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CLIENT'S COPY

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING
SEPTEMBER 30, 2005

Prepared for	AMERICAN BOOKSELLERS ASSOCIATION INC. 200 WHITE PLAINS ROAD TARRYTOWN, NY 10591
Prepared by	WTAS 452 FIFTH AVENUE, 23RD FLOOR NEW YORK, NY 10018
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027
Return must be mailed on or before	AUGUST 15, 2006
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED.

Return of Organization Exempt From Income Tax

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

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2004 calendar year, or tax year beginning **OCT 1, 2004** and ending **SEP 30, 2005**

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Final return</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or print or type. See Specific Instructions.</p>	<p>C Name of organization AMERICAN BOOKSELLERS ASSOCIATION INC.</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite 200 WHITE PLAINS ROAD</p> <p>City or town, state or country, and ZIP + 4 TARRYTOWN, NY 10591</p>	<p>D Employer identification number 13-5676641</p> <p>E Telephone number (914) 591-2665</p> <p>F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶</p>
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

Hand I are not applicable to section 527 organizations.

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

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

H(c) Are all affiliates included? **N/A** Yes No
(If "No," attach a list.)

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

G Website: ▶ **WWW.BOOKWEB.ORG**

J Organization type (check only one) 501(c) (**6**) ◀ (insert no.) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

I Group Exemption Number ▶

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **19,152,541.**

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

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

	<p>1 Contributions, gifts, grants, and similar amounts received:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">a Direct public support</td> <td style="width:5%;">1a</td> <td></td> </tr> <tr> <td>b Indirect public support</td> <td>1b</td> <td></td> </tr> <tr> <td>c Government contributions (grants)</td> <td>1c</td> <td></td> </tr> <tr> <td>d Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)</td> <td>1d</td> <td style="text-align: right;">0.</td> </tr> </table>	a Direct public support	1a		b Indirect public support	1b		c Government contributions (grants)	1c		d Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)	1d	0.		
a Direct public support	1a														
b Indirect public support	1b														
c Government contributions (grants)	1c														
d Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)	1d	0.													
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	1,394,857.												
	3 Membership dues and assessments	3	1,209,097.												
	4 Interest on savings and temporary cash investments	4													
	5 Dividends and interest from securities	5	749,261.												
Revenue	6 a Gross rents SEE STATEMENT 1	6a	111,551.												
	b Less: rental expenses SEE STATEMENT 2	6b	111,551.												
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c	0.												
	7 Other investment income (describe ▶ _____)	7													
	8 a Gross amount from sales of assets other than inventory	(A) Securities	8a	14,858,548.											
		(B) Other		346,661.											
	b Less: cost or other basis and sales expenses	8b													
	c Gain or (loss) (attach schedule)	8c	1,283,005.												
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	STMT 3 STMT 4	1,629,666.											
	9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>														
a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a														
	b Less: direct expenses other than fundraising expenses	9b													
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c													
10 a Gross sales of inventory, less returns and allowances	10a	87,331.													
	b Less: cost of goods sold	10b	43,699.												
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	STMT 5	43,632.											
	11 Other revenue (from Part VII, line 103)	11	395,235.												
	12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	5,421,748.												
Expenses	13 Program services (from line 44, column (B))	13	1,854,614.												
	14 Management and general (from line 44, column (C))	14	3,540,916.												
	15 Fundraising (from line 44, column (D))	15													
	16 Payments to affiliates (attach schedule) SEE STATEMENT 6	16	135,254.												
	17 Total expenses (add lines 16 and 44, column (A))	17	5,530,784.												
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	-109,036.												
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	32,138,571.												
	20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 7	20	1,229,409.												
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	33,258,944.												

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)				
	(cash \$ _____ noncash \$ _____)	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc.	25	849,262.	0.	849,262.
26	Other salaries and wages	26	1,410,437.	846,687.	563,750.
27	Pension plan contributions	27	153,328.	57,039.	96,289.
28	Other employee benefits	28	301,164.	112,037.	189,127.
29	Payroll taxes	29	145,565.	54,150.	91,415.
30	Professional fundraising fees	30			
31	Accounting fees	31	160,000.		160,000.
32	Legal fees	32	50,434.		50,434.
33	Supplies	33	26,347.	1,960.	24,387.
34	Telephone	34	90,821.	12,419.	78,402.
35	Postage and shipping	35	21,099.	7,395.	13,704.
36	Occupancy	36	418,882.	156,952.	261,930.
37	Equipment rental and maintenance	37	83,190.	38,074.	45,116.
38	Printing and publications	38			
39	Travel	39	133,080.	68,942.	64,138.
40	Conferences, conventions, and meetings	40			
41	Interest	41	101,261.		101,261.
42	Depreciation, depletion, etc. (attach schedule)	42	28,997.	10,864.	18,133.
43	Other expenses not covered above (itemize):				
a	43a			
b	43b			
c	43c			
d	43d			
e	SEE STATEMENT 8	43e	1,421,663.	488,095.	933,568.
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	44	5,395,530.	1,854,614.	3,540,916.

