efile GRAPHIC print - DO NOT PROCESS As Filed Data -

DLN: 93493052000197

OMB No 1545-0047

Department of the Treasury

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

▶ Do not enter social security numbers on this form as it may be made public

Return of Organization Exempt From Income Tax

▶ Information about Form 990 and its instructions is at <u>www IRS gov/form990</u>

Open to Public Inspection

		201E	ı	- 07 04 204E	6				
			lendar year, or tax year beginning C Name of organization	g 07-01-2015 , and ending 06-30-201	6	D Empl	over ide	entification number	
_	ddress o	pplicable change	AMERICAN BIBLE SOCIETY				-		
	ame ch	-	% ROBERT LIPPS INTERIM CFO			13-1	62388	5	
_	itial ret		Doing business as						
Fi		atad	Number and street (or P.O. box if ma	all is not delivered to street address) Room/sui	te	E Telep	hone nun	nber	
_	/termin nended		101 N Independence Mall E FL8			(215	309-	0300	
		n pending	City or town, state or province, coun Philadelphia, PA 191062155	try, and ZIP or foreign postal code					
			. ,			G Gross	receipts	\$ 615,282,095	
			F Name and address of princip ROY LAWRENCE PETERSON	al officer		s this a grou			
			101 N INDEPENDENCE MALL	East		ubordinates No	7	☐ Yes ✓	
			Philadelphia, PA 191062155		H(b) A	re all subor	dinates	□Yes □ No	
I 1a	x-exem	npt status	√ 501(c)(3)	nsert no) 4947(a)(1) or 527		icluded?	h a list	(see instructions)	
J W	ebsite	e: ► ww	w americanbible org			No, attac Group exemp		• •	
K Fon	n of or	ganızatıon	▼ Corporation	tion		of formation 1		State of legal domicile N	
Pa	rt I	Sum	mary						
			scribe the organization's mission	or most significant activities					
				ERY PERSON IN A LANGUAGE AND	FORMAT	EACH CAN	UNDE	RSTAND AND	
œ.	<u> </u>	FFORD,	so all people may EXPERIENCE	ITS LIFE-CHANGING MESSAGE					
ance and									
Ë	_								
Governance	2 (Check th	is box $ ightharpoonup$ if the organization dis	scontinued its operations or disposed o	of more th	an 25% of i	ts net a	ssets	
				b do (D+)(I, b d)			1 - 1	10	
es:			of voting members of the governing		3	19			
Activities &			of independent voting members o mber of individuals employed in c			5	18 315		
₹CE			• •	cessary)			6	145	
•			•	rt VIII, column (C), line 12			7a	465,830	
				m Form 990-T, line 34			7b	329,794	
			area baemees taxable meeme me			Prior Year	175	Current Year	
	8	Contr	butions and grants (Part VIII, lir	ne 1 h)		59,321	.159	48,563,452	
₫	9		am service revenue (Part VIII, lir		33,321	0	(0,505),152		
Ravenue	10		tment income (Part VIII, column		30,477	,788	14,160,766		
æ	11		revenue (Part VIII, column (A),		279,628	,364	5,506,323		
	12	Total	revenue—add lines 8 through 11	:	369,427		68,230,541		
		12)							
	13		' '	IX, column (A), lines 1-3)		5,659,491 5,5			
	14			X, column (A), line 4)	0				
82	15	5 a ları 5 – 10		e benefits (Part IX, column (A), lines		35,864,081 30,311			
Expenses	16a			column (A), line 11e)		779,697 5			
άx	ь	Total fu	indraising expenses (Part IX, column (D)	.line 25) ▶11,133,505					
ш	17			ines 11a-11d, 11f-24e)		46,020	,394	55,602,765	
	18	Total	expenses Add lines 13–17 (mus	t equal Part IX, column (A), line 25)		88,323	,663	91,939,236	
	19	Reven	ue less expenses Subtract line	18 from line 12		281,103		-23,708,695	
Net Assets or Fund Balances					Beginni	ng of Current	t Year	End of Year	
sets	20	Total	assets (Part X, line 16)			801,150	,780	746,386,221	
₹ As	21					114,594		114,916,781	
ξŝ	22	Net as	ssets or fund balances Subtract	line 21 from line 20		686,556	,425	631,469,440	
	t II		ature Block						
				mined this return, including accompaniplete. Declaration of preparer (other th					
			nowledge	piece Beclaration of preparer (other th	an onicei	, 13 basea o	ii ali iiii	ormacion or winen	
		****	**			2017-02-15			
Sigr	1	Signa	ature of officer			Date			
Her		ROB	ERT LIPPS INTERIM CFO						
_			or print name and title						
			rınt/Type preparer's name Nycıa Mecchella	Preparer's signature D. Alycia Mecchella	ate	Check ıf	PTIN P0127	2637	
Paid		-	<u> </u>		self-employed	1	===:		
	pare	۲ <u>۱</u>	Firm's name ► GRANT THORNTON LLP Firm's address ► 2001 MARKET STREET S	SUITE 700		Firm's EIN ► Phone no (21	5) 561 4	1200	
Use	On	ly ∣ˈ				mone no (2)	.5, 501-4		
			PHILADELPHIA, PA 191						
May	the IR	S discus	ss this return with the preparer sh	nown above? (see instructions)				✓Yes No	

Part	9111		of Program Service			
PERS CHAI VISI NEXT HAVI ENGA VISI	E 1810 ON IN NGING ON SEI 10 YE BEEN GEME ON TA	y describe the of AMERICAN A LANGUAGE MESSAGE IN EKING TO SEE ARS IN ADDITED TO THE OFFICE OF THE OFFICE OFFI	organization's mission BIBLE SOCIETY HAS BE AND FORMAT EACH CA FISCAL YEAR 2016, AM 100 MILLION PEOPLE L TION, ON A GLOBAL FRO N AND SEE 100% OF TH NITIES FOR THOSE WHO	E OF NOTE TO ANY LINE IN THIS PART III EN FULFILLING ITS MISSION OF M N UNDERSTAND AND AFFORD SO ERICAN BIBLE SOCIETY CONTINU. IVING IN THE UNITED STATES ACO ONT, WE WANT TO FINISH THE BIBLE E WORLD'S LANGUAGES, TRANSLA O YET TO EXPERIENCE THE BIBLE'S AD THE PRIVILEGE OF SEEING OV SENT IN THIS PAST FISCAL YEAR	AKING THE BIBLE AVAILAB ALL PEOPLE MAY EXPERIEN JED TO FAITHFULLY MOVE F CTIVELY ENGAGED IN GOD'S BLE TRANSLATION WORK TH TED INTO SCRIPTURE TO O S LIFE-CHANGING MESSAGE	CE ITS LIFE- ORWARD WITH ITS WORD OVER THE AT WE ALWAYS PEN UP FIRST E BASED ON THESE
2		e organization i or Form 990 oi		program services during the year which	ch were not listed on	Yes [√No
3	Did th		ese new services on Schec cease conducting, or make	lule O e significant changes in how it conduc 		Yes √No
4	Descr expen	<i>'</i> ibe the organiza ses Section 5(01(c)(3) and 501(c)(4) or	O complishments for each of its three la ganizations are required to report the n program service reported		
4a	WITH LEADE PROVIDE THE PROVIDE	AY 11, 2016 AMER; THAT CELEBRATION RS FROM AROUNE DE GODS WORD T ELY ENTWINED WIT S, SUCH AS ELIAS CE OF THE SUPRE! WIS PRESIDENT J ARK OF OUR MINI ACHING ACROSS I DESCATHOLIC, OI ECHNOLOGY, AND R TO SHARE GODS S THIS WORK INC SIENCED GREAT PA AGE OF THE BIBLE LOCAL LEADERS T INUES TO WORK TO SIENCED GREAT PA AGE OF THE BIBLE LOCAL LEADERS T INUES TO WORK TO SIENCED GREAT PA AGE OF THE BIBLE COCAL LEADERS T INUES TO WORK TO SIENCED GREAT PA AGE OF THE BIBLE COCAL LEADERS T INUES TO WORK TO SIENCED GREAT PA AGE OF THE BIBLE COCAL LEADERS T INUES TO WORK TO SIENCED GREAT PA AGE OF THE BIBLE COCAL LEADERS T INUES TO WORK TO SE A SUNGLE MES PASSAGE OF SCRII IDUALS READ AND FIC VERSES, ALL OF ICALLY FOR THE DS TO A FRIENDLY ZILLIENT LIFE, AN C BIBLE MINISTRY, W IED SOURCE FOR TO HELP MORE PEC ERS TO BIBLE ENG CHES AND CHRIST ESEARCH IN ORDI TRY TO CHILDREN OWN READING LE WHO LOVES THEM WERS ALSO MAKE I S IN CONJUNCTION OF STUDY THE BIB ACK RING FROM THE V RAM SINCE 1817, DM BIBLES FOR U SERS TO BIBLE ENG OPS STUDY THE BIB ACK STUDY THE COLOR STUDY	ICAN BIBLE SOCIETY CELEBRATE IN, AMERICAN BIBLE SOCIETY AL OTHE WORLD GATAHERED NOT OTHE WORLD AND TO FOCUS OF ITHOSE OF THE NATION ITSEL BOUDINOT, PRESIDENT OF THE MC COURT AND A DELEGATE TO LYRICS TO THE NATIONAL ANTH HOHN QUINCY ADAMS ALSO SERVESTRY HAS ALWAYS BEEN ITS DE DENOMINATIONAL LINES TO FOC RITHODOX AND PROTESTANT CH HAS CONTINUED TO INNOVATE IN WORD WITH PEOPLE IN THE U LUDES WORK AMONG THE MILL AND A PRACTICAL, RELEVANT COI ON SHARE GOD'S WORD AVAILABL ANT TOOLS, SUCH AS BIBLES OR INS AND MORE THAN 700 LANGL KER A WEB APP THAT HELPS IN THOULS, SUCH AS BIBLES OR INS AND MORE THAN 700 LANGL KER A WEB APP THAT HELPS IN THOULS, SUCH AS DIBLES OR INS AND MORE THAN 700 LANGL KER A WEB APP THAT HELPS IN THEIR PHONE OR TABLET BU CATHOLIC COMMUNITY, THIS AI I, SCRIPTURE-BASED GAME WE IN THEIR PHONE OR TABLET BU CATHOLIC COMMUNITY, THIS AI I, SCRIPTURE-BASED GAME WE IN THE PHONE OR TABLET BU CATHOLIC COMMUNITY, THIS AI I, SCRIPTURE HAS BEED GOOD IN HIS W CAS PART OF OUR WORK ON A EVEL FOR THE VERY FIRST TIME IN THE COLORFUL PAGES OF TH IT POSSIBLE FOR CHILDREN TO I IN WITH BIBLE-BOSCIETY GODS WORD ON-LINE THROUGH DPLE ENCOUNTER GOD IN HIS W CAS PART OF OUR WORK ON A EVEL FOR THE VERY FIRST TIME IN THE COLORFUL PAGES OF TH IT POSSIBLE FOR CHILDREN TO I IN WITH BIBLE-BOSCIETYS FIN S MILITARY CHAPLAINS, FREE C MALNUTRITION, BIBLE LESSON ARN HOW TO READ THROUGH SE MOUNDS OF TRAUMA ENGAGE W AMERICAN BIBLE SOCIETYS FIN S MILITARY CHAPLAINS, FREE C IS AND CHILDREN OF MILITARY BY MULITARY CHAPLAINS, FREE C IS AND CHILDREN OF MILITARY BY MULITARY CHAPLAINS, FREE C IS AND CHILDREN OF MILITARY BY MULITARY WES FOR MILITARY BY MULITARY VETERANS THE SI IN THE RESPECT OF OUR INTERC IN THE RESPECT OF OUR INTER	TILLAGE TO A MAJOR MILESTONE FEW ORGANIZATIONS SO HOSTED THE UNITED BIBLE SOCIETIES WITH TO LOT THE UNITED BIBLE SOCIETIES WITH STATE OF SOME OF AMERICAN BIBLE SOCIETYS FOUL CONTINENTAL CONGRESS AND AMERICAN BIBLE SOCIETYS FOUL CONTINENTAL CONGRESS AND AMERICAN BIBLE SOCIETY FOR THE FIRST CONTINENTAL CONGRESS AND AMERICAN BIBLE SOCIETY VICE PRESENDED FOR THE FIRST CONTINENTAL CONGRESS AND AMERICAN BIBLE SOCIETY VICE PRESENDED FOR THE MINIST WITH SAME AND AMERICAN BIBLE SOCIETY VICE PRESENDED FOR THE ENTIRE CHRISTIAN US ON WHAT UNITES ALL CHRISTIANS THE ENTIRE CHRISTIAN SINCE ITS GENESIS IN 1816, AMERICAN SINCE ITS GENESIS IN 1816, AM	ORLD ASSEMBLY, WHERE MORE THAN TO THE FUTURE FOR NEW AND INNO HANGING MESSAGE AMERICAN BIBLE NDERS WERE INTEGRAL TO THE FOULD BY A MEDICAN WESSAGE AMERICAN BIBLE NDERS WERE INTEGRAL TO THE FOULD BY A YEAR AFTER ITS CONCEPTION OF A STEEL OF THE MINISTRYS SECOND PRESIDERY A YEAR AFTER ITS CONCEPTION OF A SEIDENT FOR MORE THAN TWO DEC. COMMUNITY AMERICAN BIBLE SOCIETY HAS SEEN MANY AND EXPENDENCY AND FAILURE SOCIETY HAS SEEN MANY AND CATHOLIC CHURCHES, AND THE AND COMMUNITY PARTNERS IN ULAR CITY IN THE US, AMERICAN ETORY OF THE BIBLE IN FRESH AND EXIDED SOCIETY HAS SEEN MANY AND CATHOLIC CHURCHES, AND THE SCAN AND CATHOLIC CHURCHES, AND THE ATTS, RY AND COMMUNITY PARTNERS IN ULAR CITY IN THE US, AMERICAN ETORY OF THE BIBLE IN FRESH AND EXIDED SOCIETY FOR A MEDICAN EXTREME SOCIETY FOR THE BIBLE IN FRESH AND EXIDED SOCIETY FOR THE BIBLE IN FRESH AND EXIDED SOCIETY FOR THE BIBLE THROUGH YOUTH-CENDERS OF THE SECONDAY OF OF THE SE	A 450 MINISTRY DVATIVE WAYS TO SOCIETY'S ROOTS ARE NDING OF THE UNITED HN JAY, THE FIRST CHIEF DENT FRANCIS SCOTT JUTIL HIS DEATH THE ADES ANOTHER ETY HAS A LONG HISTORY WERICAN BIBLE SOCIETY O'CHANGES IN CULTURE OVTIVE APPROACH, IN D WORKING THROUGH DOSE WHO HAVE WE CAN SHARE THE S CITIES, WE CAN HELP BIBLE SOCIATY KCITING WAYS DIGITAL FERENCE THE BIBLE IN R FAVORITE SCRIPTURE DWALS SUBSCRIBERS NTENT CAN INCLUDE A ESIGNED TO HELP SIESS AND SEARCH FOR WLEDGE BUILT HALLENGE THEIR TERED WEBSITES, SUCH QUESTIONS AND THAT ALL PROVIDE A LINISTRY TOOLS WE ARE ES BREAK DOWN SHIPS WITH LOCAL AL AND EDUCATIONAL AL AND EDUC
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d		r program serv enses \$	ices (Describe in Scheduli	,	(Revenue \$	١
4e		program servi		g grants of \$	VINCACHUC A	,

