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CLIENT'S COPY

blue

Blue & Co., LLC / 250 West Main Street, Suite 2900 / Lexington, KY 40507 main 859.253.1100 fax 859.253.1384 email blue@blueandco.com

November 10, 2022

Word Made Flesh, Inc. P.O. Box 70 Wilmore, KY 40390 Attention: Stephen Behnke

Dear Stephen:

We are pleased to enclose the following returns:

2021 Form 990, Return of Organization Exempt From Income Tax

Copies of your returns were emailed to you via Mimecast. As a security measure, the link will expire in 30 days. Please download and save the returns for your records. We suggest that you retain the returns permanently.

In addition to filing Form 990 with the Internal Revenue Service, the organization is required to file a USB copy of the return with the Kentucky Attorney General's Office and the Georgia Department of Revenue. Please mail the USB drives in the attached envelopes to the Attorney General's Office and the Georgia Department of Revenue.

We sincerely appreciate the opportunity to serve you. If you have any questions regarding the returns, please do not hesitate to call.

Sincerely,

Blue & Co., LLC

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2021

Prepared For:

Word Made Flesh, Inc. P.O. Box 70 Wilmore, KY 40390

Prepared By:

Blue & Co., LLC 250 West Main Street, Suite 2900 Lexington, KY 40507

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-TE to us by November 15, 2022

0	879-TE		IRS e-file Signatur for a Tax Exe	re Authorization		OMB No. 1545-0047
Form O	013-12					
		For calendar year 202	 n or fiscal year beginning Do not send to the IRS. 	, 2021, and ending ,	20	2021
	nt of the Treasury evenue Service		Go to www.irs.gov/Form8879			
Name of					EIN or SSN	
	WORD M	ADE FLESH,	INC.		58-196	7768
Name ar	nd title of officer or pe		STEPHEN BEHNKE		00 200	
Humo u			PRESIDENT			
Part	I Type of	Return and Re	turn Information			
Form 5 or 10a whiche	330 filers may ente below, and the am	r dollars and cents. ount on that line for	For all other forms, enter whole of the return being filed with this for	ter the applicable amount, if any, from dollars only. If you check the box on liv rm was blank, then leave line 1b, 2b , eturn, then enter -0- on the applicable	ine 1a, 2a, 3a , , 3b, 4b, 5b, 6 b	4a, 5a, 6a, 7a, 8a, 9a, , 7b, 8b, 9b, or 10b,
1a		nere ► X	b Total revenue, if any (Form	990, Part VIII, column (A), line 12)	11	1.201.096.
2a		eck here		990-EZ, line 9)		
3a	Form 1120-POL			line 22))
4a	Form 990-PF che	· _		income (Form 990-PF, Part V, line 5))
5a	Form 8868 check			ne 3c)		
6a	Form 990-T chec		b Total tax (Form 990-T, Part	III, line 4))
7a	Form 4720 check			III, line 1))
8a	Form 5227 check		b FMV of assets at end of ta)
9a	Form 5330 check		b Tax due (Form 5330, Part II)
10a	Form 8038-CP ct	neck here	b Amount of credit payment	requested (Form 8038-CP, Part III, I		b
Part	II Declarat	tion and Signat	ure Authorization of Offic	er or Person Subject to Tax		
Under p	penalties of perjury	, I declare that X] I am an officer of the above enti	ty or 📃 I am a person subject to ta	ax with respect	to (name
interme acknow of any r entry to financia later that paymer	ediate service provi vledgement of rece refund. If applicable the financial instit al institution to deb an 2 business days of taxes to receiv	der, transmitter, or of ipt or reason for rejo a, I authorize the U.3 ution account indic it the entry to this a prior to the payme confidential infor	electronic return originator (ERO) ection of the transmission, (b) the S. Treasury and its designated Fir ated in the tax preparation softwa ccount. To revoke a payment, I m nt (settlement) date. I also authori mation necessary to answer inqui	n on the copy of the electronic return to send the return to the IRS and to r e reason for any delay in processing t nancial Agent to initiate an electronic are for payment of the federal taxes o nust contact the U.S. Treasury Financi ize the financial institutions involved i ries and resolve issues related to the nd, if applicable, the consent to elect	eceive from the the return or re- funds withdraw wed on this ret tial Agent at 1-8 in the procession payment. I have	e IRS (a) an iund, and (c) the date val (direct debit) urn, and the 888-353-4537 no ng of the electronic re selected a
	eck one box only					
Σ	I authorize BL	UE & CO.,		to	enter my PIN	61489
			ERO firm name			Enter five numbers, but do not enter all zeros
	with a state age on the return's o As an officer or return. If I have	ncy(ies) regulating of disclosure consent s person subject to ta indicated within this	charities as part of the IRS Fed/St screen. ax with respect to the entity, I will	ave indicated within this return that a tate program, I also authorize the afor enter my PIN as my signature on the s being filed with a state agency(ies) e consent screen.	rementioned El	RO to enter my PIN electronically filed
	of officer or person subje	tion and Authe	ntiaction		Date 🕨	
Part						
	-	our six-digit electror v your five-digit self-	ic filing identification selected PIN.	61489761489 Do not enter all zeros		
submit		• •		2021 electronically filed return indicate lernized e-File (MeF) Information for A		
ERO's si	ignature 🕨 <u>BLU</u>	E & CO., I	LC	Date ▶11/	10/22	
			ERO Must Retain This Fo			
				S Unless Requested To Do		0070 75
LHA F	or Privacy act and	Paperwork Redu	ction Act Notice, see instructior	าร.	F	orm 8879-TE (2021)