Joint Costs. Check if you are following SOP 98-2.

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

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? **SEE STATEMENT 9**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a	MEMBERSHIP SERVICES - TO RECRUIT AND RETAIN MEMBERS IN ORDER TO CARRY OUT OUR EXEMPT PURPOSE.				
	(Grants and allocations \$ 0.)				83,186.
b	PUBLICATIONS - WEB SITES, TRADE JOURNALS AND SPECIAL REFERENCE BOOKS FOR BOOK SELLERS TO ASSIST INDUSTRY PARTICIPANTS IN THEIR OPERATIONS.				
	(Grants and allocations \$ 0.)				447,744.
c	BOOKSENSE.COM - E-COMMERCE WEBSITE, NATIONAL PROMOTION, AND NATIONAL GIFT CERTIFICATE AND GIFT CARD PROGRAMS TO ASSIST IN THE BOOK TRADE AND TO FURTHER ENHANCE THE INDUSTRY.				
	(Grants and allocations \$ 0.)				924,499.
d	SPECIAL PROJECTS - NATIONAL INDEPENDENT BOOKSTORE WEEK; ATTENDANCE OF REGIONAL MEETINGS; ABBY AWARDS, ANNUAL MEETING, CONVENTION.				
	(Grants and allocations \$ 0.)				301,791.
e	Other program services (attach schedule) STATEMENT 10				
	(Grants and allocations \$ _____)				97,394.
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)				1,854,614.

Part IV Balance Sheets

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing	43,535.	75,934.
	46 Savings and temporary cash investments	1,732,206.	1,246,077.
	47 a Accounts receivable	47a 20,022.	47c 10,800.
	b Less: allowance for doubtful accounts	47b 9,222.	
	48 a Pledges receivable	48a	48c
	b Less: allowance for doubtful accounts	48b	
	49 Grants receivable		49
	50 Receivables from officers, directors, trustees, and key employees		50
	51 a Other notes and loans receivable	51a 90,000.	51c 90,000.
	b Less: allowance for doubtful accounts	51b	
	52 Inventories for sale or use	23,675.	52 5,424.
	53 Prepaid expenses and deferred charges	56,983.	53 36,040.
	54 Investments - securities STMT 11 STMT 12 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	23,924,815.	54 27,166,075.
	55 a Investments - land, buildings, and equipment: basis	55a	55c
	b Less: accumulated depreciation	55b	
56 Investments - other	SEE STATEMENT 13	56 10,780,107.	
57 a Land, buildings, and equipment: basis	57a 1,385,956.	57c 265,952.	
b Less: accumulated depreciation	57b 1,120,004.		
58 Other assets (describe ▶ SEE STATEMENT 14)	2,312,620.	58 2,207,439.	
59 Total assets (add lines 45 through 58) (must equal line 74)	39,194,838.	59 41,883,848.	
Liabilities	60 Accounts payable and accrued expenses	444,802.	60 711,882.
	61 Grants payable		61
	62 Deferred revenue	303,895.	62 306,607.
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable		64b 1,336,040.
	65 Other liabilities (describe ▶ AMOUNT DUE TO MEMBERS)	6,307,570.	65 6,270,375.
66 Total liabilities (add lines 60 through 65)	7,056,267.	66 8,624,904.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	24,610,995.	67 25,731,368.
	68 Temporarily restricted	7,527,576.	68 7,527,576.
	69 Permanently restricted		69
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	32,138,571.	73 33,258,944.	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	39,194,838.	74 41,883,848.	

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

Part VI Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	X	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	X	
b	If "Yes," enter the name of the organization SEE STATEMENT 20 and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a	Enter direct or indirect political expenditures. See line 81 instructions	81a	0.
b	Did the organization file Form 1120-POL for this year?	81b	X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	X
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	X
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 N/A ; section 4912 N/A ; section 4955 N/A		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	N/A
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		N/A
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		N/A
90 a	List the states with which a copy of this return is filed NONE		
b	Number of employees employed in the pay period that includes March 12, 2004	90b	48
91	The books are in care of ELEANOR CHANG Telephone no. (914) 591-2665		
	Located at 200 WHITE PLAINS ROAD, TARRYTOWN, NY ZIP + 4 10591		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
Note: Enter gross amounts unless otherwise indicated.					
93 Program service revenue:					
a CONVENTION			07	845,697.	
b BOOKSENSE.COM					549,160.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					1,209,097.
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	749,261.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property	561000	0.			
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	1,629,666.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					43,632.
103 Other revenue:					
a ADVERTISING	541800	35,252.			
b EDUCATION			01	17,304.	
c ROYALTIES			15	299,039.	
d INTEREST INCOME FROM					
e SUBSIDIARIES	900003	43,640.			
104 Subtotal (add columns (B), (D), and (E))		78,892.		3,540,967.	1,801,889.
105 Total (add line 104, columns (B), (D), and (E))					5,421,748.