Total program service expenses ▶ 71,661,463

	990 (2015)			Page 3
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 💆	1	Yes	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 💆	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III "	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🔰	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11 c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form	990 (2015)			Page 4
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	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? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current			

26

27

28a

28b

28c

29

30

31

32

33

35a

35b

36

37

38

Yes

Yes

Yes

Yes

Form 990 (2015)

Νo

Νo

Νo

Νo

Νo

Nο

Nο

Νo

Nο

Νo

Nο

Nο

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 🔧

b If "Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🗦 🕏

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 💆 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV,

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part I

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

instructions for applicable filing thresholds, conditions, and exceptions)

29

31

Pai	t V	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this		v.			_
		Check if Schedule O contains a response or note to any line in this	Part	v		Yes	No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	3,696			
b	Enter	the number of Forms W-2G included in line 1a Enter -0- if not applicable	1 b	0			
c		ے e organization comply with backup withholding rules for reportable payments to	vend	lors and reportable	_		
-	-	g (gambling) winnings to prize winners?	٠,		1 c	Yes	
2a	Tax S	the number of employees reported on Form W-3, Transmittal of Wage and tatements, filed for the calendar year ending with or within the year covered s return	2a	315			
b		east one is reported on line 2a, did the organization file all required federal emp If the sum of lines 1a and 2a is greater than 250, you may be required to e-file			2 b	Yes	
3a	Did th	e organization have unrelated business gross income of \$1,000 or more during	the y	/ear [?]	3a	Yes	
b	If "Yes	s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanatio</i>	on in S	ichedule O	3b	Yes	
4a	over,	y time during the calendar year, did the organization have an interest in, or a sig a financial account in a foreign country (such as a bank account, securities acc nt)?			4a	Yes	
b	If "Ye See in (FBAR	s," enter the name of the foreign country ►AU,BR,EG,HK,HU istructions for filing requirements for FinCEN Form 114,Report of Foreign Bank	and I	Financial Accounts			
5a	Was tl	he organization a party to a prohibited tax shelter transaction at any time durin	g the	tax year?	5a		No
b	Dıd ar	ly taxable party notify the organization that it was or is a party to a prohibited t	ax sh	elter transaction?	5b		No
c	If"Ye	s," to line 5a or 5b, did the organization file Form 8886-T?					
6a		the organization have annual gross receipts that are normally greater than \$10			5c 6a		No
b	If"Ye	ization solicit any contributions that were not tax deductible as charitable cont s," did the organization include with every solicitation an express statement th not tax deductible?			6b		
7		izations that may receive deductible contributions under section 170(c).			- OD		
	Did th	e organization receive a payment in excess of \$75 made partly as a contribution of the payor?		d partly for goods and	7a		No
b	If"Ye	s," did the organization notify the donor of the value of the goods or services pr	ovide	d?	7 b		
c	Did th file Fo	e organization sell, exchange, or otherwise dispose of tangible personal proper rm 8282?	ty for	which it was required to	7 c		No
d	If"Ye	s," indicate the number of Forms 8282 filed during the year \ldots $lacksquare$	7d				
e	Did th	e organization receive any funds, directly or indirectly, to pay premiums on a p	erson	al benefit contract?	7e		No
f	Did th	e organization, during the year, pay premiums, directly or indirectly, on a perso	nal be	enefit contract?	7f		No
g	If the requir	organization received a contribution of qualified intellectual property, did the oiled?	rganız • •	ation file Form 8899 as	7g		
h	Form :	organization received a contribution of cars, boats, airplanes, or other vehicles 1098-C?	, did 1	the organization file a	7h		
8	Did a	oring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess bus the year?	siness •	s holdings at any time	8		No
9a	Did th	e sponsoring organization make any taxable distributions under section 49667			9a		No
b	Did th	e sponsoring organization make a distribution to a donor, donor advisor, or rela	ted p	erson?	9b		No
10	Section	on 501(c)(7) organizations. Enter					
а	Initiat	ion fees and capital contributions included on Part VIII, line 12	10a				
b	Gross facılıtı	receipts, included on Form 990, Part VIII, line 12, for public use of club les	10b				
11		on 501(c)(12) organizations. Enter					
		Income from members or shareholders	11a				
Ь		income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them)	11 b				
		on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın lıe	u of Form 1041?	12a		
	year	s," enter the amount of tax-exempt interest received or accrued during the	12 b				
13	Section	on 501(c)(29) qualified nonprofit health insurance issuers.					
а		organization licensed to issue qualified health plans in more than one state? N o onal information the organization must report on Schedule O	ote.S	ee the instructions for	13a		
b		the amount of reserves the organization is required to maintain by the states ch the organization is licensed to issue qualified health plans	13b				
c	Enter	the amount of reserves on hand	13c				
14a	Did th	e organization receive any payments for indoor tanning services during the tax	year'		14a		No
b	If"Ye	s," has it filed a Form 720 to report these payments? <i>If "No," provide an explana</i>	tion in	Schedule O	14b		

,	2010)	
art VI	Governance, Management, and Disclosure	
	For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b be describe the circumstances, processes, or changes in Schedule O. See instructions.	low,
	Check if Schedule O contains a response or note to any line in this Part VI	

Se	ection A. Governing Body and Management			🗸
	etion at coverning body and ridinagement		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax	.9		
	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 in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 1	. 8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3	Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one of more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholder or persons other than the governing body?	s, 7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8 a	Yes	
	Each committee with authority to act on behalf of the governing body?	. 8b	Yes	
	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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal	Rever		
		T40	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filli the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990		1	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describ in Schedule O how this was done	12 c	+	
L3	Did the organization have a written whistleblower policy?	13	Yes	
L4 	Did the organization have a written document retention and destruction policy?	14	Yes	
L5	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			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
Ь	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with taxable entity during the year?	a 16a		No
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure	-		
L7	List the States with which a copy of this Form 990 is required to be filed ► AZ, AR, CO, DC, FL, HI, IL, KY, , NH, NM, NY, OK, OR, PA, SC, T			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)		,	•

- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - ✓ O wn website
 ☐ Another's website
 ✓ Upon request
 ☐ Other (explain in Schedule O)
- 19 Describe in 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
- State the name, address, and telephone number of the person who possesses the organization's books and records

 NOBERT LIPPS INTERIM CFO 101 NO INDEPENDENCE MALL EAST FL8 Philadelphia, PA 191062155 (215) 309-0900

Part VII

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

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

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

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2,23333,	MISC)	organization and related organizations
See Additional Data Table										

	(A) Name and Title	hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						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
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2,1033 11130)	related organizations
See A	ddıtıonal Data Table										
1b c	Sub-Total				<u>. </u>	 	<u> </u> 				
d	Total (add lines 1b and 1c)	•					` ▶		4,555,730	0	701,786

Yes No Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 Yes For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such 4 Yes

5 Did any person listed on line 1 a receive or accrue compensation from services rendered to the organization? <i>If "Yes," complete Schedule J for the accounty of the account of the ac</i>	,	i No
Section B. Independent Contractors		
Complete this table for your five highest compensated independent compensation from the organization. Report compensation for the call.		
(A) Name and business address	(B) Description of services	(C) Compensation
Robbinskersten Direct, 3400 Waterview Pkwy Ste 250 RICHARDSON, TX 75080	Direct Mail	6,831,044
VISION TECHNOLOGIES, 330 W 38th St Ste 202 NEW YORK, NY 100184056	IT Services	1,408,720
DICKINSON PRESS INC, 5100 33rd St SE GRAND RAPIDS, MI 495122062	Bible Distribution	1,341,222
Resource One, PO BOX 839 TULSA, OK 74101	WAREHOUSING/LOGISTIC	1,287,027
WORD 4 ASIA, PO BOX 18448 ANAHEIM HILLS, CA 92817	Bible Distribution	1,185,807
2 Total number of independent contractors (including but not limited to t \$100,000 of compensation from the organization ► 65	hose listed above) who received more than	
		Form 990 (2015)