· IE (2021)

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.
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► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Туре о	r Name of exempt organization or other filer, see instru	ctions.		Taxpaye	identificatio	n number (TIN)		
print	WORD MADE FLESH, INC.				58-1967768			
File by the due date t filing your	Number, street, and room or suite no. If a P.O. box, s	ions.						
return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. WILMORE, KY 40390								
Enter th	ne Return Code for the return that this application is for (file	e a separa	e application for each return)					
Applica	ation	Return	Application			Return		
Is For		Code	Is For			Code		
Form 9	90 or Form 990-EZ	01	Form 1041-A			08		
Form 4	720 (individual)	03	Form 4720 (other than individual)			09		
Form 9	90-PF	04	Form 5227			10		
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 9	90-T (trust other than above)	06	Form 8870			12		
Form 9	90-T (corporation)	07						
● If thi box ▶ 1 I ti	e organization does not have an office or place of business s is for a Group Return, enter the organization's four digit If it is for part of the group, check this box ▶ request an automatic 6-month extension of time until ne organization named above. The extension is for the organization named above. The extension is for the organization ramed above. The extension ramed above ramed abo	Group Exe and atta NOVE1 anization's , an	mption Number (GEN) I ch a list with the names and TINs of <u>IBER 15, 2022</u> , to file return for: d ending	f this is fo all memb	r the whole o ers the exter npt organizat 	group, check this nsion is for.		
	this application is for Forms 990-PF, 990-T, 4720, or 6069 ny nonrefundable credits. See instructions.), enter the	tentative tax, less	3a	\$	0.		
	this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	refundable credits and					
	stimated tax payments made. Include any prior year overp			3b	\$	0.		
-	alance due. Subtract line 3b from line 3a. Include your pa							
	sing EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.		
	: If you are going to make an electronic funds withdrawal			53-TE an	d Form 8879	-TE for payment		

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

	000
Form	990

Department of the Treasury Internal Revenue Service

Τ.

EXTENDED TO NOVEMBER 15, 2022 Return of Organization Exempt From Income Tax

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

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

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



A	or th	and a calendar year, or tax year beginning and	enaing		
B (Check if applicab	e: C Name of organization		D Employer identified	cation number
	Addre	e WORD MADE FLESH, INC.			
	Name Chang	e Doing business as		58-19677	68
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return	P.O. BOX 70		859-388-4	
	termir ated			G Gross receipts \$	1,201,096.
	Amen return			H(a) Is this a group re	eturn
	Applic distance	F Name and address of principal officer: SIEFHEN DEHNKE		for subordinates	? Yes X No
	pendi	¹⁹ SAME AS C ABOVE		H(b) Are all subordinates in	
11	Fax-ex	empt status: 🚺 501(c)(3) 🔲 501(c) ()◀ (insert no.) 🗌 4947(a)(1) c	or 📃 527	1	list. See instructions
J١	Nebsi	te: ▶ WWW.WORDMADEFLESH.ORG		H(c) Group exemption	n number 🕨
ĸ	orm o	organization: 🚺 Corporation 🔄 Trust 🔄 Association 📄 Other ►	L Year	of formation: 1991 N	I State of legal domicile: GA
Pa	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities: \underline{TO} II	NITIAT	E AND DEVELO	OP RELIEF
nce		AND CARE PROJECTS TO ASSIST AND MINISTER			
rna	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	ets.
ovel	3	Number of voting members of the governing body (Part VI, line 1a)		3	9
ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9	
Activities & Governance	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		21	
	6	Total number of volunteers (estimate if necessary)		10	
ctiv	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		0.	
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
ð	8	Contributions and grants (Part VIII, line 1h)		1,193,298.	1,200,669.
Revenue	9	Program service revenue (Part VIII, line 2g)		21,755.	0.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,118.	427.
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,217,171.	1,201,096.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		337,181.	306,712.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		543,301.	489,634.
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25))0.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		291,813.	315,961.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,172,295.	1,112,307.
	19	Revenue less expenses. Subtract line 18 from line 12		44,876.	88,789.
OL	3			ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		504,004.	600,330.
t Assets d Balanc	21	Total liabilities (Part X, line 26)		10,467.	18,004.
Pland.	1	Net assets or fund balances. Subtract line 21 from line 20		493,537.	582,326.
Pa	art II	Signature Block			