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	SEE STATEMENT 22

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
SEE STATEMENT 21	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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

Please Sign Here: Signature of officer _____ Date _____ Type or print name and title _____

Paid Preparer's Use Only: Preparer's signature: WTAS Date: Preparer's SSN or PTIN: P00543252
 Firm's name (or yours if self-employed), address, and ZIP + 4: 452 FIFTH AVENUE, 23RD FLOOR NEW YORK, NY 10018
 EIN: 01-0719088
 Phone no.: 212-525-4700

FORM 990 RENTAL INCOME STATEMENT 1

KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
SUBLET SPACE 512(B)(13)	1	111,551.
TOTAL TO FORM 990, PART I, LINE 6A		111,551.

FORM 990 RENTAL EXPENSES STATEMENT 2

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
- SUBTOTAL -	1	111,551.	111,551.
TOTAL TO FORM 990, PART I, LINE 6B			111,551.

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 3

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SALES OF INVESTMENTS	14,858,548.	13,575,543.	0.	1,283,005.
TO FORM 990, PART I, LINE 8	<u>14,858,548.</u>	<u>13,575,543.</u>	<u>0.</u>	<u>1,283,005.</u>

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 4

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
SALE OF PUBNET			PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	346,661.	0.	0.	0.	346,661.
TO FM 990, PART I, LN 8	346,661.	0.	0.	0.	346,661.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 7

<u>DESCRIPTION</u>	<u>AMOUNT</u>
UNREALIZED GAIN ON INVESTMENTS	1,273,049.
INTERCOMPANY INTEREST INCOME NOT RECORDED FOR BOOK	-43,640.
TOTAL TO FORM 990, PART I, LINE 20	<u>1,229,409.</u>

FORM 990

OTHER EXPENSES

STATEMENT 8

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
CONTRIBUTIONS & SPONSORSHIP COSTS	17,051.	17,051.		
COMPUTER EXPENSES	286,022.	239,501.	46,521.	
PROFESSIONAL FEES	250,583.	156,064.	94,519.	
BOARD & ADMIN. COMMITTEE	247,488.	49,029.	198,459.	
DUES & SUBSCRIPTIONS	4,651.	661.	3,990.	
MARKETING, ADVERTISING & PROMOTION	46,417.	3,487.	42,930.	
BAD DEBTS	65,625.		65,625.	
PUBLICATION COSTS	11,194.	11,194.		
INVESTMENT MANAGEMENT FEES	307,373.		307,373.	
LOSS ON LEASE TERMINATION	284,301.		284,301.	
PROVISION FOR TAXES	-110,150.		-110,150.	
MISCELLANEOUS	11,108.	11,108.		
TOTAL TO FM 990, LN 43	1,421,663.	488,095.	933,568.	

EXPLANATION

THE MISSION OF THE AMERICAN BOOKSELLERS ASSOCIATION INC. IS TO PROMOTE THE SUCCESS OF MEMBER BOOKSELLERS BY: FOSTERING ECONOMIC, POLITICAL, AND SOCIAL ACTION SUPPORTIVE OF A DIVERSE AND COMPETITIVE BOOKSELLING ENVIRONMENT; CREATING AND PROVIDING MEMBER ACCESS TO A KNOWLEDGE BASE THAT IS SUPPORTIVE OF PROFESSIONAL COMPETENCE AND BUSINESS SUCCESS; AND PROMOTING FREEDOM OF EXPRESSION, THE BENEFITS OF READING, AND UNIVERSAL LITERACY.

FORM 990

OTHER PROGRAM SERVICES

STATEMENT 10

<u>DESCRIPTION</u>	<u>GRANTS AND ALLOCATIONS</u>	<u>EXPENSES</u>
EDUCATION PROGRAMS - TO HELP NEW OR PROSPECTIVE BOOKSELLERS GAIN THE KNOWLEDGE NEEDED TO RUN A BOOKSTORE AND ASSIST EXISTING BOOKSTORE OWNERS TO RUN MORE EFFICIENT AND PROFITABLE OPERATIONS.	0.	97,394.
TOTAL TO FORM 990, PART III, LINE E		97,394.

FORM 990

NON-GOVERNMENT SECURITIES

STATEMENT 11

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
CORPORATE BONDS	FMV		4,004,467.		4,004,467.
CORPORATE EQUITY SECURITIES	FMV	19,238,378.			19,238,378.
TO FORM 990, LINE 54, COL B		19,238,378.	4,004,467.		23,242,845.