Form 99								Page 9
Part V	• • •	Statement o						_
		Check If Schedu	ule O contains a respor	nse or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
, s	1a	Federated camp	paigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership du	es 1b					
. E	С	Fundraising eve	ents 1 c					
ifts. ar A	d	Related organiz	ations 1d					
<u>⊒</u> .	e	Government grants	s (contributions) 1e					
ons Sir	f	All other contribution	ons, gifts, grants, and 1f	48,563,452				
uti her	'	sımılar amounts no	t included above					
	g	Noncash contribute 1a-1f \$	ons included in lines	462,281				
Cont	h	Total. Add lines	s 1a-1f	\blacktriangleright	48,563,452			
				Business Code				
in de	2a							
<u>₹</u>	ь							
ec.	С							
Program Service Revenue	d							
E	e							
ibo.	f	All other progra	ım service revenue					
<u>~</u>	g	Total. Add lines	s 2a-2f		0			
	3		ome (including dividend ar amounts)		8,621,657		465,830	8,155,827
	4		tment of tax-exempt bond p	- t	0			
	5	Royalties		🔸	1,749,682			1,749,682
		C	(ı) Real	(II) Personal				
	6a	Gross rents						
	ь	Less rental expenses						
	С	Rental income or (loss)	0	0				
	d		me or (loss)		0			
		C	(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory	550,129,045					
	b	Less cost or other basis and sales expenses	544,589,936					
	С.	Gain or (loss)	5,539,109		5 530 400			
	d 8a	Net gain or (los Gross income f	s) rom fundraising		5,539,109			
Other Revenue		events (not inc \$	reported on line 1c)					
er	h	Loss director	a penses b					
=	c		loss) from fundraising (events >	О			
	9a	Gross income f See Part IV, lin	rom gaming activities e 19	·				
	b c		penses b	vities	0			
	10a	Gross sales of returns and allo		5,301,373				
	b c		oods sold b (loss) from sales of inve	2,461,618	2,839,755			
	11a	Miscellaneous GLOBAL SCRII		Business Code 900099	255,803	255,803		
	b	FEES MISCELLANEO		900099	661,083	661,083		
	С							
	d	A II other revenu	ue					
	е	Total. Add lines	s 11a-11d	•	916,886			
	12	Total revenue.	See Instructions	•	68,230,541	916,886	465,830	9,905,509

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 t	this Part IX			
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	3,045,743	3,045,743	-	<u> </u>
2	Grants and other assistance to domestic individuals See Part IV, line 22	0	, ,		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	2,474,411	2,474,411		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	3,047,547	2,051,549	528,478	467,520
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	15,105,784	10,168,920	2,619,507	2,317,357
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	3,983,681	3,184,189	387,639	411,853
9	O ther employee benefits	6,712,655	4,434,604	1,324,847	953,204
10	Payroll taxes	1,461,844	965,743	288,518	207,583
11	Fees for services (non-employees)				
а	Management	0			
Ь	Legal	150,870	125,525		25,345
С	Accounting	140,497		140,497	
d	Lobbying	0			_
е	Professional fundraising services See Part IV, line 17	504,806			504,806
f	Investment management fees	1,560,884		1,560,884	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	15,340,004	14,873,476	466,528	
12	Advertising and promotion	0			
13	Office expenses	3,722,607	2,868,645	438,162	415,800
14	Information technology	1,595,255	1,100,459	93,372	401,424
15	Royalties	0			
16	Occupancy	5,534,266	4,655,025	487,832	391,409
17 18	Travel	3,343,476	2,895,839	226,263	221,374
19	Conferences, conventions, and meetings	476,915	430,894	25,109	20,912
20	Interest	470,913	430,094	23,109	20,312
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	1,617,977	1,120,826	394,192	102,959
23	Insurance	325,760	224,127	39,793	61,840
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)	3207,730	,	33,732	
а	SCRIPTURE PROGRAM PAYMENTS	11,260,327	11,260,327		
b	PRINTING & PUBLICATIONS	6,344,302	3,576,181	5,251	2,762,870
c	POSTAGE & MAILINGS	3,378,921	1,891,896	8,958	1,478,067
d	BANK FEES & COMPLIANCE	250,021	103,971	60,425	85,625
е	All other expenses	560,683	209,113	48,013	303,557
25	Total functional expenses. Add lines 1 through 24e	91,939,236	71,661,463	9,144,268	11,133,505
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ if following SOP 98-2 (ASC 958-720)	10,194,805	4,771,250		5,423,555
		10,194,003	7,71,230		5,425,555

33

34

Total net assets or fund balances . .

Total liabilities and net assets/fund balances .

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or note to any	line in th	nis Part X			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			2,732,337	1	4,780,909
	2	Savings and temporary cash investments			167,212,731	2	97,627,522
	3	Pledges and grants receivable, net			0	3	0
	4	Accounts receivable, net			44,979,155	4	24,351,707
	5	Loans and other receivables from current and former of trustees, key employees, and highest compensated em					
		II of Schedule L					
					0	5	0
Assets	6	Loans and other receivables from other disqualified per section 4958(f)(1)), persons described in section 495 contributing employers and sponsoring organizations of voluntary employees' beneficiary organizations (see in II of Schedule L	8(c)(3)(l f section	B), and n 501(c)(9)	0	6	0
Š	_	Notes and leans resourable not			0	7	
•	7	Notes and loans receivable, net		ŀ	_		
	8	Inventories for sale or use			2,829,890	8	2,317,316
	9	Prepaid expenses and deferred charges			5,337,248	9	4,418,326
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	26,396,796	40.000.447		10.001.710
	b	Less accumulated depreciation	10 b	8,112,047	12,926,417	10c	18,284,749
	11	Investments—publicly traded securities			182,576,366	11	211,105,904
	12	Investments—other securities See Part IV, line 11		ŀ	356,942,663	12	358,909,733
	13	Investments—program-related See Part IV, line 11			0	13	0
	14	Intangible assets		ŀ	0	14	0
	15	Other assets See Part IV, line 11		ŀ	25,613,973	15	24,590,055
	16	Total assets.Add lines 1 through 15 (must equal line 3			801,150,780	16	746,386,221
	17	Accounts payable and accrued expenses			24,376,263	17	19,594,271
	18	Grants payable		ŀ	5 400 440	18	5 222 227
	19	Deferred revenue			5,426,110	19	5,238,927
	20	Tax-exempt bond liabilities			0	20	0
S	21	Escrow or custodial account liability Complete Part IV		ŀ	0	21	0
bilities	22	Loans and other payables to current and former officers key employees, highest compensated employees, and	•	· · · · · · · · · · · · · · · · · · ·	0	22	0
Liab		persons Complete Part II of Schedule L			0		0
_	23	Secured mortgages and notes payable to unrelated this		ŀ	0	23	0
	24	Unsecured notes and loans payable to unrelated third	•	ŀ	U	24	
	25	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24) Complete Part X of Schedule D	s to relat	ed third parties,			
				ŀ	84,791,982	25	90,083,583
	26	Total liabilities.Add lines 17 through 25			114,594,355	26	114,916,781
ces		Organizations that follow SFAS 117 (ASC 958), check lines 27 through 29, and lines 33 and 34.	here ▶	 and complete			
<u>lan</u>	27	Unrestricted net assets			604,064,751	27	546,501,070
ထိ	28	Temporarily restricted net assets			41,134,470	28	44,543,327
2	29	Permanently restricted net assets			41,357,204	29	40,425,043
Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958),		ŀ			_
0		complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds		ŀ		30	
155	31	Paid-in or capital surplus, or land, building or equipmen		ŀ		31	
•	32	Retained earnings, endowment, accumulated income, o	r other f	unds		32	

631,469,440

746,386,221

686,556,425

801,150,780

33

34

68,230,541

91,939,236

-23,708,695

686,556,425

-25,202,196

-6,176,094

No

Νo

Nο

Form 990 (2015)

631,469,440

Yes

ΚI	Reconcilliation	of Net Assets
----	-----------------	---------------

	Check if Schedule O contains a response or note to any line in this Part XI							. 🗸
_	Total rayanya (must sayal Part VIII, saluma (A), lina 13)							

Total revenue (must equal Part VIII, column (A), line 12)

Total expenses (must equal Part IX, column (A), line 25) . . .

Revenue less expenses Subtract line 2 from line 1 . . .

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . Net unrealized gains (losses) on investments . .

Donated services and use of facilities .

Investment expenses Prior period adjustments .

Other changes in net assets or fund balances (explain in Schedule O) .

column (B))

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, Part XIII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990 Cash ✓ Accrual COther

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant?

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Consolidated basis

Separate basis **b** Were the organization's financial statements audited by an independent accountant?

Single Audit Act and OMB Circular A-133?

basis, consolidated basis, or both

✓ Separate basis Consolidated basis

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight

Schedule O

of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

If the organization changed either its oversight process or selection process during the tax year, explain in

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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 in Schedule O and describe any steps taken to undergo such audits

Both consolidated and separate basis

Both consolidated and separate basis

2b

1

2

3

4

5

6

7

8

9

10

Yes

Yes

2a

2c

3a

3b

Software ID: Software Version:

EIN: 13-1623885

Name: AMERICAN BIBLE SOCIETY

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Inde	pendent Co	ntrac	tors							•
(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not box h an or/tr	office ustee	ess er)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Nick Athens Chanman	11 0 0 0	x		x				0	0	C
Jeff Brown Vice Chairman	6 0	×		x				0	0	(
Cheryl Holland Recording Secretary/Treasurer	7 0	×		x				0	0	C
Kathenne Bamhart 	3 0 0 0	x						0	0	(
Thomas Bindley Trustee	9 0	×						0	0	C
Victor Cardenas 	3 0	x						0	0	C
Rebecca Contreras Trustee	6 0	х						0	0	(
Pieter Dearolf Trustee	4 0	×						0	0	(
Tessie DeVore Trustee	3 0	x						0	0	(
Jerry Dimitriou Trustee	3 0	х						0	0	C

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

0

ol

49,573

49,757

395,164

303,037

Compensated Employees, and Inde					. rus	stees	3, K	.ey Employed	es, nignest	
(A) Name and Title	(B) A verage hours per week (list any hours for related	Pos mo unles	sition lore t ss pe	(C) n (do than ersoi	not none on is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee		key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
Mark Hanson Trustee	3 0	x						0	0	0
George Kovoor Trustee	3 0	x						0	0	C
Karen Louie Trustee	6 0	x	 					0	0	0
Mark Matlock Trustee	3 0	x						0	0	0
Mano Paredes Trustee (Start 3/16/16)	3 0	х						0	0	С
Paul A Soukup SJ	6 0				\Box		\neg			

Χ

Χ

Х

Χ

Χ

0 0 40

0 0

Angela Williams

Roy L Peterson

Robert Bnggs

SVP (See Sch J)

President & CEO (See Sch J)

Sharon Watson Fluker

Trustee

Trustee

Trustee

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Inde						3.00	٥, .			
(A) Name and Title	(B) A verage hours per week (list any hours for related	unles	ore ti ss pe	han erso icer tor/t	not one on is and trus	tee)	, an	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	lastitutional Trustee	Officer	key employee	Highest compensated	Former	MISC)	MISC)	organization and related organizations
Donald Cavanaugh	40 0							155.053		44.770
Corp Sec/CAE (Through 9/30/15)	0 0			×		'		166,952	0	41,770
Stephen D King	40 0			×				209,727	0	47,426
SVP, COO (through 12/23/15)	0 0			^		'		209,727		47,420
Robert Lipps See Sch O	40 0			×					0	
Interim CFO (Start 4/5/16)	0 0			^		'		"		1
Geoffrey Monn	40 0									
SVP (See Sch J)	0 0			×		'		360,437	0	49,508
Julia A Oliver	40 0				\vdash					
SVP, CFO (through 4/11/16)	0 0			X		'		219,664	0	49,589
Laura Dabkowski	40 0									
SVP	0 0			X		'		194,619	O	46,060
Marco Herrera	40 0							221.55		25.00
		1 !	i '	1	X	'	'	234,562	0	36,035

0 0 40 0

0 0

Х

Director (See Sch J)

Herbert Lee Manis

Director (See Sch J)

Director (See Sch J)

Nicholas Pagano

Director

James Puchy

45,497

55,940

37,854

0

0

192,416

171,159

325,972

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

7,854

36,122

27,230

193,228

290,983

282,766

Χ

Compensated Employees, and Inde	•				Tus	stee:	3, r		es, mgnest	
(A) Name and Title	(B) A verage hours per week (list any hours for related	Pos mi unles	sition nore t ss pe	(C) n (do than erso icer	not none on is and		,	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
Peter Rathbun General Counsel (See Sch J)	40 0				x			322,521	. 0	38,368
Harnet Hill Director (See Sch J)	40 0					x		223,337	0	21,888
Jason Malec Director (See Sch J)	40 0					x		284,321	0	43,523
Mario Paredes	40 0				\Box	x	\prod	184,865	5 0	17,792

0 0 40 0

0 0

Director (Through 3/14/16)

Anne LoCastro

Patrick Murdock

R Mark Dillon

Associate (See Sch J)

Director (See Sch J)

SVP (through 6/30/15)

efile GRAPHIC	print -	DO NOT	PROCESS	As Filed	Data

DLN: 93493052000197

Employer identification number

13-1623885

SCHEDULE A
(Form 990 or Complete if the organiza

hospital's name, city, and state

170(b)(1)(A)(iv). (Complete Part II)

described in section 170(b)(1)(A)(vi). (Complete Part II)

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.

