</b> <u>PRINTING &amp; PUBLICATIONS</u> . . . . .	4,185,591	2,552,823	6,806	1,625,962
<b>b</b> <u>POSTAGE AND MAILINGS</u> . . . . .	3,854,686	2,519,860	1,981	1,332,845
<b>c</b> <u>ALL OTHER EXPENSES</u> . . . . .	308,409	204,734	44,892	58,783
<b>d</b> <u>BANK FEES &amp; COMPLIANCE</u> . . . . .	263,248	146,514	20,776	95,958
<b>e</b> All other expenses . . . . .	0	0	0	0
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e . . . . .	72,474,905	55,335,957	7,840,402	9,298,546
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	8,165,806	4,647,713		3,518,093

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	4,206,090	<b>1</b>	2,446,037
	<b>2</b> Savings and temporary cash investments . . . . .	30,650,319	<b>2</b>	25,780,292
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	2,824,916	<b>4</b>	2,274,993
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	18,274,997	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	6,970,645	<b>8</b>	4,390,431
	<b>9</b> Prepaid expenses and deferred charges . . . . .	1,524,480	<b>9</b>	1,431,631
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 22,973,668		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 13,079,135	9,864,538	<b>10c</b> 9,894,533
	<b>11</b> Investments—publicly traded securities . . . . .	234,144,750	<b>11</b>	312,281,958
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	410,578,309	<b>12</b>	357,947,466
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	48,523,126	<b>15</b>	49,626,832
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	767,562,170	<b>16</b>	766,074,173	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	13,936,776	<b>17</b>	9,089,020
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	4,306,505	<b>19</b>	4,213,568
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D . . . . .	82,110,121	<b>25</b>	73,782,014
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	100,353,402	<b>26</b>	87,084,602
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	549,317,569	<b>27</b>	549,261,190
	<b>28</b> Net assets with donor restrictions . . . . .	117,891,199	<b>28</b>	129,728,381
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	667,208,768	<b>32</b>	678,989,571	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	767,562,170	<b>33</b>	766,074,173	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	81,580,102
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	72,474,905
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	9,105,197
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	667,208,768
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	13,366,741
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	(10,691,135)
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	678,989,571

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
<b>b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<input checked="" type="checkbox"/>	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<input checked="" type="checkbox"/>
<b>b</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.		

**Part VII**

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(25) GEORGANNE PERKINS ----- DIRECTOR	3.0 ----- 0.0	✓						0	0	0
(26) HELEN OSMAN ----- DIRECTOR	3.0 ----- 0.0	✓						0	0	0
(27) KAREN MCDONALD ----- DIRECTOR	3.0 ----- 0.0	✓						0	0	0
(28) KATHARINE BARNHART ----- DIRECTOR (THRU 6/14/25)	3.0 ----- 0.0	✓						0	0	0
(29) MARIO KONTOMERKOS ----- DIRECTOR (AS OF 02/06/25)	3.0 ----- 0.0	✓						0	0	0
(30) MARIO PAREDES ----- DIRECTOR (THRU 06/14/25)	3.0 ----- 0.0	✓						0	0	0
(31) TESSIE DEVORE ----- DIRECTOR (THRU 6/14/25)	3.0 ----- 0.0	✓						0	0	0
(32) THEO NICOLAKIS ----- DIRECTOR	3.0 ----- 0.0	✓						0	0	0
(33) TIMOTHY HOUSEAL ----- DIRECTOR	3.0 ----- 0.0	✓						0	0	0

**SCHEDULE A  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2024**

**Open to Public  
Inspection**

Name of the organization <b>AMERICAN BIBLE SOCIETY</b>	Employer identification number <b>13-1623885</b>
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10  An organization that normally receives (1) more than 33<sup>1</sup>/<sub>3</sub>% 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<sup>1</sup>/<sub>3</sub>% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	51,247,901	60,863,768	43,674,470	35,326,820	32,800,688	223,913,647
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	51,247,901	60,863,768	43,674,470	35,326,820	32,800,688	223,913,647
<b>5</b> 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) . . . . .						4,079,386
<b>6 Public support.</b> Subtract line 5 from line 4						219,834,261

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4 . . . . .	51,247,901	60,863,768	43,674,470	35,326,820	32,800,688	223,913,647
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	13,159,164	12,948,151	13,705,592	16,222,827	15,930,484	71,966,218
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	112,987	669,099	279,086	25,161	0	1,086,333
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	565,771	1,458,965	377,001	302,671	360,095	3,064,503
<b>11 Total support.</b> Add lines 7 through 10						300,030,701
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	0
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	73.27 %
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14 . . . . .	<b>15</b>	76.39 %
<b>16a 33 1/3% support test—2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test—2023.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2024.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2023.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .						
<b>b</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						
<b>c</b> Add lines 7a and 7b . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>9</b> Amounts from line 6 . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .						
<b>c</b> Add lines 10a and 10b . . . .						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .						
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2023 Schedule A, Part III, line 15 . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2024</b> (line 10c, column (f), divided by line 13, column (f)) . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2023</b> Schedule A, Part III, line 17 . . . .	<b>18</b>	%
<b>19a 33 1/3% support tests—2024.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>b 33 1/3% support tests—2023.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . <input type="checkbox"/>		

**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**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
	<b>1</b>		
<b>2</b>	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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
	<b>2</b>		
<b>3</b>	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 <b>Part VI</b> the role the organization's supported organizations played in this regard.		
	<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).		
<b>2</b>	Activities Test. <b>Answer lines 2a and 2b below.</b>		
<b>a</b>	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 <b>Part VI identify those supported organizations and explain</b> 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>2a</b>		
<b>b</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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
	<b>2b</b>		
<b>3</b>	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>		
<b>a</b>	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 <b>Part VI</b> .		
	<b>3a</b>		
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.		
	<b>3b</b>		

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

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

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





**Part VI**

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.)