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

Sign	Signature of officer		Date				
Here	STEPHEN BEHNKE, PRESID	ENT					
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date Check PTIN				
Paid	JOHN COPELAND	JOHN COPELAND	11/10/22 self-employed P00646957				
Preparer	Firm's name BLUE & CO., LLC		Firm's EIN ▶ 35-1178661				
Use Only	Firm's address 🕨 250 WEST MAIN ST						
	LEXINGTON, KY 40507 Phone no. 859–253–1100						
May the IF	May the IRS discuss this return with the preparer shown above? See instructions						
132001 12-0	32001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)						

Form	WORD MADE FLESH, INC. 58-1	967768	Page 2
Par	rt III Statement of Program Service Accomplishments		0
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	TO INITIATE AND DEVELOP RELIEF AND CARE PROJECTS TO ASSIST AN	D0	
	MINISTER TO THE WORLD'S POOR.		
2	Did the organization undertake any significant program services during the year which were not listed on the		TT
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	l expenses, a	nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 882,785. including grants of \$ 306,712.) (Revenue \$)		0.)
	PROVIDED HOMES FOR CHILDREN, MEDICAL CARE, NOURISHMENT, LOVE		
	SHELTER FOR ABUSED OR ABANDONED STREET CHILDREN, ELDERLY WOME	N AND	
	ABUSED/EXPLOITED WOMEN.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 882,785.		
		Eorm C	90 (2021)

Form	aan	(2021)
FUIII	990	(2021)

 Form 990 (2021)
 WORD
 MADE
 FLESH,
 INC.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
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		<u> </u>
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		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	<u>11a</u>	X	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X X
-	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	4 4 4		x
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	11f		
IZd		12a		x
h	Schedule D, Parts XI and XII	120		
b		12b		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	120		X
14a	Did the superior institute and final superior superior superior states of the United Otelan O	14a	Х	
	Did the organization maintain an office, employees, or agents outside of the United States?			
~	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	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
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		X
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		X
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		X
20a		20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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		x

Form 990 (2021)

Form	990	(2021)
	330	

 Form 990 (2021)
 WORD MADE FLESH, INC.

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
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		X
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		X
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		X
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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	<u>28a</u>		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
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	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			- v
05 -	Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	256		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		x
37	<i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
37		37		x
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	- 57		
50	Notes All Forms 000 filere are used to complete Cohodula O	38	х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance	00		I
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1 a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
				1

(gambling) winnings to prize winners?

1c

	1 990 (2021) WORD MADE FLESH, INC. 58- rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)	1967768	Р	age 5
I ui			Yes	No
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		res	NO
20	filed for the calendar year ending with or within the year covered by this return 2a	21		
b			х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to $e-file$. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	•		X
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b				X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid			
	any contributions that were not tax deductible as charitable contributions?			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the	payor? 7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as require	d? 7g		
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?			
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?			<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<u>9b</u>		
10	Section 501(c)(7) organizations. Enter:			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
100	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
		IZd		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а		13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.			
b				
~	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
15 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
-	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

- --

X

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

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

Sec	tion A. Governing Body and Management						
		1	1	~ [Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>		9			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.	4		9			
b	Enter the number of voting members included on line 1a, above, who are independent	1b		괵			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship				0		Х
2	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the			·	2		
3			-		2		Х
4	of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 9		e filod?		3 4		X
4	Did the organization become aware during the year of a significant diversion of the organization's ass			F	5		X
5 6	Did the organization become aware during the year of a significant diversion of the organization s ass Did the organization have members or stockholders?			Ш Г	6		X
0 7a	Did the organization have members of stockholders, or other persons who had the power to elect or ap			•	0		- 21
1a	more members of the governing body?	-			7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st			·	10		
	persons other than the governing body?				7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea			· I	10		
a	The governing body?	-	-	- 1	8a	х	
b	Each committee with authority to act on behalf of the governing body?			I	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			··	0.0		
Ū	organization's mailing address? <i>If "Yes." provide the names and addresses on Schedule O</i>				9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re						
		venue	0000./			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			ſ	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such ch						
					10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			··	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "Y	′es," a	escribe				
	on Schedule O how this was done			.	12c	X	
13	Did the organization have a written whistleblower policy?			.	13	X	
14	Did the organization have a written document retention and destruction policy?				14	X	
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official				15a	X	
b	Other officers or key employees of the organization			.	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a				
	taxable entity during the year?			.	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat		-				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ						
600	exempt status with respect to such arrangements?				16b		
	tion C. Disclosure						
17 10	List the states with which a copy of this Form 990 is required to be filed GA , KY			(0)-	o o la A		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	10 990	- 1 (Section 501(C)	(3)S	oniy) a	avallat	Jie
	for public inspection. Indicate how you made these available. Check all that apply.	-					
10	X Own website Another's website X Upon request Other (explain)		,	and	finan	ial	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	inner (n interest policy,	anu	manc	ndi	
20	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's boo	ke on					
20		no ai l					

Form 990 (2		58-1967768	Page 7				
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compe	ensated					
	Employees, and Independent Contractors						
	Check if Schedule O contains a response or note to any line in this Part VII						
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees						
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.							