2015
Open to Public Inspection

Treasury
Internal Revenue Service

Name of the organization
AMERICAN BIBLE SOCIETY

Department of the

990EZ)

Part I

1

2

3

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization that normally receives a substantial part of its support from a governmental unit or from the general public

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**. A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)

em contributions, membership fees, and gross eptions, and (2) no more than 331/3% of its support of its section 509(a)(4). In the functions of, or to carry out the purposes of section 509(a)(2) See section 509(a)(3). Check of its supported its supported organization(s), typically by giving the its directors or trustees of the supporting of its supported organization(s), by having control or introl or manage the supported organization(s) You not with, and functionally integrated with, its
the functions of, or to carry out the purposes of section 509(a)(2) See section 509(a)(3). Check tion and complete lines 11e, 11f, and 11g ported organization(s), typically by giving the lie directors or trustees of the supporting as supported organization(s), by having control or introl or manage the supported organization(s) You
section 509(a)(2) See section 509(a)(3). Check tion and complete lines 11e, 11f, and 11g ported organization(s), typically by giving the directors or trustees of the supporting as supported organization(s), by having control or introl or manage the supported organization(s) You
ons A, D, and E. nection with its supported organization(s) that is n requirement and an attentiveness requirement that it is a Type I, Type II, Type III functionally
n A mount of monetary support (see instructions) (vi) A mount of ther support (see instructions)
No
No
No.

Schedule A (Form 990 or 990-EZ) 2015 Page 2 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	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f)Total
(or fiscal year beginning in)	(=)====	(-)	(5)2323	(-)	(-)2020	(.,
 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants) 	39,837,983	48,571,145	39,913,323	59,321,159	48,563,452	236,207,062
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	39,837,983	48,571,145	39,913,323	59,321,159	48,563,452	236,207,062
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)						0
6 Public support. Subtract line 5 from line 4						236,207,062
Section B. Total Support						
Calendar year	(2)2011	(b)2012	(6)2013	(d)2014	(a) 2015	(f)Total

Section B. Total Support						•	
Calendar year (or fiscal year beginning in) ▶	(a)2011	(b) 2012	(c) 2013	(d) 2014	(e) 20	15	(f) Total
7 A mounts from line 4	39,837,983	48,571,145	39,913,323	59,321,159	48,	563,452	236,207,062
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	11,650,005	13,308,923	11,851,750	11,499,250	9,	905,509	58,215,437
9 Net income from unrelated business activities, whether or not the business is regularly carried on	856,825	0	0	0		330,794	1,187,619
Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	733,239	272,244	915,240	1,109,508		916,886	3,947, 11 7
11 Total support. Add lines 7 through 10							299,557,235
12 Gross receipts from related activ	rities, etc (see ins	tructions)			12		35,825,713
13 First five years If the Form 990	is for the organizat	uon's first socon	third fourth or	fifth tay year ac a	saction 5	01/c)/2) organization

13	First five years.If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a se	ction 5	501(c)(3) organization,							
	check this box and stop here		.▶ □							
S	Section C. Computation of Public Support Percentage									
14	Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	78 852 %							

14	Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	78 852 %
15	Public support percentage for 2014 Schedule A, Part II, line 14	15	80 759 %
40-	28 4 (20)		- In a - In this - In a

16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization b 33 1/3% support test-2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part

	II. If the organization	ı faıls to qualıfı	<u>, under the tes</u>	ts listed below,	, please comple	ete Part II.)	
Se	ction A. Public Support			ı			
	Calendar year	(a) 2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f)Total
(or t	iscal year beginning in) ► Gifts, grants, contributions, and						1
-	membership fees received (Do	ı					
	not include any "unusual grants")	ı					
2	Gross receipts from admissions,						
	merchandise sold or services	İ					
	performed, or facilities furnished	İ					
	in any activity that is related to	İ					
	the organization's tax-exempt purpose	İ					
3	Gross receipts from activities						
•	that are not an unrelated trade or	İ					
	business under section 513	_					
4	Tax revenues levied for the	1					
	organization's benefit and either	İ					
_	paid to or expended on its behalf						
5	The value of services or facilities	İ					
	furnished by a governmental unit to the organization without charge	İ					
6	Total. Add lines 1 through 5						
	A mounts included on lines 1, 2,	·					
, u	and 3 received from disqualified	İ					
	persons						
b	A mounts included on lines 2 and	İ					
	3 received from other than	İ					
	disqualified persons that exceed	İ					
	the greater of \$5,000 or 1% of the amount on line 13 for the year	İ					
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
•	from line 6)	ı					
Se	ction B. Total Support						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f)Total
(or f	iscal year beginning in) 🕨	(a)2011	(0)2012	(6)2013	(d)2014	(e)2013	(I)I otal
9	A mounts from line 6						
.0a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable						
	income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
13	Total support. (Add lines 9, 10c,						
14	11, and 12) First five years.If the Form 990 is form	or the organization	n'e firet eacond	third fourth or f	l fifth tay vear as a	section 501(c)	(3) organization
	check this box and stop here	or the organization	on a mac, accond,	, cilira, loarcii, or i	michicax year as a	3000001 301(0)	
Se	ection C. Computation of Pub	lic Sunnort P	ercentage				
15	Public support percentage for 2015			12 column (f))		4=	
	· · · · · -	·		13, column (1))		15	
16	Public support percentage from 201					16	
	ection D. Computation of Inv			<u> </u>	(5)		
17	Investment income percentage for :				nn (f))	17	
18	Investment income percentage from					18	
19a	33 1/3% support tests—2015. If the	_					
	more than 33 1/3%, check this box						▶ [
D	33 1/3% support tests—2014. If the 18 is not more than 33 1/3%, check	-					_
	TO IS HOLIHOTE CHAIL 33 1/370, CHECK	. LIIIS DUX dilu SEC	princie. I lie oldd	mzation qualines	us a publicly SUL	porteu urgalliza	CIOII 📂

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, and D, and complete Part V.)

	I, complete Sections A and D, and complete Part V)	a circe	.RCG II	u 011 u
Se	ction A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section	2		
	509(a)(1) or (2)			
	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$, (5) , or (6) and satisfied the public support tests under section $509(a)(2)$? If "Yes," describe in Part VI when and how the organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3 c		
4-	· · · · · ·			l
	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?			
	If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or (2) ? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported	4c		
	organization was used exclusively for section 170(c)(2)(B) purposes			<u> </u>
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5 c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
с	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10 b		
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
_	A 35% controlled entitle of a person described in (a) or (b) above 2 if "Vee" to a bioric provide detail in Port VI	110		

Part IV Supporting Organizations (continued)

Section I	R Tyne	T Supporting	Organizations
Section i	в. гуре	T SUPPOLUTION	Organizacions

Se	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		
Se	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Se	ection D. All Type III Supporting Organizations			
	, , , , , , , , , , , , , , , , , , ,		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
Se	ection E. Type III Functionally-Integrated Supporting Organizations			
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below			
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i>	3a		

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

3b

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Suppor	ting O	rganizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying tr	ust on N	Nov 20,1970 See inst	ructions. All other
	Type III non-functionally integrated supporting organizations must complete S	ections	A through E	
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		,
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
c	Fair market value of other non-exempt-use assets	1 c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter $1\text{-}1/2\%$ of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	ed Type III supporting o	organization (see

Party Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Se	ection D - Distributions			Current Year			
1	A mounts paid to supported organizations to accom	plish exempt purposes					
2	A mounts paid to perform activity that directly further excess of income from activity	orted organizations, in					
3	Administrative expenses paid to accomplish exemp						
4	A mounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval rec	quired)					
6	Other distributions (describe in Part VI) See instru	uctions					
	Total annual distributions. Add lines 1 through 6						
<u> </u>	Total aimaa distributions. Add imes 1 timough o						
8	Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide				
9	Distributable amount for 2015 from Section C, line	6					
10	Line 8 amount divided by Line 9 amount						
			/::x	/:::\			
	section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015			
1	Distributable amount for 2015 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)						
3	Excess distributions carryover, if any, to 2015						
а							
b							
<u>c</u>							
	From 2013						
	From 2014 Total of lines 3a through e						
	Applied to underdistributions of prior years						
	Applied to 2015 distributable amount						
	Carryover from 2010 not applied (see instructions)						
j	Remainder Subtract lines 3g, 3h, and 3i from 3f						
4 [Distributions for 2015 from Section D, line 7 \$						
a	Applied to underdistributions of prior years						
b	Applied to 2015 distributable amount						
С	Remainder Subtract lines 4a and 4b from 4						
5	Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)						
6	Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)						
7	Excess distributions carryover to 2016. Add lines 3 ₁ and 4c						
8	Breakdown of line 7						
a							
b							
c	Excess from 2013						
d	From 2014						
	From 2015						
				(F 000 000 F7) (201 F			

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

SCHEDULE D (Form 990)

Department of the

Internal Revenue Service

Treasury

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.

Information about Schedule D (Form 990) and its instructions is at $\underline{www.irs.gov/form990}$.

OMB No 1545-0047

DLN: 93493052000197

Inspection

Name of	the organization
AMERICAN	BIBLE SOCIETY

	RICAN BIBLE SOCIETY			caacas
Pa	rt I Organizations Maintaining Dono	r Advised Funds or Other Similar F		623885 Or Accounts.
		ed "Yes" on Form 990, Part IV, line 6.		
		(a) Donor advised funds	(b)	Funds and other accounts
L	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)	25,007		
ŀ	Aggregate value at end of year			
5	Did the organization inform all donors and donor funds are the organization's property, subject to		nor advis	sed √Yes No
5	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?	5 5		r purpose √ Yes No
Pa	t III Conservation Easements. Compl	ete if the organization answered "Yes"	on Forn	n 990, Part IV, line 7.
L	Purpose(s) of conservation easements held by the			
	Preservation of land for public use (e g , recieducation)		an histor	ically important land area
	Protection of natural habitat	·		d historic structure
	Preservation of open space	,		
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conservation contribution in	the form	of a conservation
				Held at the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easem		2b	
C	Number of conservation easements on a certified	, ,	2c	
d	Number of conservation easements included in (historic structure listed in the National Register		2d	
3	Number of conservation easements modified, tra tax year ▶	insferred, released, extinguished, or terminat	ed by th	e organization during the
1	Number of states where property subject to cons	servation easement is located 🟲		
5	Does the organization have a written policy rega violations, and enforcement of the conservation	5 1 5, 1 ,	idling of	☐ Yes ☐ No
5	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of violations, and enforc	ing cons	servation easements during the
	-			
7	A mount of expenses incurred in monitoring, insp	ecting, handling of violations, and enforcing o	conserva	tion easements during the year
	▶ \$			
3	Does each conservation easement reported on It (B)(I) and section $170(h)(4)(B)(II)$?	ine 2(d) above satisfy the requirements of se	ction 17	0(h)(4) Yes No
9	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the tex the organization's accounting for conservation ex-	t of the footnote to the organization's financia		
ar	3	ctions of Art, Historical Treasures,	or Oth	er Similar Assets.
	<u> </u>	ed "Yes" on Form 990, Part IV, line 8.		
La	If the organization elected, as permitted under S works of art, historical treasures, or other simila service, provide, in Part XIII, the text of the foot	r assets held for public exhibition, education,	or resea	arch in furtherance of public
b	If the organization elected, as permitted under S works of art, historical treasures, or other simila service, provide the following amounts relating to	r assets held for public exhibition, education,		
(i) Revenue included on Form 990, Part VIII, line	1	> \$	
	Assets included in Form 990, Part X		· —	
-	siz mi sim ssoji diek		· · · —	