Return Reference - Identifier	Explanation						
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	Description	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	(1) OTHER INCOME	565,771	1,458,965	377,001	302,671	360,095	3,064,503
	Total	565,771	1,458,965	377,001	302,671	360,095	3,064,503

**Schedule B  
(Form 990)**

(Rev. January 2025)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

**Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

Name of the organization <b>AMERICAN BIBLE SOCIETY</b>	Employer identification number <b>13-1623885</b>
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**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

- 501(c)( **3** ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . \$ \_\_\_\_\_

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 1,750,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 1,692,500	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 985,200	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>AMERICAN BIBLE SOCIETY</b>	Employer identification number <b>13-1623885</b>
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**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) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

SCHEDULE D (Form 990)

(Rev. January 2025)

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

Open to Public Inspection

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

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

Part II Conservation Easements

Form for Conservation Easements including questions about purpose, monitoring, and expenses. Includes a table for 'Held at the End of the Tax Year' with rows 2a-2d.

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

Form for Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets including questions about reporting and revenue/assets.

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

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

**Part IV Escrow and Custodial Arrangements**

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

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

**Part V Endowment Funds**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	509,623,941	511,025,464	497,950,733	644,123,812	514,588,342
<b>b</b> Contributions	(3,098,689)	(2,084,469)	988,591	7,162,386	(676,627)
<b>c</b> Net investment earnings, gains, and losses	57,569,924	41,205,680	41,439,504	(98,288,742)	165,855,792
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs	26,348,331	38,210,671	26,438,581	52,634,728	34,071,259
<b>f</b> Administrative expenses	1,896,704	2,312,063	2,914,783	2,411,995	1,572,436
<b>g</b> End of year balance	535,850,141	509,623,941	511,025,464	497,950,733	644,123,812

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment 91.00 %
  - b** Permanent endowment 4.00 %
  - c** Term endowment 5.00 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| <b>(i)</b> Unrelated organizations?   | ✓   |    |
| <b>(ii)</b> Related organizations?  |     | ✓  |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? |     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements		13,679,014	7,326,903	6,352,111
<b>d</b> Equipment		4,566,050	4,180,556	385,494
<b>e</b> Other		4,728,604	1,571,676	3,156,928
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				9,894,533

**Part VII Investments—Other Securities**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely held equity interests . . . . .		
(3) Other		
(A) PRIVATE EQUITY	133,381,345	END OF YEAR MARKET VALUE
(B) FIXED INCOME	87,070,041	END OF YEAR MARKET VALUE
(C) EQUITIES	19,628,100	END OF YEAR MARKET VALUE
(D) REAL ASSETS	48,031,275	END OF YEAR MARKET VALUE
(E) HEDGES/ ABSOLUTE RETURN	69,836,705	END OF YEAR MARKET VALUE
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 12, col. (B)) . . . . .	<b>357,947,466</b>	

**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 13, col. (B)) . . . . .		

**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 INVESTMENT	31,664,351
(2) LEASE RIGHT OF USE ASSET	17,962,481
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B)) . . . . .	<b>49,626,832</b>

**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	35,239,781
(3) ACCRUED POSTRETIREMENT BENEFITS	14,101,492
(4) ANNUITIES PAYABLE	15,782,923
(5) OBLIGATIONS UNDER CHARITABLE REMAINDER TRUST	8,657,818
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)) . . . . .	<b>73,782,014</b>

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



**Part XIII**

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

Return Reference - Identifier	Explanation
SCHEDULE D, PART III, LINE 1A - COLLECTIONS OF ART - FINANCIAL STATEMENT FOOTNOTE	AMERICAN BIBLE SOCIETY MAINTAINS A RARE SCRIPTURE COLLECTION THAT HAS BEEN ACQUIRED THROUGH PURCHASES AND CONTRIBUTIONS SINCE AMERICAN BIBLE SOCIETY'S INCEPTION. THE COLLECTION PRESERVES HISTORICALLY SIGNIFICANT SCRIPTURES, PROVIDES FOR SCHOLARLY RESEARCH, AND CONTRIBUTES TO THE PUBLIC GOOD THROUGH EDUCATIONAL EXHIBITIONS.
SCHEDULE D, PART III, LINE 4 - COLLECTIONS OF ART - DESCRIPTION OF COLLECTIONS	AMERICAN BIBLE SOCIETY MAINTAINS A RARE SCRIPTURE COLLECTION THAT HAS BEEN ACQUIRED THROUGH PURCHASES AND CONTRIBUTIONS SINCE AMERICAN BIBLE SOCIETY'S INCEPTION. THE COLLECTION PRESERVES HISTORICALLY SIGNIFICANT SCRIPTURES, PROVIDES FOR SCHOLARLY RESEARCH, AND CONTRIBUTES TO THE PUBLIC GOOD THROUGH EDUCATIONAL EXHIBITIONS.
SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS	AMERICAN BIBLE SOCIETY'S ENDOWMENT FUNDS EXIST TO SUPPORT THE ORGANIZATION'S MISSION. WE ARE CURRENTLY RESPONSIBLE FOR OVER 450 SPECIFIC AND GENERAL-PURPOSE TRUE ENDOWMENTS. THESE ENDOWMENTS WERE ESTABLISHED BY DONOR RESTRICTION OVER THE SOCIETY'S HISTORY, WITH THE FIRST ENDOWMENT RECORDED IN 1908. OUR INVESTMENT AND SPENDING POLICY FOR TRUE ENDOWMENTS IS CRAFTED IN COMPLIANCE WITH THE BEST PRACTICE GUIDELINES ESTABLISHED BY THE NEW YORK PRUDENT INSTITUTIONAL FUNDS ACT (NYPMIFA), AS NEW YORK IS OUR STATE OF OUR INCORPORATION. AMERICAN BIBLE SOCIETY ALSO MAINTAINS A BOARD-DESIGNATED FUND (QUASI-ENDOWMENT) WHICH FUNCTIONS AS AN ENDOWMENT FUND, WITHOUT THE DONOR RESTRICTIONS OF A TRUE ENDOWMENT. THE QUASI-ENDOWMENT PROVIDES AN ANNUAL SUBSIDY TO THE OPERATING BUDGET BY MEANS OF AN INDUSTRY'S BEST PRACTICE SPENDING FORMULA METHODOLOGY, THAT SEEKS TO RETAIN PURCHASING POWER OF THE FUND, AS WELL AS PROVIDE INTERGENERATIONAL EQUITY SO THAT FUTURE GENERATIONS OF BOARD AND MANAGEMENT WILL HAVE COMPARABLE FUNDING TO FULFILL THE SOCIETY'S MISSION. IN ADDITION TO PROVIDING AN ANNUAL SUBSIDY, THE QUASI-ENDOWMENT ALSO EXISTS TO PROTECT AGAINST ECONOMIC UNCERTAINTY, FUND NEW INITIATIVES, SUPPORT MINISTRY PARTNERSHIP EFFORTS, AND FUND ACCESS TO HIGH QUALITY TALENT, SYSTEMS, AND INFRASTRUCTURE. BECAUSE OF THE AMERICAN BIBLE SOCIETY QUASI-ENDOWMENT, A HIGHER PERCENTAGE OF DONOR DOLLARS CAN GO TOWARDS MINISTRY PROGRAMS.
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	THE SOCIETY HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS.