FORM 990

OTHER INVESTMENTS

STATEMENT 13

<u>DESCRIPTION</u>	<u>VALUATION METHOD</u>	<u>AMOUNT</u>
INVESTMENT IN BOS	COST	10,780,107.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		10,780,107.

FORM 990

OTHER ASSETS

STATEMENT 14

<u>DESCRIPTION</u>	<u>AMOUNT</u>
DUE FROM ABFFE	643,934.
DUE FROM BOS	1,313,923.
OTHER RECEIVABLES	176,252.
SECURITY DEPOSITS	73,330.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	<u>2,207,439.</u>

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT 15
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<u>DESCRIPTION</u>	<u>AMOUNT</u>
REVENUE OF SUBSIDIARIES	3,753,206.
TOTAL TO FORM 990, PART IV-A	<u>3,753,206.</u>

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT 16
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<u>DESCRIPTION</u>	<u>AMOUNT</u>
EXPENSES OF SUBSIDIARIES	3,851,230.
TOTAL TO FORM 990, PART IV-B	<u>3,851,230.</u>

FORM 990 OTHER REVENUE INCLUDED ON FORM 990 STATEMENT 17

<u>DESCRIPTION</u>	<u>AMOUNT</u>
COST OF GOODS SOLD	-43,699.
INTERCOMPANY INTEREST INCOME	43,640.
TOTAL TO FORM 990, PART IV-A	-59.

FORM 990	OTHER EXPENSES INCLUDED ON FORM 990	STATEMENT 18
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<u>DESCRIPTION</u>	<u>AMOUNT</u>
COST OF GOODS SOLD	-43,699.
TOTAL TO FORM 990, PART IV-B	-43,699.

FORM 990

PART V - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 19

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE	
			BEN PLAN CONTRIB	EXPENSE ACCOUNT
MITCHELL KAPLAN C/O AMERICAN BOOKSELLERS ASSOC. - 200 WHITE PLAINS ROAD TARRYTOWN, NY 10591	PRESIDENT 2	0.	0.	0.
RUSS LAWRENCE C/O AMERICAN BOOKSELLERS ASSOC. - 200 WHITE PLAINS ROAD TARRYTOWN, NY 10591	VICE PRESIDENT/SECRETARY 2	0.	0.	0.
CARLA JIMENEZ C/O AMERICAN BOOKSELLERS ASSOC. - 200 WHITE PLAINS ROAD TARRYTOWN, NY 10591	BOARD MEMBER 2	0.	0.	0.
CATHY LANGER C/O AMERICAN BOOKSELLERS ASSOC. - 200 WHITE PLAINS ROAD TARRYTOWN, NY 10591	BOARD MEMBER 2	0.	0.	0.
COLLETTE MORGAN C/O AMERICAN BOOKSELLERS ASSOC. - 200 WHITE PLAINS ROAD TARRYTOWN, NY 10591	BOARD MEMBER 2	0.	0.	0.
LINDA RAMSDELL C/O AMERICAN BOOKSELLERS ASSOC. - 200 WHITE PLAINS ROAD TARRYTOWN, NY 10591	BOARD MEMBER 2	0.	0.	0.
GAYLE SHANKS C/O AMERICAN BOOKSELLERS ASSOC. - 200 WHITE PLAINS ROAD TARRYTOWN, NY 10591	BOARD MEMBER 2	0.	0.	0.
SUZANNE STAUBACH C/O AMERICAN BOOKSELLERS ASSOC. - 200 WHITE PLAINS ROAD TARRYTOWN, NY 10591	BOARD MEMBER 2	0.	0.	0.
MICHAEL TUCKER C/O AMERICAN BOOKSELLERS ASSOC. - 200 WHITE PLAINS ROAD TARRYTOWN, NY 10591	BOARD MEMBER 2	0.	0.	0.

AVIN MARK DOMNITZ	CEO			
C/O AMERICAN BOOKSELLERS ASSOC. -	40 HRS/WK			
200 WHITE PLAINS ROAD		465,800.**	41,131.	0.
TARRYTOWN, NY 10591				
ELEANOR CHANG	CFO			
C/O AMERICAN BOOKSELLERS ASSOC. -	40 HRS/WK			
200 WHITE PLAINS ROAD		193,462.	32,391.	0.
TARRYTOWN, NY 10591				
OREN TEICHER	COO			
C/O AMERICAN BOOKSELLERS ASSOC. -	40 HRS/WK			
200 WHITE PLAINS ROAD		190,000.	32,824.	0.
TARRYTOWN, NY 10591				
TOTALS INCLUDED ON FORM 990, PART V		<u>849,262.</u>	<u>106,346.</u>	<u>0.</u>

***The CEO's base salary is \$375,000. The above figure is higher because it includes deferred compensation from prior years paid out in this fiscal period as well as other benefits.*