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Par	t III	Organizations Maintaining (continued)	g Collections of	Art, Histo	rical	Treasures,	or O	ther Similar	Ass	ets	rage a
3	collec	the organization's acquisition, acc ction items (check all that apply)	cession, and other re	•	·	_		-	use o	fits	
а	✓	Public exhibition		d	√ Lo	oan or exchang	e prog	rams			
Ь	✓	Scholarly research		e	Г 0	ther					
c	✓	Preservation for future generations									
4	Provi Part >	de a description of the organization KIII	n's collections and e	xplaın how tl	ney fur	rther the organı	zation	's exempt purpo	se in		
5		g the year, did the organization sol									
Pa	rt IV	s to be sold to raise funds rather the Escrow and Custodial Arra		a as part or t	ne org	anization's con	ection	·	Yes	✓ No	<u> </u>
		Complete if the organization Part X, line 21.							unt d	n Fori	n 990, ———
1a		e organization an agent, trustee, cu ded on Form 990, Part X?	istodian or other into	ermediar y fo	r conti	ributions or oth	erass		Yes	∏ No)
b	If"	'Yes," explain the arrangement in F	Part XIII and compl	ete the follow	ving ta	ble			A mou	nt	
c	Ве	ginning balance					1 c				
d	A d	ditions during the year					1d				
e		tributions during the year					1e				
f		ding balance	5 000 B 1 W				1f				
2a	Diatr	ne organization include an amount (on Form 990, Part X	, line 21, for	escro	w or custodial a	accour	nt liability?	Yes	□ No)
b	If"Ye	es," explain the arrangement in Par	t XIII Check here i	f the explana	ation h	as been provid	ed in P	art XIII			
Pa	rt V	Endowment Funds. Comple									
			(a)Current year	(b)Pnor ye		b (c)Two years I		(d)Three years bac			ars back
1a	Begir •	nning of year balance	592,320,835	329,1	93,203	309,801	1,521	301,074,1	99	34	8,864,480
b	Contr	ributions • • • • • • •	1,789,700	17,8	54,164	-2,125	5,528	-2,591,7	03	-	3,467,001
c	Net ir Iosse	nvestment earnings, gains, and	-11,548,409	301,4	61,750	66,793	3,202	39,129,3	29	-	6,794,871
d	Grant	s or scholarships									
e	Othe	r expenditures for facilities rograms	36,742,639	53,9	11,443	43,846	5,853	25,979,1	51	3	6,018,810
f	A dmı	nistrative expenses	1,438,588	2,2	76,839	1,429	,139	1,831,0	93		1,509,659
g	End o	f year balance	544,380,899	592,3	20,835	329,193	3,203	309,801,5	21	30	1,074,139
2	Provi	ide the estimated percentage of the	current year end ba	alance (line 1	Lg, col	ı lumn (a)) held a	ıs				
а	Board	I designated or quasi-endowment ▶	95 130 %	•							
b		anent endowment ▶ 3 560 %									
c	Temp	orarily restricted endowment >	1 310 %								
	The p	ercentages on lines 2a, 2b, and 2c	should equal 100%	6							
3a		nere endowment funds not in the po iization by	ssession of the org	anızatıon tha	it are l	neld and admini	ıstered	for the		Yes	No
	_	related organizations						[3a(i)	Yes	110
		elated organizations						[3a(ii)		No
ь 4		es" on 3a(II), are the related organi ribe in Part XIII the intended uses							3b		<u> </u>
	rt VI	Land, Buildings, and Equi		3 CHOWITCH	Ciunus	,					
		Complete if the organization		Form 990							
		Description of property			(a) or other vestme		her basi	Accumulation (c) depreciation		(d)Boo	k value
	Land			· ·							
b	Buildin	gs						0			0
c	Leasel	nold improvements				13	3,7 1 6,6 1	-	,702	1	3,409,912
		nent					,73 1 ,24				4,349,492
e	Other						1.040.03	4 400	E0.		E2F 24F
Tota	al. Add	Ines 1a through 1e (Column (d) mu	st equal Form 990. P	art X, column	(B), III		,948,94	4,423		1	525,345 8,284,749
		5 ,	,		. ,,			Schedu	ıle D (90) 2015

See Form 990, Part X, line 12. (a) Description of security or catego	ry I	(b)Book value	(c)Method of valuation
(including name of security)	,	(=,= 55 Talue	Cost or end-of-year market val
(1)Financial derivatives (2)Closely-held equity interests			
(3) Other A)PRIVATE EQUITY		24,841,737	F
B) REAL ASSETS		39,433,712	F
C) ABSOLUTE RETURN		76,084,523	F
(D) FIXED INCOME		67,925,889	F
(E) EQUITIES		150,623,872	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•	358,909,733	
Part VIII Investments—Program Related. Complete if the organization answer	ed '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 valu
			,
	▶ I		
Part IX Other Assets. Complete if the organiza	tion answered 'Yes' on Fo	rm 990, Part IV, line 1:	ld See Form 990, Part X, line 15 (b) Book value
Part IX Other Assets. Complete if the organiza		rm 990, Part IV, line 1:	
Part IX Other Assets. Complete if the organiza		rm 990, Part IV, line 1:	
Part IX Other Assets. Complete if the organiza		rm 990, Part IV, line 1	
Part IX Other Assets. Complete if the organiza		rm 990, Part IV, line 1	
Part IX Other Assets. Complete if the organiza		rm 990, Part IV, line 1	
Part IX Other Assets. Complete if the organiza		rm 990, Part IV, line 1	
Part IX Other Assets. Complete if the organiza		rm 990, Part IV, line 1	
Part IX Other Assets. Complete if the organiza		rm 990, Part IV, line 1:	
Part IX Other Assets. Complete if the organiza (a) Des	scription	rm 990, Part IV, line 1:	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organiza (a) Des	e 15)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organiza Other Liabilities. Complete if the organiza See Form 990, Part X, line 25.	e 15)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) lin Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	e 15) rganization answered '	Yes' on Form 990, Pa	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) lin Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	e 15) rganization answered '	Yes' on Form 990, Pa	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) lin Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes ANNUITIES PAYABLE	e 15) rganization answered ' (b) Book value	Yes' on Form 990, Pa	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) lin Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes ANNUITIES PAYABLE	e 15) rganization answered '	Yes' on Form 990, Pa	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) lim Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes ANNUITIES PAYABLE ACCR POST RETIREMENT BENEFITS	e 15) rganization answered ' (b) Book value	Yes' on Form 990, Pa	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the oil See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes ANNUITIES PAYABLE ACCR POST RETIREMENT BENEFITS OBLIGATIONS UNDER REMAINDER TR	(b) Book value 25,676,86		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) lim Part X Other Liabilities. Complete if the oil See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes ANNUITIES PAYABLE ACCR POST RETIREMENT BENEFITS OBLIGATIONS UNDER REMAINDER TR PAYABLES UNDER SECURITIES LOAN	(b) Book value 25,676,86 39,914,25		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) lin Part X Other Liabilities. Complete if the oil See Form 990, Part X, line 25.	(b) Book value 25,676,86 39,914,25 5,606,44		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) lim Part X Other Liabilities. Complete if the oil See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes ANNUITIES PAYABLE ACCR POST RETIREMENT BENEFITS OBLIGATIONS UNDER REMAINDER TR PAYABLES UNDER SECURITIES LOAN	(b) Book value 25,676,86 39,914,25 5,606,44		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) lim Part X Other Liabilities. Complete if the oil See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes ANNUITIES PAYABLE ACCR POST RETIREMENT BENEFITS OBLIGATIONS UNDER REMAINDER TR PAYABLES UNDER SECURITIES LOAN	(b) Book value 25,676,86 39,914,25 5,606,44		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) lim Part X Other Liabilities. Complete if the oil See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes ANNUITIES PAYABLE ACCR POST RETIREMENT BENEFITS OBLIGATIONS UNDER REMAINDER TR PAYABLES UNDER SECURITIES LOAN	(b) Book value 25,676,86 39,914,25 5,606,44		(b) Book value

Schedule D (Form 990) 2015

1

2

а

b

d

3

c

Part XIII

information

37,752,985

-28,916,672

66,669,657

1,560,884 91,939,236

1

2e

3

4c

-25,202,196

-3,714,476

4	A mounts included on Form 990, Part VIII, line 12, but not on line $oldsymbol{1}$		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 1,560,884		
b	Other (Describe in Part XIII) 4b		
c	Add lines 4a and 4b	4c	1,560,88
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	68,230,54
Part	Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s per	Return.
1	Total expenses and losses per audited financial statements	1	92,839,97
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
c	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	2,461,61
3	Subtract line 2e from line 1	3	90,378,35
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 1,560,884		
b	Other (Describe in Part XIII)	1	
		−	

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

Explanation

COLLECTIONS OF ART, HISTORICAL TREASURES OR OTHER SIMILAR ASSETS American Bible

Society, maintains a rare scripture collection that has been acquired through purchases and contributions since the Bible society's inception. The collection preserves historically significant scriptures, provides for scholarly research, and contributes to the public good through educational.

2a

2b

2c

2d

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

Total revenue, gains, and other support per audited financial statements .

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) .

exhibitions

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Net unrealized gains (losses) on investments . . .

Donated services and use of facilities .

Recoveries of prior year grants .

Other (Describe in Part XIII)

Add lines 2a through 2d .

Add lines 4a and 4b .

Return Reference

Schedule D, Part III, Line 1a

Supplemental Information

Subtract line 2e from line 1 .

tax years ending 2013, 2014, 2015 and 2016 are still open to audit for both federal and state purposes. The Bible Society has processes presently in place to ensure the maintenance of its tax-exempt status, to identify and report unrelated income, to determine its filing and tax obligations in jurisdictions for which it has nexus, and, to identify and evaluate other matters that may be considered tax positions.
 Schedule D (Form 990) 2015

efile GRAPHIC print - DO NOT	PROCESS	As Filed Da	ta -	DLN	: 93493052000197		
SCHEDULE F Stat	OMB No 1545-0047						
(Form 990) Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990. Department of the Treasury Internal Revenue Service Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.							
Name of the organization AMERICAN BIBLE SOCIETY							
Part I General Informatio Complete if the organ				14h			
and other assistance, the graused to award the grants or a sistance outside the Unite Activites per Region (The follows)	assistance? n Part V the ord d States ving Part I, line	rganization's p	rocedures for monitori	ng the use of its gra	▼ Yes No No nts and other		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is program service, describe specific type of service(s) in region			
(1) See Add'l Data							
(2)							
(3)							
(4)							
(5)							
Sa Sub-total D Total from continuation sheets to Part I	0	_			23,426,412 3,672,950		
c Totals (add lines 3a and 3b) For Paperwork Reduction Act Notice, see	the Instructions			No 50082W Sch e	27,099,362 edule F (Form 990) 2015		

Part II	Grants and Other Assistance to Organizations or Entities Outside the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1) See Add'l Data								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
2								

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

7

Schedule F (Form 990) 2015							Page 3
Part III Grants and Ot	Other Assistance duplicated if addit			ted States. Complete	if the organization ar	nswered "Yes" to Form	
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)					1		
(2)				†	†		
(3)		+ +		+	+		
(4)		+ +		-	 		
(5)		+ +		+	 		
(6)		+ +		+			
(7)		+ +	·	+			
(8)		+ +	·	+	+		
(9)		+ +		+	+		
(10)		+ +			+		
(11)		+ +			+		
(12)				+	+		
(13)				<u> </u>			
(14)				<u> </u>			

(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
(12)				
(13)				
(14)			·	

(15) (16) (17) (18)

8621) 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 file Form 5713, International Boycott Report (see Instructions for Form 5713, do not 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).