**SCHEDULE F  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public Inspection**

Name of the organization

AMERICAN BIBLE SOCIETY

Employer identification number

13-1623885

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		1,337,438
(2) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	GRANTMAKING		4,032,109
(3) MIDDLE EAST AND NORTH AFRICA	0	0	GRANTMAKING		389,266
(4) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	GRANTMAKING		247,041
(5) RUSSIA AND NEIGHBORING STATES	0	0	GRANTMAKING		230,570
(6) SOUTH AMERICA	0	0	GRANTMAKING		1,109,991
(7) SOUTH ASIA	0	0	GRANTMAKING		361,560
(8) SUB-SAHARAN AFRICA	0	0	GRANTMAKING		2,745,661
(9) CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTMAKING		532,066
(10) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	PROGRAM SERVICES	MINISTRY PROJECT MANAGEMENT: BIBLE TRANSLATION AND DISTRIBUTION	6,706
(11) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	PROGRAM SERVICES	MINISTRY PROJECT MANAGEMENT: BIBLE TRANSLATION AND DISTRIBUTION	32,201
(12) SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	MINISTRY PROJECT MANAGEMENT: BIBLE TRANSLATION AND DISTRIBUTION	63,061
(13) SOUTH AMERICA	0	0	INVESTMENTS		85,338
(14) CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		58,794,213
(15) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	INVESTMENTS		17,735,247
(16) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	INVESTMENTS		1
(17)					
<b>3a Subtotal</b>	0	0			87,702,469
<b>b Total from continuation sheets to Part I</b>	0	0			0
<b>c Totals (add lines 3a and 3b)</b>	0	0			87,702,469

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

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA AND THE PACIFIC	GRANTMAKING	1,337,438	WIRE			
(2)			EUROPE (INCLUDING ICELAND AND GREENLAND)	GRANTMAKING	4,032,109	WIRE			
(3)			MIDDLE EAST AND NORTH AFRICA	GRANTMAKING	389,266	WIRE			
(4)			NORTH AMERICA (CANADA & MEXICO ONLY)	GRANTMAKING	247,041	WIRE			
(5)			RUSSIA AND NEIGHBORING STATES	GRANTMAKING	230,570	WIRE			
(6)			SOUTH AMERICA	GRANTMAKING	1,109,991	WIRE			
(7)			SOUTH ASIA	GRANTMAKING	361,560	WIRE			
(8)			SUB-SAHARAN AFRICA	GRANTMAKING	2,745,661	WIRE			
(9)			CENTRAL AMERICA AND THE CARIBBEAN	GRANTMAKING	532,066	WIRE			
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

**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 . . . . . 8

**3** Enter total number of other organizations or entities . . . . . 8

**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)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . .  **Yes**  **No**
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* . . . . .  **Yes**  **No**
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* . . . . .  **Yes**  **No**
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* . . . . .  **Yes**  **No**
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . .  **Yes**  **No**
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* . . . . .  **Yes**  **No**

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Return Reference - Identifier	Explanation
SCHEDULE F, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	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 RESEARCH 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, PART I, LINE 3 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	CENTRAL AMERICA AND THE CARIBBEAN - ACCRUAL EAST ASIA AND THE PACIFIC - ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND) - ACCRUAL - MINISTRY PROJECT MANAGEMENT: BIBLE TRANSLATION AND DISTRIBUTION MIDDLE EAST AND NORTH AFRICA - ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY) - ACCRUAL - MINISTRY PROJECT MANAGEMENT: BIBLE TRANSLATION AND DISTRIBUTION RUSSIA AND NEIGHBORING STATES - ACCRUAL SOUTH AMERICA - ACCRUAL SOUTH ASIA - ACCRUAL SUB-SAHARAN AFRICA - ACCRUAL - MINISTRY PROJECT MANAGEMENT: BIBLE TRANSLATION AND DISTRIBUTION
SCHEDULE F, PART II, LINE 1 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	EAST ASIA AND THE PACIFIC - ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND) - ACCRUAL MIDDLE EAST AND NORTH AFRICA - ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY) - ACCRUAL RUSSIA AND NEIGHBORING STATES - ACCRUAL SOUTH AMERICA - ACCRUAL SOUTH ASIA - ACCRUAL SUB-SAHARAN AFRICA - ACCRUAL

**SCHEDULE G  
(Form 990)**

(Rev. January 2025)  
Department of the Treasury  
Internal Revenue Service

**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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public Inspection**

Name of the organization

AMERICAN BIBLE SOCIETY

Employer identification number

13-1623885

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a**  Mail solicitations
  - b**  Internet and email solicitations
  - c**  Phone solicitations
  - d**  In-person solicitations
  - e**  Solicitation of nongovernment grants
  - f**  Solicitation of government grants
  - g**  Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>1</b> RKD GROUP, 2701 NORTH DALLAS PARKWAY., SUITE 650, PLANO, TX 75093	DIRECT RESPONSE		✓	20,987,020	6,242,660	14,744,360
<b>2</b>						
<b>3</b>						
<b>4</b>						
<b>5</b>						
<b>6</b>						
<b>7</b>						
<b>8</b>						
<b>9</b>						
<b>10</b>						
<b>Total</b>				20,987,020	6,242,660	14,744,360

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

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

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

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

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

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

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states? . . . . .  Yes  No

**b** If "No," explain: \_\_\_\_\_

\_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . . . .  Yes  No

**b** If "Yes," explain: \_\_\_\_\_

\_\_\_\_\_



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).