FORM 990

IDENTIFICATION OF RELATED ORGANIZATIONS
PART VI, LINE 80B

STATEMENT 20

<u>NAME OF ORGANIZATION</u>	<u>EXEMPT</u>	<u>NONEXEMPT</u>
AMERICAN BOOKSELLERS FOUNDATION FOR FREE EXPRESSION	X	
BOOKSELLER'S ORDER SERVICE & AFFILIATES		X

FORM 990

PART IX - INFORMATION REGARDING TAXABLE
SUBSIDIARIES AND DISREGARDED ENTITIES

STATEMENT 21

NAME OF CORPORATION, PARTNERSHIP OR DISREGARDED ENTITY

BOOKSELLERS ORDER SERVICES INC & AFFILIATES

ADDRESS

200 WHITE PLAINS ROAD, TARRYTOWN, NY 10591

EMPLOYER ID NUMBER	PERCENT OWNED	NATURE OF ACTIVITIES	TOTAL INCOME	END-OF-YEAR ASSETS
13-3199260	100.00%	SALES	3,708,966.	4,247,351.

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING
SEPTEMBER 30, 2005

Prepared for	AMERICAN BOOKSELLERS ASSOCIATION INC. 200 WHITE PLAINS ROAD TARRYTOWN, NY 10591
Prepared by	WTAS 452 FIFTH AVENUE, 23RD FLOOR NEW YORK, NY 10018
Amount due or refund	NO AMOUNT IS DUE.
Make check payable to	NO AMOUNT IS DUE.
Mail tax return and check (if applicable) to	INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027
Return must be mailed on or before	AUGUST 15, 2006
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED.

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2004

Department of the Treasury Internal Revenue Service

For calendar year 2004 or other tax year beginning OCT 1, 2004, and ending SEP 30, 2005

Header section containing organization name (AMERICAN BOOKSELLERS ASSOCIATION INC.), address (200 WHITE PLAINS ROAD, TARRYTOWN, NY 10591), and identification number (13-5676641).

H Describe the organization's primary unrelated business activity. SEE STATEMENT 23

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? X Yes

J The books are in care of ELEANOR CHANG Telephone number (914) 591-2665

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Cost of goods sold, and various income categories totaling 190,473.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)

Table with 4 columns: Line number, Description, Sub-column, and Amount. Rows include Compensation of officers, Salaries and wages, Repairs and maintenance, and Total deductions totaling 111,801.

Part III Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes lines 35 (Organizations Taxable as Corporations), 36 (Trusts Taxable at Trust Rates), 37 (Proxy tax), 38 (Alternative minimum tax), and 39 (Total).

Part IV Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 40a-40e (Credits), 41-42 (Other taxes), 43 (Total tax), 44a-44f (Payments), 45 (Total payments), 46 (Estimated tax penalty), 47 (Tax due), 48 (Overpayment), and 49 (Credited to 2005 estimated tax).

Part V Statements Regarding Certain Activities and Other Information (See instructions on page 15.)

Table with 3 columns: Question number, Question text, and Yes/No response. Includes questions about foreign accounts, foreign trusts, and tax-exempt interest.

Schedule A - Cost of Goods Sold - Enter method of inventory valuation N/A

Table with 4 columns: Line number, Description, Amount, and Yes/No response. Includes lines 1-5 (Inventory and Costs) and line 8 (Section 263A costs).

Signature and Preparer information section. Includes 'Sign Here' area with signature, date, and title lines, and 'Paid Preparer's Use Only' section with signature, date, firm name (WTAS), address, EIN, and phone number.

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)(See instr. on pg 16.)

1 Description of property

Table with 2 columns: (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) and (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income).

Table with 3 columns: (a) From personal property, (b) From real and personal property, and 3 Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule).

Total income (Add totals of columns 2(a) and 2(b). Enter here and on line 6, column (A), Part I, page 1.) 0. Total deductions. Enter here and on line 6, column (B), Part I, page 1... 0.

Schedule E - Unrelated Debt-Financed Income (See instructions on page 17.)

Table with 4 columns: 1 Description of debt-financed property, 2 Gross income from or allocable to debt-financed property, 3 Deductions directly connected with or allocable to debt-financed property (a) Straight-line depreciation, (b) Other deductions.

Table with 5 columns: 4 Amount of average acquisition debt on or allocable to debt-financed property, 5 Average adjusted basis of or allocable to debt-financed property, 6 Column 4 divided by column 5, 7 Gross income reportable, 8 Allocable deductions.

Totals Enter here and on line 7, column (A), Part I, page 1. 0. Enter here and on line 7, column (B), Part I, page 1. 0.

Total dividends-received deductions included in column 8 0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (See instructions on page 18.)

Table with 6 columns: 1 Name of Controlled Organization, 2 Employer Identification Number, 3 Net unrelated income (loss), 4 Total of specified payments made, 5 Part of column (4) that is included in the controlling organization's gross income, 6 Deductions directly connected with income in column (5).