990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, Part I, Line 2	AMERICAN BIBLE SOCIETY ("ABS") IS A MEMBER OF THE UNITED BIBLE SOCIETIES ("UBS"), A WORLD-WIDE FELLOWSHIP OF NATIONAL BIBLE SOCIETIES ABS PROGRAM SERVICES, IN CONJUNCTION WITH UBS, INCLUDE BIBLE DISTRIBUTION, TRANSLATION, ENGAGEMENT AND ADVOCACY THE UBS SOLICITS AND R ESEARCHES 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 GLOBAL SCRIPTURE IMPACT ("GSI"), OUR INTERNAL RE SEARCH GROUP, OR OUR FUNDING PARTNER RESEARCHES PROJECTS BEFORE FUNDING FOR PROJECT IMPACT (LIFE CHANGE), GOAL ALIGNMENT, FINANCIAL RISK, ENVIRONMENTAL RISK, MANAGERIAL RISKS (IMPLEMENTER ON THE GROUND) AND OTHER POSSIBLY INHERENT RISKS ABS RECEIVES AND REVIEWS PROGRES S REPORTS TO MONITOR THE USE OF FUNDS AS A PROJECT PROGRESSES AT THE END OF THE PROJECT, GSI OR THE PARTNER CONDUCTS AN ASSESSMENT OF RESULTS TO COMPARE WITH PLAN AND BUDGET INFO RMATION 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 IN FORMATION SOME OF THESE VISITS ARE DONE WITH PARTICIPATION OF the MAJOR DONORS OF these M INISTRY PROJECTS OUR OVERALL INTERNATIONAL PROGRAM EXPENDITURE IS CLOSELY MONITORED INTER NALLY BY DIFFERENT SPECIALLY APPOINTED GROUPS (TASK FORCES, AD HOC GROUPS OR COMMITTEES) A ND DULY REPORTED TO OUR BOARD ON A QUARTERLY BASIS

Additional Data

Middle East and North

A frica

Software ID: Software Version:

EIN: 13-1623885

Name: AMERICAN BIBLE SOCIETY

1,325,000

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
East Asia and the Pacific	0	0	Grantmakıng		960,133
Europe (Including Iceland and Greenland)	0	1	Grantmakıng		8,468

Grantmaking

(a) Region (b) Number of (c) Number of (e) If activity listed in (f) Total expenditures (d) Activities offices in the employees or conducted in region (by (d) is a program for region type) (i.e., fundraising, service, describe agents in region specific type of service region program services, grants to recipients (s) in region located in the region) North America Grantmaking 10,810 Russia and the Newly 20,000 lGrantmakınd

Grantmaking

150,000

Form 990 Schedule F Part I - Activities Outside The United States

Independent States
South Asia

(a) Region (b) Number of (c) Number of (d) Activities (e) If activity listed in (f) Total expenditures offices in the employees or conducted in region (by (d) is a program service. for region type) (i.e., fundraising, describe specific type of agents in region service(s) in region region program services, grants to recipients located in the region) Central America and the Program Services Bible distrib/advocacy 1,508,259 Caribbean East Asia and the Pacific Program Services Bible distrib/advocacy 1,104,057

Program Services

Bible distrib/advocacy

2,660,919

Form 990 Schedule F Part I - Activities Outside The United States

Europe (Including Iceland

and Greenland)

(a) Region (b) Number of (c) Number of (d) Activities (e) If activity listed in (f) Total expenditures offices in the employees or conducted in region (by (d) is a program service. for region describe specific type of type) (i.e., fundraising, agents in region service(s) in region region program services, grants to recipients located in the region) Middle Fast and North Program Services Bible distrib/advocacy 1,220,886 A frica North America Program Services Bible distrib/advocacy 299,283

Program Services

Bible distrib/advocacy

124,414

Form 990 Schedule F Part I - Activities Outside The United States

Russia and the Newly

Independent States

(a) Region (b) Number of (c) Number of (e) If activity listed in (f) Total expenditures (d) Activities offices in the emplovees or conducted in region (by (d) is a program service, for region type) (i.e., fundraising, describe specific type of agents in region service(s) in region region program services. grants to recipients located in the region) South America Program Services Bible distrib/advocacy 419,790 South Asia Program Services Bible distrib/advocacy 521.331 0

Program Services

Bible distrib/advocacy

3.230.666

Form 990 Schedule F Part I - Activities Outside The United States

0

Sub-Saharan Africa

(a) Region (b) Number of (c) Number of (f) Total expenditures (d) Activities (e) If activity listed in offices in the employees or conducted in region (by (d) is a program for region type) (i e , fundraising, service, describe region agents in specific type of service region program services. grants to recipients (s) in region located in the region) 7,689,440 IInvestments 2,172,956 IInvestments Europe (Including Iceland

Investments

238,134

Form 990 Schedule F Part I - Activities Outside The United States

and Greenland) Middle East and North

A frica

(a) Region (b) Number of (c) Number of (e) If activity listed in (f) Total expenditures (d) Activities offices in the employees or conducted in region (by (d) is a program for region type) (i.e., fundraising, service, describe agents in region specific type of service region program services. grants to recipients (s) in region located in the region) 4,865

1,200,327

North America	0	0	Investments	264,865
South America	0	0	Investments	76.594

lInvestments

South America

South Asia

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region (b) Number of (c) Number of (e) If activity listed in (f) Total expenditures (d) Activities offices in the employees or conducted in region (by (d) is a program for region type) (i.e., fundraising, agents in service, describe region specific type of service region program services. grants to recipients (s) in region located in the region)

Investments

1,893,030

Form 990 Schedule F Part I - Activities Outside The United States

Sub-Saharan Africa

(g) A mount of non-(h) Description of (a) Name of (e) A mount of (f) Manner of valuation section (c) Region (d) Purpose of grant cash non-cash and EIN(if cash grant cash disbursement (book, FMV, organization assistance assistance applicable) appraisal, other) Middle East and Bible Engagement 800,000 North A frica

15,000

(I) Method of

	South Asia	Bible Engagement	150,000		
	Middle East and	Bıble Engagement	525,000		
	North Africa				1

Bible Engagement

inorth Africa Europe (Including

(b) IRS code

Form 990 Schedule F Part II - Grants or Entities Outside The United States

Iceland and Greenland)

(b) IRS code (I) Method of (a) A mount of non-(h) Description of (a) Name of (e) A mount of (f) Manner of section valuation (c) Region (d) Purpose of grant non-cash cash and EIN(if cash disbursement (book, FMV, organization cash grant assistance assistance annlicable) appraisal, other)

930,133

	applicable)					арргатза
		East Asia and the	Bıble Engagement	30,000		
		Dacific				

IP at IIIt

Form 990 Schedule F Part II - Grants or Entities Outside The United States

East Asia and the

Pacific

Bible engagement

DLN: 93493052000197

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 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

Inspection

Internal Revenue Service Name of the organization AMERICAN BIBLE SOCIETY

▶Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990

Employer identification number

13-1623885

Part I	Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.	
	Form 990-F7 filers are not required to complete this part	

- Indicate whether the organization raised funds through any of the following activities. Check all that apply
 - ✓ Mail solicitations ▼ Solicitation of non-government grants
 - ▼ Internet and email solicitations Solicitation of government grants
 - ▼ Phone solicitations ▼ Special fundraising events
- 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 ✓Yes No services?
- If "Yes," list the ten 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	fundrais custo cont	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
1 Robbins Kersten Direct		Yes	No			
Inc 855 E Collins Blvd			No	19,278,358	5,455,753	13,822,605
Richardson, TX 75081						
2 Donor Care Center Inc 480 West Tascarawas Ave Barberton, OH 44203			Νo	301,876	422,213	
3 MDS Communications 545 West Juanita Ave Mesa, AZ 85210			No	444,503	192,513	251,990
4						
5						
6						
7						
8						
9						
10						
Total		1		20,024,737	6,070,479	14,074,595

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

Pa	rt II Fundraising Events. Complete if the organization fundraising event contribution				
	receipts greater than \$5,000		(b) Event #2	(c)Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col (a) through col (c))
Revernie					
Reve	1 Gross receipts				
	2 Less Contributions				
	Gross income (line 1 minus line 2)				
	4 Cash prizes				
	5 Noncash prizes				
ş	6 Rent/facility costs				
Expenses	7 Food and beverages				
젌	8 Entertainment				
Direct	9 Other direct expenses				
۵	10 Direct expense summary Add lines 4	1 through 9 in column (d)		
Do.	11 Net income summary Subtract line 1 t III Gaming.	.0 from line 3, column (d)	.	
	Complete if the organization Form 990-EZ, line 6a.	answered "Yes" on	Form 990, Part IV, line	19, or reported mo	re than \$15,000 on
Revenue		(a)Bıngo	(b)Pull tabs/Instant bingo/progressive bingo	(c)O ther gaming	(d) Total gaming (add col (a) through col (c))
Re	1 Gross revenue				
nses	2 Cash prizes				
A Per	3 Noncash prizes				
Direct	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	├ Yes <u> %</u> ├ No		☐ Yes%	
	7 Direct expense summary Add lines	2 through 5 in column (d)		
	8 Net gaming income summary Subtra	ct line 7 from line 1, cc	olumn (d)		
9 a	Enter the state(s) in which the organiza		•		Yes No
b	If "No," explain				
10a	Were any of the organization's gaming I				
b	If "Yes," explain			,	165 NO

Schedule I
(Form 990)

Grants and C
Governments

Complete if the organize

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

Department of the

Internal Revenue Service

Name of the organization

AMERICAN BIBLE SOCIETY

Treasury

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.

lacktriangle Information about Schedule I (Form 990) and its instructions is at $\underline{www.irs.qov/form990}$.

OMB No 1545-0047

DLN: 93493052000197

2015

Open to Public Inspection

Schedule I (Form 990) 2015

Employer identification number

13-1623885

Part I General Information	on on Grants an	d Assistance					
 Does the organization maintain the selection criteria used to a Describe in Part IV the organization 	ward the grants or a	ssistance?				stance, and	√ Yes N
Part II Grants and Other Assist				plete if the organization	answered "Yes" on F	Form 990, Part IV, line 2	l , for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
See Additional Data Table							
2 Enter total number of section 53 Enter total number of other org						_	53

Cat No 50055P

compliance

Additional Data

Recruit Training

Cru Military

Ministries 3605 N Main St Joplin, MO 648017665

CommandChapel 3355 Illinois St

Great Lakes, IL 600883115

Bldg854 Blvd De France Parris Island, SC 299050000

American Rehabilitation

Software ID: Software Version:

34-9990000

95-6006123

43-1037106

EIN: 13-1623885

Name: AMERICAN BIBLE SOCIETY

(h) Purpose of grant

BIBLE ENGAGEMENT

BIBLE ENGAGEMENT

BIBLE ENGAGEMENT

or assistance

Scripture Resources

Scripture Resources

Scripture Resources

64,605 cost

35,290 cost

26,522 cost

(a) Name and address of	(b) EIN	(c) IRC section	(d) A mount of cash	(e) A mount of non-	(f) Method of valuation	(g) Description of
organization		ıf applıcable	grant	cash	(book, FMV, appraisal,	non-cash assistance
or government				assistance	other)	

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

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable cash (book, FMV, appraisal, non-cash assistance orassistance grant or aovernment assistance other) Marine Corps Recruit Depot 53-9990000 21.875 cost Scripture Resources BIBLE ENGAGEMENT 1600 Henderson Ave Ste 125 San Diego, CA 921405095 Scripture Resources CRU 95-6006123 18.677 cost BIBLE ENGAGEMENT 750 Middle Ground Blvd

17,836 cost

Scripture Resources

BIBLE ENGAGEMENT

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

CRU
750 Middle Ground Blvd
Newport News, VA
236062587

Oklahoma City VA Medical
Center

921 NE 13TH St Oklahoma City, OK 731045007 73-1097102

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıfapplıcable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) VA Long Beach Healthcare 95-1652897 17,393 cost Scripture Resources BIBLE ENGAGEMENT Systems

15,102 cost

Scripture Resources

BIBLE ENGAGEMENT

5901 E 7th St 125 Long Beach,CA 908225299						
95th AG BN (Reception) 6002 Edwards St	35-9990000		17,084	cost	Scnpture Resources	BIBLE EN