Return Reference - Identifier	Explanation
SCHEDULE G, PART I, LINE 2B	NAME: RKD GROUP  ADDRESS: 2701 NORTH DALLAS PARKWAY, SUITE 650, PLANO, TX 75093  ACTIVITY : DIRECT RESPONSE  CUSTODY OR CONTROL OF CONTRIBUTION? NO  GROSS RECEIPTS FROM ACTIVITY : 20,987,020.  AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 6,242,660.  AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION : 14,474,360

**SCHEDULE I  
(Form 990)**

(Rev. December 2024)

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

AMERICAN BIBLE SOCIETY

Employer identification number

13-1623885

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> AMERICAN REHABILITATION MINISTRIES 3605 N MAIN ST, JOPLIN, MO 64801-7665	43-1037106	501 (C) (3)		98,413	FMV	SCRIPTURE RESOURCES	PROGRAM SERVICES
<b>(2)</b> BIG LIFE INTERNATIONAL INC PO BOX 1975, BLUE RIDGE, GA 30513	65-1060939	501 (C) (3)	330,000		FMV		PROGRAM SERVICES
<b>(3)</b> (SEE STATEMENT)	62-0787248	501 (C) (3)	12,871		FMV		PROGRAM SERVICES
<b>(4)</b> BOSTON COLLABORATIVE 971 COMMW. AVE STE 37, BOSTON, MA 02215	82-5139472	501 (C) (3)	14,000		FMV		PROGRAM SERVICES
<b>(5)</b> FLDC 101 N. INDEP. MALL E, PHILA., PA 19106-2155	83-2372645	501 (C) (3)	3,354,850		FMV		PROGRAM SERVICES
<b>(6)</b> FAITH CHRISTIAN CHURCH 175 W 16TH STREET, CHICAGO HEIGHTS, IL 60411	20-2440739	501 (C) (3)	14,000		FMV		PROGRAM SERVICES
<b>(7)</b> FEDEX (BCOM ACCT) PO BOX 371461, PITTSBURGH, PA 15250-7461	71-0427007		13,219		FMV		PROGRAM SERVICES
<b>(8)</b> FORGOTTEN MAN MINISTRIES 1480 BUCHAN AVE SW, GRAND RAPIDS, MI 49507	38-1813208	501 (C) (3)	14,274		FMV		PROGRAM SERVICES
<b>(9)</b> GLOBAL MISSIONS COMM. OUTREACH, INC. 2510 TOLLIVER DR, ELLENWOOD, GA 30294	84-2480699	501 (C) (3)	55,000		FMV		PROGRAM SERVICES
<b>(10)</b> GOOD NEWS CENTER INC. PO BOX 2135, DULUTH, GA 30096	27-0977686	501 (C) (3)	114,500		FMV		PROGRAM SERVICES
<b>(11)</b> GOOD NEWS PUBLISHERS 1300 CRESCENT ST, WHEATON, IL 60187-5815	36-1143987	501 (C) (3)	57,116		FMV		PROGRAM SERVICES
<b>(12)</b> (SEE STATEMENT)							

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 48

**3** Enter total number of other organizations listed in the line 1 table 12



## Part II

## Grants and Other Assistance to Governments and Organizations in the United States (continued)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(12) GREEN PASTURES MINISTRIES 7147 E 46TH ST, INDIANAPOLIS , IN 46226-3803	91-2147777	501 (C) (3)		14,887	FMV	SCRIPTURE RESOURCES	PROGRAM SERVICES
(13) HEALING AFRICA MINISTRIES 2355 CLINTON ROSS COURT, TRIANGLE, VA 22172	84-2329962	501 (C) (3)	35,000		FMV		PROGRAM SERVICES
(14) HOPE OF THE NATION PO BOX 1777, WOODBRIDGE, CA 95258-1777	26-1096582	501 (C) (3)	11,667		FMV		PROGRAM SERVICES
(15) JOSIAH VENTURE, NFP PO BOX 4317, WHEATON, IL 60187	36-4469008	501 (C) (3)	78,000		FMV		PROGRAM SERVICES
(16) KIDS COMMUNITY BIBLE STUDIES 10 SOUTHGATE DR, FREEBURG, IL 62243-1566	37-1376944	501 (C) (3)		5,254	FMV	SCRIPTURE RESOURCES	PROGRAM SERVICES
(17) LUTHERAN INDIAN MINISTRIES 8711 JEWEL TERRACE CIRCLE, ANCHORAGE, AK 99502-5179	39-1509253	501 (C) (3)	14,000		FMV		PROGRAM SERVICES
(18) NATIONAL HISPANIC LEADERSHIP CONFERENCE 6555 44TH ST, SACRAMENTO , CA 95823	76-0745631	501 (C) (3)	20,000		FMV		PROGRAM SERVICES
(19) NATIONAL LITHOGRAPH INC 22800 EXECUTIVE DRIVE, SUITE 190, STERLING , VA 20166	52-1253165	501 (C) (3)	14,903		FMV		PROGRAM SERVICES
(20) NEW PSALMIST BAPTIST CHURCH 2301 N CARLISLE ST, PHILADELPHIA, PA 19132	52-1288459	501 (C) (3)		8,208	FMV	SCRIPTURE RESOURCES	PROGRAM SERVICES
(21) OFFICERS CHRISTIAN FELLOWSHIP 3784 S INCA ST, ENGLEWOOD, CO 80110	38-1415401	501 (C) (3)		9,587	FMV	SCRIPTURE RESOURCES	PROGRAM SERVICES
(22) ONE WAY MINISTRIES 15461 65TH ST NE, FOLEY, MN 56329	83-1609455	501 (C) (3)	35,000		FMV		PROGRAM SERVICES
(23) OPERATION COMPASSION 1120 URBANE RD NE, CLEVELAND , TN 37312	62-1697490	501 (C) (3)		18,151	FMV	SCRIPTURE RESOURCES	PROGRAM SERVICES
(24) PENNSYLVANIA BIBLE SOCIETY 701 WALNUT ST, PHILADELPHIA, PA 19106	23-6394230	501 (C) (3)		8,473	FMV	SCRIPTURE RESOURCES	PROGRAM SERVICES
(25) RENEW WORLD OUTREACH ORG 3225 WYCLIFFE WAY, STONE MOUNTAIN , GA 30087-4148	46-1197184	501 (C) (3)	224,793		FMV		PROGRAM SERVICES
(26) TALKING BOOKS INTERNATIONAL INC 419 E GRAND AVE, ESCONDIDO, CA 92025	33-0975333	501 (C) (3)	50,000		FMV		PROGRAM SERVICES
(27) THE SENDING PROJECT 12480 S. BLACK BOB ROAD, OLATHE, KS 66062	27-1485904	501 (C) (3)	14,434		FMV		PROGRAM SERVICES
(28) THE TIMOTHY INITIATIVE INC PO BOX 98177, RALEIGH , NC 27624	80-0472803	501 (C) (3)	100,000		FMV		PROGRAM SERVICES
(29) THE WYCLIFFE SEED COMPANY 220 WESTWAY PL STE 100, ARLINGTON, TX 76018-5653	33-0838929	501 (C) (3)	12,871		FMV		PROGRAM SERVICES