Nonexempt Controlled Organizations

Table with 5 columns: 7 Taxable Income, 8 Net unrelated income (loss), 9 Total of specified payments made, 10 Part of column (9) that is included in the controlling organization's gross income, 11 Deductions directly connected with income in column (10).

Totals Add columns 5 and 10. Enter here and on line 8, Column (A), Part I, page 1. 155,221. Add columns 6 and 11. Enter here and on line 8, Column (B), Part I, page 1. 0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(See instructions on page 18.)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals	0.			0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(See instructions on page 18.)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals	0.	0.				0.

Schedule J - Advertising Income (See instructions on page 19.)

Part I Income From Periodicals Reported on a Consolidated Basis						
1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) BTW	35,252.	0.		0.	0.	
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	35,252.	0.	35,252.			0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I	35,252.	0.				0.
Totals, Part II (lines 1-5)	35,252.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (See instructions on page 19.)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
			%
			%
			%
			%
Total - Enter here and on line 14, Part II, page 1			0.

FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT 23
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SALE OF ADVERTISING IN PUBLICATIONS AND SUPPORTIVE SERVICES TO SUBSIDIARIES.

TO FORM 990-T, PAGE 1

FORM 990-T

OTHER DEDUCTIONS

STATEMENT 24

DESCRIPTIONAMOUNTREAL ESTATE TAXES, UTILITIES, AND OTHER RELATED OCCUPANCY
COSTS104,327.

TOTAL TO FORM 990-T, PAGE 1, LINE 28

104,327.

FORM 990-T PARENT CORPORATION'S NAME AND IDENTIFYING NUMBER STATEMENT 25

CORPORATION'S NAME

IDENTIFYING NO

AMERICAN BOOKSELLERS ASSOCIATION, INC.

13-5676641

FORM 990-T SCHEDULE F - INTEREST, ANNUITIES, ROYALTIES AND RENTS FROM CONTROLLED ORGANIZATIONS STATEMENT 26

1. NAME OF CONTROLLED ORGANIZATION	ACTIVITY NUMBER	2. EMPLOYER ID NO.	
BOOK SENSE, INC.	1	06-1546795	
EXEMPT CONTROLLED ORGANIZATIONS			
3. NET UNRELATED INCOME (LOSS)	4. TOTAL OF SPECIFIED PAYMENTS MADE	5. PART OF COL (4) INCLUDED IN GROSS INCOME	6. DEDUCTIONS DIRECTLY CONNECTED WITH COL (5) INCOME

NONEXEMPT CONTROLLED ORGANIZATIONS

7. TAXABLE INCOME	8. NET UNRELATED INCOME (LOSS)	9. TOTAL OF SPECIFIED PMTS	10. PART OF COL (9) INCLUDED IN GROSS INCOME	11. DEDUCTIONS DIRECTLY CONNECTED
78,372.	78,372.	111,581.	111,581.	

1.

NAME OF CONTROLLED ORGANIZATION

ACTIVITY
NUMBER

2.
EMPLOYER
ID NO.

BOOK SENSE, INC.

2

06-1546795

EXEMPT CONTROLLED ORGANIZATIONS

3.

4.

5.

6.

NET UNRELATED
INCOME (LOSS)

TOTAL OF SPECIFIED
PAYMENTS MADE

PART OF COL (4)
INCLUDED IN
GROSS INCOME

DEDUCTIONS DIRECTLY
CONNECTED WITH
COL (5) INCOME

NONEXEMPT CONTROLLED ORGANIZATIONS

7.

8.

9.

10.

11.

TAXABLE INCOME

NET UNRELATED
INCOME (LOSS)

TOTAL OF
SPECIFIED PMTS

PART OF COL (9)
INCLUDED IN
GROSS INCOME

DEDUCTIONS
DIRECTLY
CONNECTED

78,372.

78,372.

20,763.

20,763.

1.

NAME OF CONTROLLED ORGANIZATION

ACTIVITY
NUMBER

2.
EMPLOYER
ID NO.

LIBRIS INDEMNITY COMPANY

3

98-0172477

EXEMPT CONTROLLED ORGANIZATIONS

3.

4.

5.

6.

NET UNRELATED
INCOME (LOSS)

TOTAL OF SPECIFIED
PAYMENTS MADE

PART OF COL (4)
INCLUDED IN
GROSS INCOME

DEDUCTIONS DIRECTLY
CONNECTED WITH
COL (5) INCOME

NONEXEMPT CONTROLLED ORGANIZATIONS

7.

8.

9.

10.

11.

TAXABLE INCOME

NET UNRELATED
INCOME (LOSS)

TOTAL OF
SPECIFIED PMTS

PART OF COL (9)
INCLUDED IN
GROSS INCOME

DEDUCTIONS
DIRECTLY
CONNECTED

16,015.