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

1st BT 23 INF Hdatrs

Bldg 3735 Stryker Ave JBLM, WA 98433

35-9990000

ENGAGEMENT Fort Sill, OK 735034479

(a) Name and address of **(b)** EIN (c) IRC section (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (d) A mount of cash organization ıfapplıcable cash (book, FMV, appraisal, non-cash assistance orassistance arant or aovernment assistance other) 14.412 cost Scripture Resources VA Medical Center 55-0357745 BIBLE ENGAGEMENT 1540 Spring Valley Dr

Huntington, WV 25/049300						
Atlanta VA Medical Center 1670 Clairmont Rd Decatur, GA 300334004	58-2091280		13,913	cost	Scripture Resources	BIBLE ENGAGEMENT

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

Scripture Resources Veterans Affairs Medical Ctr. 35-1516418 11.071 cost BIBLE ENGAGEMENT

2121 Lake Ave

Fort Wavne, IN 468055100

(a) Name and address of **(b)** EIN (c) IRC section (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (d) A mount of cash organization ıfapplıcable cash (book, FMV, appraisal, non-cash assistance orassistance arant or aovernment assistance other) 10.955 kost Scripture Resources Support Military Spouses 27-2266879 BIBLE ENGAGEMENT 1580 Highway 9 E Unit 1 Longs SC 205699712 ENGAGEMENT

10.706 kost

Scripture Resources

BIBLE ENGAGEMENT

Longs, 3C 273000712						1
1-13th IN REGT	35-9990000		10,740	cost	Scripture Resources	BIBLE E
Bldg 11000						
Fort Jackson, SC 29207						l

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

Salem VA Medical Center

1970 Roanoke Blvd Salem. VA 241536478 54-1691022

(a) Name and address of **(b)** EIN (c) IRC section (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (d) A mount of cash organization ıfapplıcable cash (book, FMV, appraisal, non-cash assistance orassistance arant or aovernment assistance other) 10.007 kost Scripture Resources 1-40th FA BN Chaplain Office 35-9990000 BIBLE ENGAGEMENT 6050 Rothwell St Fort Sill, OK 735034482 Scripture Resources BIBLE ENGAGEMENT

9.712 cost VA Medical Center 51-0065004 1601 Kirkwood Hwy

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

Orlando, FL 32827

Wilmington, DE 198054917

Scripture Resources

80-1394976 9.640 cost

Orlando VA Medical Center BIBLE ENGAGEMENT 13800 Veterans Way

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıfapplıcable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) MegaCARE Missions 9.599 cost Scripture Resources 20-3419883 BIBLE ENGAGEMENT 3635 Dan Morton Dr. Dallas, TX 752361072 Scripture Resources 9.592 cost Overton Brooks VAMC 72-0422366 BIBLE ENGAGEMENT

9,582 cost

BIBLE ENGAGEMENT

510 F Stoner Ave Shreveport, LA 711014243 Scripture Resources

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

2-58 IN BN

5550 Leonard Dr Fort Benning, GA 319054768

35-9990000

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance or aovernment assistance other) 1-81st Armored Battalion 35-9990000 9,459 cost Scripture Resources BIBLE ENGAGEMENT UMT 6998 Old Cusseta Rd Blda 4200 Fort Benning, GA

8,679 cost

Scripture Resources

BIBLE ENGAGEMENT

319055431 Scripture Resources Jessie Brown Va In Chicago 99-7393106 9,327 cost BIBLE ENGAGEMENT 820 S Damen Ave

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

Chicago, IL 606123728 VA New Jersey Healthcare

151 Knollcroft Rd Lyons, NJ 079395001

System

22-1526640

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıfapplıcable arant cash (book, FMV, appraisal, non-cash assistance orassistance other) or government assistance Scripture Resources 2-47 Infantry Regiment 35-9990000 8,475 cost BIBLE ENGAGEMENT

					C	
Creation Festivals 242 Old Marlton Pike Medford, NJ 080558768	20-2890852		7,800	cost	Scnpture Resources	BIBLE EN
9375 Conway Dr Blvd 3425 Fort Benning, GA 31905						

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

Biloxi, MS 39531

NGAGEMENT VA Administration Medical 31-1575142 7,565 cost Scripture Resources BIBLE ENGAGEMENT

Center

400 Veterans Ave

(a) Name and address of **(b)** EIN (e) A mount of non- (f) Method of valuation (h) Purpose of grant (c) IRC section (d) Amount of cash (g) Description of organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) 99-5183196 7,351 cost Scripture Resources BIBLE ENGAGEMENT VA Northern Indiana HCS 1700 F 38th St Marion IN ACCEDITECT ENGAGEMENT

7.074 cost

Scripture Resources

BIBLE ENGAGEMENT

Manon, IN 469534568						
194th Armored Brigade 5463 187th Infantry	35-9990000		7,160	cost	Scripture Resources	BIBLE E
Regiment St Bld						
Fort Bonning GA	1		1			

Fort Benning, GA

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

319054904

VA Medical Center

1481 W 10th St Rm C-2090 Indianapolis, IN 462022803 35-1906280

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıfapplıcable arant cash (book, FMV, appraisal, non-cash assistance orassistance other) or government assistance Scripture Resources Hines VA Hospital 70-8202253 7.047 cost BIBLE ENGAGEMENT 5000 S 5th Ave Hines, IL 601413030 ENGAGEMENT

SGT Dustin Napier 515 Warrior Rd Fort Stewart, GA 31314	35-9990000		6,930	cost	Scripture Resources	BIBLE ENGAGEMENT
Charles George Medical Center	56-1853237		6,718	cost	Scripture Resources	BIBLE ENGAGEMENT

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

1100 Tunnel Rd

Asheville, NC 288052576

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) 6,507 cost Scripture Resources BIBLE ENGAGEMENT Department of Veterans 76-0418077 Affairs 2002 Holcombe Blvd

6.047 cost

Scripture Resources

BIBLE ENGAGEMENT

Houston,TX 770304211						
VA Med CtrLouis A Johnson Veterans Ad	74-1612229		6,070	cost	Scnpture Resources	BIBLE ENGAGEMENT

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

Clarksburg, WV 26301

35-9990000

307 BSB

Blda B-1329 Salerno St Fort Bragg, NC 283100001

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıfapplıcable arant cash (book, FMV, appraisal, non-cash assistance orassistance other) or government assistance Scripture Resources 1-79 FA BN Religous Affairs 35-9990000 6.034 cost BIBLE ENGAGEMENT 6007 Rothwell St Rm 200 Fort Sill OK 735034558 NGAGEMENT

10103111, OK 733034330						
Calvary Baptist Church 7556 Old Moon Rd Columbus, GA 31909	58-0908581		6,016	cost	Scnpture Resources	BIBLE ENGAGEMENT
Sacramento VA Medical	94-2674840		5,989	cost	Scripture Resources	BIBLE ENGAGEMENT

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

Center

10535 Hospital Way Mather, CA 956554200

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıfapplıcable cash (book, FMV, appraisal, non-cash assistance orassistance arant or aovernment assistance other) 5.985 cost Scripture Resources 339th IN BN 35-9990000 BIBLE ENGAGEMENT 11000 Dixie Rd Columbia, SC 292075020 Scripture Resources 5.870 cost FBCH Pastoral Care 35-9990000 BIBLE ENGAGEMENT 9300 Dewitt Loop

5.808 cost

Scripture Resources

BIBLE ENGAGEMENT

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

Fort Belvoir, VA 220605285

New Sona Community Church

Oceanside, CA 920587803

3985 Mission Ave

33-1510458

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıfapplıcable cash (book, FMV, appraisal, non-cash assistance orassistance arant or aovernment assistance other) 5.683 cost Scripture Resources DVA Medical Center 63-0803166 BIBLE ENGAGEMENT 2400 Hospital Rd Tuskegee, AL 360835001 BIBLE ENGAGEMENT

Scripture Resources 5.676 cost VA Medical Center 56-1303855 2300 Ramsey St Favetteville, NC 283013856

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

4475 Greaa St

Columbia, SC 292075308

Scripture Resources Installation Chaplains Office 35-9990000 5.582 cost BIBLE ENGAGEMENT

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) 2-501 PIR 5,412 cost Scripture Resources BIBLE ENGAGEMENT 35-9990000 3331 Ardennes St Bldg C-3331

5,370 cost

Scripture Resources

BIBLE ENGAGEMENT

Ft Bragg, NC 28310						
10th Transportation BNUnit Ministry 672 Monroe Ave	35-9990000		5,405	cost	Scripture Resources	BIBLE E

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

1-34 INF 165th BDE

Columbia, SC 292075019

12000 Dixie Rd

35-9990000

ENGAGEMENT Fort Eustis, VA 236045307

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıfapplıcable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) Installation Chaplains Office 35-9990000 5.191 cost Scripture Resources BIBLE ENGAGEMENT 3307 Indiana Ave Bldg 6501

5,041 cost

Scripture Resources

BIBLE ENGAGEMENT

Fort Leonard Wood, MO 65473						
Audie L Murphy VA Hospital 7400 Merton Minter St	74-1612229		5,090	cost	Scnpture Resources	BIBLE ENGAGEMENT

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

San Antonio, TX 782294404

Philadelphia, PA 191063252

23-6394230

Pennsylvania Bible Society

701 Walnut St

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -Schedule J

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.

2015

OMB No 1545-0047

DLN: 93493052000197

(Form 990)

Department of the Treasury Internal Revenue Service		► Information about Schedule J (Fo	rm 990)) and its instructions is at <u>www.irs.</u>			o Pub ectio	
Na	me of the organi ERICAN BIBLE SOCIE	zation			Employer identificati	on nu	mber	
					13-1623885			
Pa	rt I Quest	ions Regarding Compensation						
							Yes	No
1a		ropiate box(es) if the organization prov Section A , line 1a Complete Part III						
	First-clas	ss or charter travel	✓	Housing allowance or residence for	personal use	ļ		9
	▼ Travel for	companions		Payments for business use of pers	onal residence	ļ	ļ	ļ
	Tax idem	nification and gross-up payments	Г	Health or social club dues or initiat	ion fees			ļ
	Discretio	nary spending account	Г	Personal services (e g , maid, chau	ffeur, chef)	 		<u> </u>
b		oxes in line 1a are checked, did the org t or provision of all of the expenses des				1b	Yes	
2	-	zation require substantiation prior to re tees, officers, including the CEO/Exec				2	Yes	
3	organization's	, if any, of the following the filing organ CEO/Executive Director Check all tha ed organization to establish compensa	at app <mark>ly</mark>	Do not check any boxes for method	ds			
	✓ Compens	ation committee		Written employment contract				
	✓ Independ	ent compensation consultant	✓	Compensation survey or study				
	√ Form 990	of other organizations	▽	Approval by the board or compensa	ation committee			
4	During the yea or a related org	r, did any person listed on Form 990, F ganization	art VII	, Section A, line 1a with respect to t	he filing organization			
а	Receive a seve	erance payment or change-of-control p	ayment	:?		4a	Yes	
b	Participate in,	or receive payment from, a supplemen	tal nonc	qualified retirement plan?		4b		Νo
c	Participate in,	or receive payment from, an equity-ba	sed con	npensation arrangement?		4c		Νo
	If "Yes" to any	of lines 4a-c, list the persons and pro	vide the	e applicable amounts for each item i	n Part III			
5	For persons lis), 501(c)(4), and 501(c)(29) organizat ted on Form 990, Part VII, Section A, contingent on the revenues of		•	any			
а	The organizati	on?				5a		Νo
b	Any related or	ganızatıon?				5b		Νo
	If "Yes," on lin	e 5a or 5b, describe in Part III						
6		ted on Form 990, Part VII, Section A, contingent on the net earnings of	line 1a	, did the organization pay or accrue	any			
а	The organizati	on?				6 a		Νo
b	Any related or	ganization?				6b		No
	If "Yes," on lin	e 6a or 6b, describe in Part III						
7		ted on Form 990, Part VII, Section A , described in lines 5 and 6? If "Yes," de			n-fixed	7		No
8		unts reported on Form 990, Part VII, p initial contract exception described in				8		No

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53 4958-6(c)?