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(30) TRANS WORLD RADIO PO BOX 8700, CARY, NC 27512-8700	22-1690564	501 (C) (3)	12,871		FMV		PROGRAM SERVICES
(31) TRANSFORM MINNESOTA 1515 E 66TH ST, RICHFIELD, MN 55423	41-0968131	501 (C) (3)	14,000		FMV		PROGRAM SERVICES
(32) WABASH COLLEGE 301 W WABASH AVE, CRAWFORDSVILLE, IN 47933-2417	35-0868202	501 (C) (3)	7,000		FMV		PROGRAM SERVICES
(33) WORLDSERVE MINISTRIES INC 477 PEACE PORTAL DR STE 107192, BLAINE, WA 98230-4023	32-0482182	501 (C) (3)	12,871		FMV		PROGRAM SERVICES
(34) WYCLIFF BIBLE TRANSLATORS PO BOX 628200, ORLANDO, FL 32862-8200	95-1831097	501 (C) (3)	14,888		FMV		PROGRAM SERVICES
(35) THE LEAD CHURCH 2325 ABERDEEN PLACE, CARROLTON, TX 75007	45-3700013	501 (C) (3)		16,931	FMV	SCRIPTURE RESOURCES	PROGRAM SERVICES
(36) ANTHONY AZAR 517 BRANDON WAY, AUSTIN, TX 78733	20-3021444	501 (C) (3)		8,507	FMV	SCRIPTURE RESOURCES	PROGRAM SERVICES
(37) AIR FORCE RESERVE 3809 CHAPMAN AVE, SPRINGDALE, AR 72762	84-9980000	GOVT		33,389	FMV	SCRIPTURE RESOURCES	PROGRAM SERVICES
(38) VA COASTAL HEALTH CARE SYSTEM 2300 RAMSEY ST, FAYETTEVILLE, NC 28301	56-1303855	501 (C) (3)		6,147	FMV	SCRIPTURE RESOURCES	PROGRAM SERVICES
(39) STUDIO 412 MINISTRIES 10042 S 94TH E AVE, TULSA, OK 74133	84-4127738	501 (C) (3)		13,755	FMV	SCRIPTURE RESOURCES	PROGRAM SERVICES
(40) UNITED DAUGHTERS OF THE REVOLUTION 94 WEST PARK DRIVE, SPARTANBURG, SC 29306	57-6029234	501 (C) (3)		9,083	FMV	SCRIPTURE RESOURCES	PROGRAM SERVICES
(41) BATTALION 334 QM BN 177 WESTON STREET, HARTFORD, CT 06120	35-9990000	GOVT		9,840	FMV	SCRIPTURE RESOURCES	PROGRAM SERVICES
(42) WEST TN VETERANS COALITION 239 GRADY MONTGOMERY DR, JACKSON, TN 38301	84-4764656	501 (C) (3)		15,458	FMV	SCRIPTURE RESOURCES	PROGRAM SERVICES
(43) CRU MILITARY 2813 CREEKSTONE LANE, PHENIX CITY, AL 36867	95-6006173	501 (C) (3)		8,817	FMV	SCRIPTURE RESOURCES	PROGRAM SERVICES
(44) GATEWAY CHAPEL/RELIGIOUS AFFAIRS AIRMAN/502 ABW HC 1930 GEORGE AVENUE, LACKLAND AFB, TX 78236	32-2729625	501 (C) (3)		9,614	FMV	SCRIPTURE RESOURCES	PROGRAM SERVICES
(45) CRU MILITARY 1355 MINNESOTA AVE, FORT LEONARD WOOD, MO 65473	95-6006173	501 (C) (3)		33,901	FMV	SCRIPTURE RESOURCES	PROGRAM SERVICES
(46) INTERNATIONAL CHURCH OF CLEARWATER INC. 109 S PEGASUS AVE, CLEARWATER, FL 33765	38-3713220	501 (C) (3)		10,894	FMV	SCRIPTURE RESOURCES	PROGRAM SERVICES
(47) RTC CHAPEL STAFF 3601 HURON STREET, GREAT LAKES, IL 60088	34-9990000	501 (C) (3)		13,037	FMV	SCRIPTURE RESOURCES	PROGRAM SERVICES