16,015.

1.

2.

NAME OF CONTROLLED ORGANIZATION

ACTIVITY
NUMBER

EMPLOYER
ID NO.

BOOKSELLERS ORDER SERVICE, INC.

4

13-3199260

EXEMPT CONTROLLED ORGANIZATIONS

3.

4.

5.

6.

NET UNRELATED
INCOME (LOSS)

TOTAL OF SPECIFIED
PAYMENTS MADE

PART OF COL (4)
INCLUDED IN
GROSS INCOME

DEDUCTIONS DIRECTLY
CONNECTED WITH
COL (5) INCOME

NONEXEMPT CONTROLLED ORGANIZATIONS

7.

8.

9.

10.

11.

TAXABLE INCOME

NET UNRELATED
INCOME (LOSS)

TOTAL OF
SPECIFIED PMTS

PART OF COL (9)
INCLUDED IN
GROSS INCOME

DEDUCTIONS
DIRECTLY
CONNECTED

-29,760.

-29,760.

6,862.

6,862.

ADD COLUMNS
5 AND 10

ADD COLUMNS
6 AND 11

TOTALS TO FORM 990-T, SCHEDULE F

155,221.

• If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.		
Type or print. File by the extended due date for filing the return. See instructions.	Name of Exempt Organization AMERICAN BOOKSELLERS ASSOCIATION INC.	Employer identification number 13-5676641
	Number, street, and room or suite no. If a P.O. box, see instructions. 200 WHITE PLAINS ROAD	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. TARRYTOWN, NY 10591	

Check type of return to be filed (File a separate application for each return):

- Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A Form 5227 Form 8870
- Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720 Form 6069

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **ELEANOR CHANG**
Telephone No. **(914) 591-2665** FAX No. _____
- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole** group, check this box . If it is for **part** of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **AUGUST 15, 2006**.

5 For calendar year _____, or other tax year beginning **OCT 1, 2004** and ending **SEP 30, 2005**.

6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension
TAXPAYER NEEDS ADDITIONAL TIME TO ACCUMULATE THE NECESSARY INFORMATION TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____

c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ **N/A**

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature _____ Title _____ Date _____

Notice to Applicant - To Be Completed by the IRS

- We **have** approved this application. Please attach this form to the organization's return.
- We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We **cannot consider** this application because it was filed after the extended due date of the return for which an extension was requested.
- Other _____

Director _____ By: _____ Date _____

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name JEFFREY CIANCI
	Number and street (include suite, room, or apt. no.) or a P.O. box number C/O WTAS, 452 FIFTH AVENUE
	City or town, province or state, and country (including postal or ZIP code) NEW YORK, NY 10018-2706

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CT-13

FOR THE YEAR ENDING

SEPTEMBER 30, 2005

Prepared for	AMERICAN BOOKSELLERS ASSOCIATION INC. 200 WHITE PLAINS ROAD TARRYTOWN, NY 10591
Prepared by	WTAS 452 FIFTH AVENUE, 23RD FLOOR NEW YORK, NY 10018
Amount due or refund	NO PAYMENT REQUIRED
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NYS CORPORATION TAX PROCESSING UNIT P.O. BOX 22038 ALBANY, NY 12201-2038
Return must be mailed on or before	AUGUST 15, 2006
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL.

2004 **CT-13**

[Staple forms here]
New York State Department of Taxation and Finance
Unrelated Business Income Tax Return
Tax Law - Article 13

All filers enter tax period:
beginning **10/01/2004** ending **09/30/2005**

Amended return

Employer identification number 13-5676641	File number	Business telephone number (914) 591-2665	If you claim an overpayment, mark an X in the box <input checked="" type="checkbox"/>
Legal name of corporation AMERICAN BOOKSELLERS ASSOCIATION INC.		Trade name/DBA	
Mailing name (if different from legal name above) c/o Number and street or PO box 200 WHITE PLAINS ROAD		State or country of incorporation	Date received (for Tax Department use only)
City TARRYTOWN, NY 10591		Date of incorporation	
NAICS business code number (see instructions) 541800		Foreign corporations: date began business in NYS	Audit (for Tax Department use only)
Principal unrelated business activity SEE STATEMENT 1		If your name, employer identification number, address, or owner/officer information has changed, you must file Form DTF-95. If only your address has changed, you may file Form DTF-96. You can get these forms from our Web site, by phone, or by fax. See the Need help? section of the instructions.	

Have you filed New York State Form CT-247, Application for Exemption from Corporation Franchise Taxes by a Not-For-Profit Organization? Yes No
Mark an **X** in this box if you ceased operating the unrelated business during the tax year covered by this return (see section Who must file Form CT-13 in the instructions) ...

A. Pay amount shown on line 22. Make check payable to: New York State Corporation Tax	A.	Payment enclosed
Attach your payment here. Detach all check stubs.		