		'	·			. , . ,	
(A) Name and Title	(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and		(E) Total of columns	1 '
	Base	(ii) Bonus & Incentive	(iii) Other reportable	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior
	(i) compensation	compensation	compensation	'			Form 990 '

Schedule J (Form 990) 2015

See Additional Data Table

Schedule J (Form 990) 2015		Page 3
Part III Supplemental Inf	nformation	
Provide the information, explanatio	ion, 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	al information
Return Reference	Explanation	
Schedule J, Part I, LINE 1A	American Bible Society's ("Bible Society") travel Policy provides for spousal travel in limited circumstances where there is a pre-approved, defined/measureable Bible Society business purpose. The Bible Society does provide a clergy housing allowance to several officers and dire 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 (I)	ectors reported
Schedule J, Part I, Line 4	Severence or Change-of-Control Payment R M Dillon \$52,308 Donald Cavanaugh \$24,286	
Part VII and Schedule J Other Reportable Compensation	Due to the relocation of American Bible Society Headquarters during August 2015 the following Officer, Key Employee, and Highly Compense Employee Salaries and Wages include a one time taxable relocation amount Schedule J, Part II, B(III) Other Reportable Compensation inclu Title Taxable Relocation Wages Robert L Briggs SVP 81,214 04 Marco Herrera Director 68,942 74 Harriet Hill Director 107,086 02 Anne Associate 113,299 65 Jason Malec Director 125,603 26 Herbert Lee Manis Director 22,448 30 Geoffrey S Morin SVP 130,716 56 Patric	ıdes Name :M LoCastro

Director 167,077 31 Roy Peterson President & CEO 45,115 78 James J Puchy Director 130,825 48 Peter F Rathbun General Counsel 115,670 25

Schedule J (Form 990) 2015

Software ID: Software Version:

EIN: 13-1623885

Name: AMERICAN BIBLE SOCIETY

Form 990, Schedule J, Pa	art :	II - Officers, Direc	ctors, Trustees, Ke	ey Employees, and	d Highest Compen	sated Employees	5	
(A) Name and Title			fW-2 and/or 1099-MIS		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) O ther reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
1Roy L Peterson President & CEO (See Sch J)	(1)	346,484	0	48,680	27,148	22,425	444,737	0
	(11)	0	0	0	0	- - 0		0
1Robert Bnggs SVP (See Sch J)	(1)	219,641	0	83,396	18,301	31,456	352,794	0
	(11)	0	0	0	0	-	- 0	0
2 Donald Cavanaugh Corp Sec/CAE (Through	(1)	166,210	0	742	18,353	23,417	208,722	0
9/30/15)	(11)	0	0	0	0	- - 0		0
3R Mark Dillon SVP (through 6/30/15)	(1)	277,625	0	5,141	16,017	11,213	309,996	0
311 (dillodgii 9, 39, 13)	(11)	0	0	0	0			0
4Stephen D King SVP, COO (through	(1)	208,201	0	1,526	17,113	30,313	257,153	0
12/23/15)	(11)	0	0	0	0			0
5 Geoffrey Monn SVP (See Sch J)	(1)	228,625	0	131,812	18,052	31,456	409,945	0
SVI (See Sell's)	(11)	0	0	0	0			0
6 Julia A Oliver SVP, CFO (through 4/11/16)	(1)	217,032	0	2,632	18,154	31,435	269,253	0
3vi , el e (tillough 4/11/10)	(11)	0	0	0	0			0
7 Laura DabkowskiSVP	(1)	193,673	0	946	15,867	30,193	240,679	0
	(11)	0	0	0	0			0
8Marco Herrera	(1)	164,429	0	70,133	13,634	22,401	270,597	0
Director (See Sch J)	(11)	0	0	0	0			0
9Herbert Lee Manis	(1)	167,460	0	24,956	14,211	31,286	237,913	0
Director (See Sch J)	(11)	0	0	0	0			0
10Nicholas PaganoDirector	(1)	169,554	0	1,605	24,654	31,286	227,099	0
	(11)	0	0	0	0			0
11James Puchy Director (See Sch J)	(1)	193,468	0	132,504	15,149	22,705	363,826	0
Director (See Sch 3)	(11)	0	0	0	0			0
12Peter Rathbun General Counsel (See Sch J)	(1)	201,568	0	120,953	16,481	21,887	360,889	0
General Counsel (See Sch 3)	(11)	0	0	0	0			0
13Hamet Hill Director (See Sch J)	(1)	114,759	0	108,578	9,563	12,325	245,225	0
Director (See Sch J)	(11)	0	0	0	0			0
14Jason Malec	(1)	158,390	0	125,931	12,572	30,951	327,844	0
Director (See Sch J)	(11)	0	0	0	0			0
15Mano Paredes	(1)	183,778	0	1,087	5,599	12,193	202,657	0
Director (Through 3/14/16)	(11)	0	0	0	0			0
16Anne LoCastro	(1)	79,306	0	113,922	6,477	1,377	201,082	n
Associate (See Sch J)	(11)	0	0	0	0,777		201,002	0
17Patnck Murdock	(1)	123,308	0	167,675	10,337	25,785	327,105	n
Director (See Sch J)	(11)	0	0	107,075	0,337			0
						0] 0	<u> </u>

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - SCHEDULE M

DLN: 93493052000197

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

2015

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

Attach to Form 000

► Attach to Form 990.

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

Fini ormation about Schedule M (Form 990) and its instructions is at <u>www.rrs.qov/rorm990</u>

Name of the organization **Employer identification number** AMERICAN BIBLE SOCIETY 13-1623885 Types of Property (b) (d) (a) (c) Check Number of contributions Method of determining Noncash contribution ıf or items contributed amounts reported on noncash contribution amounts applicable Form 990, Part VIII, line **1** g Art—Works of art . . . Art—Historical treasures Art—Fractional interests Books and publications Clothing and household 6 Cars and other vehicles . . Boats and planes . . . Intellectual property . . 9 Securities-Publicly traded . Χ 8 462,281 Mean of High & Low 10 Securities—Closely held stock 11 Securities—Partnership, LLC, or trust interests . . . Securities—Miscellaneous . 13 Qualified conservation contribution—Historic structures 14 Oualified 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 ▶ (_____) Number of Forms 8283 received by the organization during the tax year for contributions 29 8 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . 30a Νo **b** If "Yes," describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a Yes b If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) (2015)

Page 2

Schedule M (Form 990) (2015)

Return Reference Explanation

Schodulo M. Part I. Ling 32 All contributed cocurities are transferred into a brokerage account for timely and expeditions calle by

Schedule M, Part I, Line 32
All contributed securities are transferred into a brokerage account for timely and expeditious sale by A merican Bible Society's investment brokers

SCHEDULE 0

Supplemental Information to Form 990 or 990-EZ

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

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

DLN: 93493052000197 OMB No 1545-0047 2015 **Open to Public**

Inspection

Name of the organization AMERICAN BIBLE SOCIETY

(Form 990 or

Department of the

Internal Revenue Service

990-EZ)

Treasury

Employer identification number

13-1623885

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A	Governing Body and Management Line 3. Name of Management Company. Ten Talents Partners LLC Description of Services Interim CFO Individual Listed in Part VII. Robert Lipps Effective Start Date. April 5, 2016 Form 990, Part VI, Section B Policies Line 11. The Form 990 w as prepared and review ed by an independent accounting firm, grant thornton Ilp, in conjunction with the organization's financial department. A copy of the draft Form 990 w as circulated to the full Board of Trustees 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. Line 12. Employees are regularly counseled by the legal staff in conflict of interest awareness and are required to file conflict of interest disclosure statements annually. Conflicts identified are investigated by the internal audit staff for resolution with management and the Board Audit Committee. Line 15. Compensation for the president & CEO is determined by a compensation committee appointed by the board of trustees. The compensation committee relies on a number of different sources to determine compensation, including, but not limited to, compensation benchmark surveys and studies, compensation paid to similar officers 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 officers of the board recommend the CEO compensation to the full board of trustees for its approval. The board of trustees' approval is documented in minutes. Compensation for other officers and key employees of the organization is determined using various sources by human resources then obtains approval for the recommended compensation from the officerskey employees' next higher level manager. Final compensation amount is then communicated to the officer or ke
Form 990, Part VI, Line 1a & 1b AND PART VII	The Bible Society is reporting 19 voting members of the Board of trustees. Since one votin g member of the board was compensated, the Bible Society is reporting 18 independent votin g members of the Board of trustees at the end of the tax year.

990 Schedule O, Supplemental Information

ı	Return Reference	Explanation
ı	Form 990, Part XI, Line	Other changes in Net Assets Change in value of Split-interest agreements \$(1,768,434) pension related activity

FORM 990 PART IX

LINE 11G

(4.407.660) ------ total (6.176.094) ======== DESCRIPTION PROFESSIONAL FEES TOTAL FEES 15340004

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

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

Related Organizations and Unrelated Partnerships

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

2015

DLN: 93493052000197OMB No 1545-0047

Open to Public

Schedule R (Form 990) 2015

Employer identification number

Department of the Treasury
Internal Revenue Service

Name of the organization
AMERICAN BIBLE SOCIETY

(Form 990)

► Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

Cat No 50135Y

13-1623885 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (d) (c) (f) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one Part II or more related tax-exempt organizations during the tax year. (c) (d) (e) (f) (g) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No

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)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	Ű)	(k)
Name, address, and EIN of	Primary activity	Legal domicile	Direct controlling	Predominant income(related,	Share of total income	Share of	Disprop	ortionate ations?	Code V-UBI	Gener	ral or	Percentage ownership
related organization		(state or	entity	unrelated,	total income	assets	alloca	itions	amount in box 20 of	mana	ner?	ownersnip
		foreign	Criticy	excluded from		455645		I	Schedule K-1	1	101	
		country)		tax under				I	(Form 1065)			
				sections 512- 514)				l				
				314)			Yes	No	1	Yes	No	
								'			1	
								'				
										\vdash	\vdash	
								'				
											ш	
								'	1		1	
								'				
	_				ı		<u> </u>					

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)ASTOR PLACE	Inactive	NY	NA	C CORP			100 000 %	Yes	
1865 BROADWAY NEW YORK, NY 10023 13-4933900									

medile k (i olili 330) 2013					Ра	ge J
Part V Transactions With Related Organizations Complete if the organization answer	ered "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
L During the tax year, did the orgranization engage in any of the following transactions with one or more re	elated organizations li	sted in Parts II-IV?	1			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		
b Gift, grant, or capital contribution to related organization(s)				1 b		
c Gift, grant, or capital contribution from related organization(s)				1c		
d Loans or loan guarantees to or for related organization(s)				1d		
e Loans or loan guarantees by related organization(s)				1e		
f Dividends from related organization(s)				1f		
g Sale of assets to related organization(s)				1 g		
h Purchase of assets from related organization(s)				1h		
i Exchange of assets with related organization(s)				1i		
j Lease of facilities, equipment, or other assets to related organization(s)				1j		
k Lease of facilities, equipment, or other assets from related organization(s)				1k		
Performance of services or membership or fundraising solicitations for related organization(s)				11		
m Performance of services or membership or fundraising solicitations by related organization(s)				1m		ı
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		-
• Sharing of paid employees with related organization(s)				10		\vdash
o Sharing of paid employees with related organization(s)				10		
p Reimbursement paid to related organization(s) for expenses				1 p		
q Reimbursement paid by related organization(s) for expenses				1q		
q Kelinbursement para by related organization(s) for expenses						
r Other transfer of cash or property to related organization(s)				1r		
s Other transfer of cash or property from related organization(s)				1s		
S Other transfer of Cash of property nonfretated organization(s)				[
If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including co	vered relationships	and transaction thresholds			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining am	nount ir	volved	i
	ı	I				

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

revenue) that was not a related organization. See instructions i														
(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)	section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentage ownership	
			314)	Yes	No			Yes	No		Yes	No		
													_	