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(48) REVELATION MEDIA PO BOX 141078, DALLAS , TX 75214	81-1676942	501 (C) (3)		49,000	FMV	SCRIPTURE RESOURCES	PROGRAM SERVICES
(49) CRU MILITARY 2662 SANDRA ROSE LANE, NEW FRANKEN, WI 54229	95-6006173	501 (C) (3)		10,207	FMV	SCRIPTURE RESOURCES	PROGRAM SERVICES
(50) 161ST INFANTRY BN 11901 GOLDEN ARROW ROAD, FORT JACKSON, SC 29207	35-9990000	GOVT		16,170	FMV	SCRIPTURE RESOURCES	PROGRAM SERVICES
(51) 122 AVIATION SUPPORT BATTALION 315 ETHRIDGE STREET, FORT BRAGG, NC 28308	35-9990000	GOVT		11,268	FMV	SCRIPTURE RESOURCES	PROGRAM SERVICES
(52) VA MEDICAL CENTER ZABLOCKI 5000 W NATIONAL AVE, MILWAUKEE, WI 53295	88-2672191	GOVT		13,011	FMV	SCRIPTURE RESOURCES	PROGRAM SERVICES
(53) 43RD AG BATALLION 4566 OKLAHOMA AVE, FORT LEONARD WOOD , MO 65473	35-9990000	GOVT		36,902	FMV	SCRIPTURE RESOURCES	PROGRAM SERVICES
(54) ARCHDIOCESE FOR THE MILITARY 4250 BELLEVUE WOOD AVENUE, SAN DIEGO, CA 92140	13-1624090	501 (C) (3)		12,122	FMV	SCRIPTURE RESOURCES	PROGRAM SERVICES
(55) 434TH FA BDE 6043 ROTHWELL STREET, FORT SILL, OK 73503	35-9990000	GOVT		23,406	FMV	SCRIPTURE RESOURCES	PROGRAM SERVICES
(56) 81ST READINESS DIVISION 81 WILDCAT WAY, FORT JACKSON, SC 29207	35-9990000	GOVT		25,195	FMV	SCRIPTURE RESOURCES	PROGRAM SERVICES
(57) VA MEDICAL CENTRE GOLF COAST 400 VETERANS AVE, BILOXI, MS 39531	27-3523909	GOVT		10,914	FMV	SCRIPTURE RESOURCES	PROGRAM SERVICES
(58) FOUNDATION FOR ATLANTA VETERANS EDUCATION & RESEARCH 1670 CLAIRMONT RD, DECATUR, GA 30033	58-1857346	501 (C) (3)		10,979	FMV	SCRIPTURE RESOURCES	PROGRAM SERVICES
(59) 2ND BATTALION 39TH INFANTRY 10400 HAMPTON PKWY, COLUMBIA, SC 29207	35-9990000	GOVT		12,094	FMV	SCRIPTURE RESOURCES	PROGRAM SERVICES
(60) UNITED STATES NAVY 1555 STATE STREET, CHICAGO HEIGHTS, IL 60411	34-9990000	GOVT		50,604	FMV	SCRIPTURE RESOURCES	PROGRAM SERVICES

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

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	EACH GRANT REQUEST IS CAREFULLY REVIEWED, AND AN AMERICAN BIBLE SOCIETY GRANT APPLICATION KIT, COMPLETE WITH TESTIMONIAL FORMS/ OPPORTUNITIES FOR FEEDBACK ON HOW THE SCRIPTURE WILL BE USED IS ISSUED TO THOSE REQUESTING THE FREE SCRIPTURE RESOURCES. ONCE REVIEWED AND APPROVED, AMERICAN BIBLE SOCIETY SHIPS THE BIBLE BASED RESOURCES AND RECORDS THE FULL DETAIL OF THE END RECIPIENT, HOW THEY PLAN ON USING THE SCRIPTURES IN MINISTRY/ IN OUTREACH; ALONG WITH THE OPPORTUNITY TO PROVIDE ONGOING REPORTS ON USAGE AND SUSTAINED SCRIPTURE ENGAGEMENT.
(3) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	BILL RICE RANCH 627 BILL RICE RNCH RD, MURFREESBORO, TN 37128