Computation of income and tax	1 Federal unrelated business taxable income before net operating loss deduction and after \$1,000 specific deduction	1.	78,672.
	2 New York State Article 13 tax deducted on federal return	2.	250.
	3 Additions required for shareholders of federal S corporations (see instructions)	3.	
	4 Grossed-up taxes for shareholders of New York S corporations (see instructions)	4.	
	5 Other additions (see instructions)	5.	
	6 Add lines 1 through 5	6.	78,922.
	7 Other income (see instructions)	7.	
	8 Federal S corporations shareholder subtractions (see instructions)	8.	
	9 Other subtractions (see instructions)	9.	
	10 Total subtractions (add lines 7, 8, and 9)	10.	
	11 Taxable income before net operating loss deduction (subtract line 10 from line 6)	11.	78,922.
	12 New York net operating loss deduction (attach federal and NYS computations; see instructions)	12.	78,922.
	13 Taxable income (subtract line 12 from line 11)	13.	0.
	14 Allocated taxable income (multiply line 13 by _____ % from line 42; or enter amount from line 13 if allocation is not claimed)	14.	
	15 Tax based on income (multiply line 14 by 9% (.09))	15.	0.
	16 Minimum tax	16.	250.00
	17 Tax (line 15 or line 16, whichever is larger)	17.	250.
	18 Total prepayments from line 46	18.	8,188.
	19 Balance (if line 18 is less than line 17, subtract line 18 from line 17)	19.	
	20 Interest on late payment (see instructions)	20.	
	21 Late filing and late payment penalties (see instructions)	21.	
	22 Balance due (add lines 19, 20, and 21; enter payment here and on line A above)	22.	
	23 Overpayment (if line 17 is less than line 18, subtract line 17 from line 18)	23.	7,938.
	24 Amount of overpayment on line 23 to be credited to next year	24.	7,938.
	25 Amount of overpayment on line 23 to be refunded (subtract line 24 from line 23)	25.	

Certification: I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.

Signature of authorized person		Official title	Date
Paid preparer use only	Signature of individual preparing this return		Firm's name (or yours if self-employed) WTAS
	Address 452 FIFTH AVENUE, 23RD FLOOR NEW YORK, NY 10018		ID number 01-0719088
		Date	

468421\ 10-26-04

Mail your return to: **NYS CORPORATION TAX, PROCESSING UNIT, PO BOX 22038, ALBANY NY 12201-2038**
See instructions for private delivery service information and address.

40001041019

Have you been audited by the Internal Revenue Service in the past 5 years? Yes No If Yes, list years: _____
 Federal return was filed on: 990T Other: _____ **Attach a complete copy of your federal return.**

Schedule A - Unrelated business allocation

If you did not maintain a regular place of business outside New York State, leave this schedule blank. A regular place of business is any office, factory, warehouse, or other space regularly used by the taxpayer in its unrelated business. If you claim this allocation, attach a list of each place of business, the location, nature of activities, and number and duties of employees.

Average value of:		A New York State	B Everywhere	
26	Real estate owned	26.		
27	Gross rents (attach list)	27.		
28	Inventories owned	28.		
29	Other tangible personal property owned	29.		
30	Total (add lines 26 through 29)	30.		
31	Percentage in New York State (divide line 30, column A, by line 30, column B)		31.	%

Receipts in the regular course of business from:

32	Sales of tangible personal property shipped to points within New York State	32.		
33	All sales of tangible personal property	33.		
34	Services performed	34.		
35	Rentals of property	35.		
36	Other business receipts	36.		
37	Total (add lines 32 through 36)	37.		
38	Percentage in New York State (divide line 37, column A, by line 37, column B)		38.	%
39	Wages, salaries, and other compensation of employees (except general executive officers)	39.		
40	Percentage in New York State (divide line 39, column A, by line 39, column B)		40.	%
41	Total of New York State percentages (add lines 31, 38, and 40)		41.	%
42	Business allocation percentage (divide line 41 by three or by the number of percentages)		42.	%

Composition of prepayments claimed on line 18*		Date Paid	Amount
43	Payment with extension request, Form CT-5, line 5	43.	
44a	Second installment from Form CT-400	44a.	
44b	Third installment from Form CT-400	44b.	
44c	Fourth installment from Form CT-400	44c.	
45	Amount of overpayment credited from prior years	45.	8,188.
46	Total prepayments (add lines 43 through 45; enter here and on line 18)	46.	8,188.

* Taxpayers subject to the unrelated business income tax are not required to make estimated tax payments. If you did make these unrequired payments, please report them on lines 44a, 44b, and 44c.

FORM CT-13

PRINCIPAL UNRELATED BUSINESS ACTIVITY

STATEMENT 1

SALE OF ADVERTISING IN PUBLICATIONS