**SCHEDULE J  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

AMERICAN BIBLE SOCIETY

Employer identification number

13-1623885

**Part I Questions Regarding Compensation**

	Yes	No
<p><b>1a</b> 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.</p> <p> <input type="checkbox"/> First-class or charter travel                     <input checked="" type="checkbox"/> Housing allowance or residence for personal use  <input checked="" type="checkbox"/> Travel for companions                     <input type="checkbox"/> Payments for business use of personal residence  <input type="checkbox"/> Tax indemnification and gross-up payments                     <input type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Discretionary spending account                     <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)                 </p>		
<p><b>b</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 . . . . .</p>	✓	
<p><b>2</b> 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? . . . . .</p>	✓	
<p><b>3</b> 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.</p> <p> <input type="checkbox"/> Compensation committee                     <input type="checkbox"/> Written employment contract  <input checked="" type="checkbox"/> Independent compensation consultant                     <input checked="" type="checkbox"/> Compensation survey or study  <input checked="" type="checkbox"/> Form 990 of other organizations                     <input checked="" type="checkbox"/> Approval by the board or compensation committee                 </p>		
<p><b>4</b> 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:</p> <p><b>a</b> Receive a severance payment or change-of-control payment? . . . . .</p> <p><b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? . . . . .</p> <p><b>c</b> Participate in or receive payment from an equity-based compensation arrangement? . . . . .</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>	✓	
		✓
		✓
<p><b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</b></p>		
<p><b>5</b> 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:</p> <p><b>a</b> The organization? . . . . .</p> <p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>		✓
		✓
<p><b>6</b> 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:</p> <p><b>a</b> The organization? . . . . .</p> <p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>		✓
		✓
<p><b>7</b> 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 . . . . .</p>		✓
<p><b>8</b> 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 . . . . .</p>		✓
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .</p>		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
1	JENNIFER HOLLORAN	(i)	356,169	0	685	22,675	42,888	422,417	0
	CHIEF EXECUTIVE OFFICER	(ii)	0	0	0	0	0	0	0
2	NICHOLAS PAGANO	(i)	219,058	0	3,255	35,683	41,054	299,050	0
	CHIEF FINANCIAL OFFICER	(ii)	0	0	0	0	0	0	0
3	STEPHEN KAO	(i)	225,342	0	3,358	18,920	41,084	288,704	0
	CHIEF LEGAL OFFICER	(ii)	0	0	0	0	0	0	0
4	JOHN GRECO	(i)	239,748	0	1,208	23,990	22,996	287,942	0
	SR. DIRECTOR	(ii)	0	0	0	0	0	0	0
5	DAVID ALLISON	(i)	207,178	0	681	16,603	34,402	258,864	0
	CHIEF TECHNOLOGY OFFICER	(ii)	0	0	0	0	0	0	0
6	ROBERT WONDERLING	(i)	143,407	0	2,062	11,791	19,705	176,965	0
	SR. DIRECTOR (THRU 07/24)	(ii)	63,737	0	916	5,240	9,852	79,745	0
7	JOHN M MITCHELL	(i)	194,918	0	983	16,230	40,923	253,054	0
	DIRECTOR, DBL	(ii)	0	0	0	0	0	0	0
8	JANET A GRELL	(i)	211,940	0	5,700	17,265	16,187	251,092	0
	HEAD OF BENEFITS ADMN & COMPLI	(ii)	0	0	0	0	0	0	0
9	LEO HURTADO	(i)	192,825	0	2,756	15,886	29,490	240,957	0
	SR. DIRECTOR	(ii)	0	0	0	0	0	0	0
10	MELINDA TRINE	(i)	171,944	0	2,423	27,668	29,386	231,421	0
	DIRECTOR, DONOR STEWARDSHIP	(ii)	0	0	0	0	0	0	0
11	NANCY LUCERO	(i)	186,666	0	919	15,307	15,981	218,873	0
	SR. DIRECTOR	(ii)	0	0	0	0	0	0	0
12	JOHN F PLAKE	(i)	145,228	0	1,883	16,560	48,095	211,766	0
	CHIEF INNOVATION OFFICER	(ii)	0	0	0	0	0	0	0
13	THERESA BOYD	(i)	176,426	0	547	14,152	15,823	206,948	0
	SR. DIRECTOR, FP&A	(ii)	0	0	0	0	0	0	0
14	SAMUEL HARRELL	(i)	179,109	0	859	9,090	14,494	203,552	0
	CHIEF PARTNERSHIPS OFFICER	(ii)	0	0	0	0	0	0	0
15	JAMES J PUCHY	(i)	138,790	0	6,858	20,000	30,714	196,362	0
	CHIEF ADMINISTRATIVE OFFICER	(ii)	0	0	0	0	0	0	0
16		(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.

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 1A - TRAVEL FOR COMPANIONS	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).
SCHEDULE J, PART I, LINE 4A - SEVERANCE OR CHANGE-OF-CONTROL PAYMENT	SCHEDULE J, PART I, LINE 4: THE FOLLOWING INDIVIDUAL RECEIVED SEVERANCE PAYMENTS DURING 2024. THE AMOUNT IS INCLUDED IN SCHEDULE J, PART II, COLUMN B. JOHN GRECO \$70,583

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2024**

**Open to Public  
Inspection**

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

AMERICAN BIBLE SOCIETY

Employer identification number

13-1623885

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	✓	17	315,120	MARKET VALUE
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement . . . . .	29	17
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	Yes	No
30a		✓
31	✓	
32a		✓
33		

**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.

Return Reference - Identifier	Explanation
SCHEDULE M, PART I - COLUMN (B):	THE ORGANIZATION IS REPORTING THE NUMBER OF STOCK GIFTS RECEIVED RATHER THAN EACH SHARE, AND THE MARKET VALUE OF THE CONTRIBUTIONS RECEIVED.
SCHEDULE M, PART I - EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS	SECURITIES - PUBLICLY TRADED - NUMBER OF CONTRIBUTIONS

**SCHEDULE O  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

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

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

AMERICAN BIBLE SOCIETY

Employer identification number

13-1623885

Return Reference - Identifier	Explanation
<p>FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION</p>	<p>IN 2025, AMERICAN BIBLE SOCIETY CONTINUED ITS 209TH 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 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.</p> <p>GOD'S WORD FOR THE UNREACHED</p> <p>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 TRANSLATION EFFORTS THROUGH 70 BIBLE TRANSLATION PROJECTS. 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 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 OVER 2.4 MILLION PRINT AND DIGITAL BIBLES TO WAITING PEOPLE AROUND THE WORLD. IN ADDITION, ABS INTELLECTUAL PROPERTY SUCH AS BIBLE VERSIONS AND CONTENT WERE LICENSED IN PRINT AND DIGITAL FORMATS TO OVER 32 MILLION RECIPIENTS GLOBALLY.</p> <p>GOD'S WORD FOR PEOPLE IN CRISIS</p> <p>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. 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. ABOUT 23,000 PEOPLE COMPLETED A HEALING GROUP IN 2025.</p> <p>GOD'S WORD FOR AMERICA</p> <p>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 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</p>

**SCHEDULE O  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

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

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

AMERICAN BIBLE SOCIETY

Employer identification number

13-1623885

Return Reference - Identifier	Explanation
	EQUIP MILITARY FAMILIES IN THEIR SERVICE TO OUR NATION. IN THE PAST YEAR, THIS MINISTRY REACHED OVER 400,000 PEOPLE IN THE MILITARY COMMUNITY. SINCE 2011, OUR STATE OF THE BIBLE RESEARCH HAS PROVIDED INSIGHTS INTO HOW AMERICANS VIEW AND USE THE BIBLE AND WHAT DIFFERENCE IT MAKES IN THEIR LIVES. THIS RESEARCH INDICATES PEOPLE WHO ENGAGE WITH SCRIPTURE MORE DEEPLY EXPERIENCE LESS STRESS, MORE HOPE, HIGHER LEVELS OF HUMAN FLOURISHING, AND LOWER LEVELS OF LONELINESS THAN THOSE WHO INTERACT WITH THE BIBLE LESS FREQUENTLY AND GIVE IT A LESS CENTRAL PLACE IN THEIR LIVES. 20 PERCENT OF AMERICANS WERE SCRIPTURE ENGAGED IN 2025, AND WE PRAY THIS PROPORTION WILL INCREASE IN THE COMING YEARS.
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	THE FORM 990 WAS PREPARED AND REVIEWED BY AN INDEPENDENT ACCOUNTING FIRM, BDO, 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, LINE 12C - CONFLICT OF INTEREST POLICY	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, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	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 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 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	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 - STATES WITH WHICH A COPY OF THIS FORM 990 IS REQUIRED TO BE FILED	FL, HI, IL, KY, LA, MD, MN, MS, ND, NH, NV, NY, OH, OR, SC, TN, VA, WA, WI, WY
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	AMERICAN BIBLE SOCIETY ("THE BIBLE SOCIETY") MAKES ITS FORM 990 AND AUDITED FINANCIAL STATEMENTS AVAILABLE ON ITS WEBSITE, <a href="http://WWW.AMERICANBIBLE.ORG">WWW.AMERICANBIBLE.ORG</a> . 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.

**SCHEDULE O  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

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

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

AMERICAN BIBLE SOCIETY

Employer identification number

13-1623885

Return Reference - Identifier	Explanation				
FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES	(a) Description	(b) Total Expenses	(c) Program Service Expenses	(d) Management and General Expenses	(e) Fundraising Expenses
	IT CONSULTING	1,995,824	1,549,467	177,029	269,328
	MARKETING/PROMOTION	1,522,753	1,182,197	135,067	205,489
	GENERAL MANAGEMENT CONS.	1,918,193	1,489,198	170,143	258,852
	MINISTRY PROGRAMING	2,419,693	2,419,693	0	0
	GIFT TRANSACTION PROCESS	776,881	603,135	68,909	104,837
	<b>Total</b>	<b>8,633,344</b>	<b>7,243,690</b>	<b>551,148</b>	<b>838,506</b>
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	(a) Description				(b) Amount
	CHANGE IN SPLIT INTEREST AGREEMENTS				2,368,873
	DEPRECIATION IN FAIR VALUE OF THIRD PARTY TRUSTS				1,837,534
	PENSION ACTIVITY				102,458
	LOSS ON FORGIVENESS OF INTERCOMPANY LOAN TO FAITH AND LIBERTY DISCOVERY CENTER				- 15,000,000
	<b>TOTAL</b>				<b>- 10,691,135</b>

**SCHEDULE R  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

AMERICAN BIBLE SOCIETY

Employer identification number

13-1623885

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) .....					
(2) .....					
(3) .....					
(4) .....					
(5) .....					
(6) .....					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) FAITH AND LIBERTY DISCOVERY CENTER (83-2372645) 101 N INDEPENDENCE MALL E, PHILADELPHIA, PA 19106	MUSEUM	PA	501(C)(3)	7	ABS		✓
(2) .....							
(3) .....							
(4) .....							
(5) .....							
(6) .....							
(7) .....							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)-----												
(2)-----												
(3)-----												
(4)-----												
(5)-----												
(6)-----												
(7)-----												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)(SEE STATEMENT)-----									
(2)-----									
(3)-----									
(4)-----									
(5)-----									
(6)-----									
(7)-----									

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

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

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>f</b> Dividends from related organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>g</b> Sale of assets to related organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>h</b> Purchase of assets from related organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>i</b> Exchange of assets with related organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) FAITH AND LIBERTY DISCOVERY CENTER	A	520,000	FMV
(2) FAITH AND LIBERTY DISCOVERY CENTER	B	3,886,465	FMV
(3) FAITH AND LIBERTY DISCOVERY CENTER	L	531,615	FMV
(4)			
(5)			
(6)			

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

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

(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)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) .....													
(2) .....													
(3) .....													
(4) .....													
(5) .....													
(6) .....													
(7) .....													
(8) .....													
(9) .....													
(10) .....													
(11) .....													
(12) .....													
(13) .....													
(14) .....													
(15) .....													
(16) .....													

**Part IV****Identification of Related Organizations Taxable as a Corporation or Trust** (continued)

(a) Name, address and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C-corp, S-corp or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) CHARITABLE REMAINDER ANNUITY TRUST (5)	INVESTMENTS	WY		TRUST					✓
(2) CHARITABLE REMAINDER ANNUITY TRUST (2)	INVESTMENTS	ME		TRUST					✓
(3) CHARITABLE REMAINDER UNITRUST (3)	INVESTMENTS	CA		TRUST					✓
(4) CHARITABLE REMAINDER UNITRUST (1)	INVESTMENTS	CO		TRUST					✓
(5) CHARITABLE REMAINDER UNITRUST (6)	INVESTMENTS	FL		TRUST					✓
(6) CHARITABLE REMAINDER UNITRUST (1)	INVESTMENTS	GA		TRUST					✓
(7) CHARITABLE REMAINDER UNITRUST (5)	INVESTMENTS	IN		TRUST					✓
(8) CHARITABLE REMAINDER UNITRUST (5)	INVESTMENTS	MO		TRUST					✓
(9) CHARITABLE REMAINDER UNITRUST (1)	INVESTMENTS	NC		TRUST					✓
(10) CHARITABLE REMAINDER UNITRUST (2)	INVESTMENTS	TN		TRUST					✓
(11) CHARITABLE REMAINDER UNITRUST (2)	INVESTMENTS	WI		TRUST					✓
(12) CHARITABLE REMAINDER UNITRUST (3)	INVESTMENTS	SC		TRUST					✓
(13) CHARITABLE REMAINDER UNITRUST (1)	INVESTMENTS	MD		TRUST					✓