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do		Pos	itior	۱ than d	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar I	nd a d T	irecto	or/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	e or di	ee			sated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	upens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	st con yee	_	1033-1120)		organizations
	line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationio
(1) CLINT BALDWIN	40.00				-	1- 0				
EXECUTIVE DIRECTOR		x		x				51,984.	0.	0.
(2) NATHAN BROWN	2.00									
TRUSTEE		x						0.	0.	0.
(3) GIL LIU	2.00									
TRUSTEE		X						0.	0.	0.
(4) ASHLEY BROWN	2.00									
SECRETARY		Х		X				0.	0.	0.
(5) JEREMY STRAYER	2.00									
TRUSTEE		Х						0.	0.	0.
(6) STEPHEN BEHNKE	2.00									
BOARD CHAIRMAN		Х		X				0.	0.	0.
(7) MAREN TELSEY	2.00									
TRUSTEE		Х						0.	0.	0.
(8) SHANNON HAGMAN	2.00									
TRUSTEE		Х						0.	0.	0.
(9) DT SLOUFFMAN	2.00									
TRUSTEE		Х						0.	0.	0.
		<u> </u>								
		-				-				
		1								
		1								
						-				
		1								
		I	1	1		1		1		

Form 990 (2021) WORD MADI	E FLESH,	I	NC	•					58-19	9677	768	Pa	age 8
Part VII Section A. Officers, Directors, Trus		oloye	ees,			ghes	t C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week	box,	not cl unles	ss per	ition more rson is	than c s both r/trust	an	(D) Reportable compensation from	(E) Reportable compensatio from related	n	an	(F) timate nount other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	s	com fr org and	pensa om the anizati d relate anizatio	e ion ed
				0	×	Ξe							
										-+			
										\neg			
										\neg			
								51,984.		0.			0.
1b Subtotal c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)	I, Section A							0. 51,984.		0.			0.
2 Total number of individuals (including but n compensation from the organization ►							o re		000 of reportable	;			0
3 Did the organization list any former officer,	-		-	•						ſ	3	Yes	No X
 line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s For any individual listed on line 1a, is the su and related organizations greater than \$150 	im of reportable	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization		4		x
5 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," corr	accrue compen	satio	on fr	rom	any	unre	late	ed organization or individ	lual for services		5		x
Section B. Independent Contractors							- +1		100.000 of comm				
Complete this table for your five highest co the organization. Report compensation for (A)										ensat			
Name and business	address	NC	ONE	2				Description of s	ervices	Co		nsatio	n
2 Total number of independent contractors (ii \$100.000 of compensation from the organia)		ot lin	nitec	d to f	thos C		ted	above) who received mo	ore than				

				FLE;	SH, INC.			58-1967	768 Page 9
Pa	rt VII	I Statement of Re	evenue						
		Check if Schedule O	contains a re	sponse c	or note to any lir	((5)		
						(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
						TotalTevenue	function revenue	business revenue	from tax under
									sections 512 - 514
nts nts	1 a	Federated campaigns		a		4			
ar ar our	b	Membership dues		b		-			
a, o Am	С	Fundraising events		c		-			
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations		d		-			
imi,	е	e Government grants (cont	ributions) 1	e		-			
r is	f	All other contributions, gifts,	, grants, and						
ibu:		similar amounts not include	d above 📖 📘	f 1,	200,669.	-			
d	g	Noncash contributions included in	lines 1a-1f	g \$					
aSu	h	Total. Add lines 1a-1f			🕨	1,200,669.			
					Business Code				
ဗ္	2 a	I							
e rvi	b								
Se	с	;							
eve	d	l							
Program Service Revenue	е								
P	f	All other program service	revenue						
	g	Total. Add lines 2a-2f							
	3	Investment income (inclu	ding dividend	s, interes	st, and				
		other similar amounts)			►	427.			427.
	4	Income from investment							
	5	Royalties	<u></u>						
			(i) F	Real	(ii) Personal				
	6 a	Gross rents	6a						
	b	Less: rental expenses	6b						
	с	—	6c						
	d	Net rental income or (loss	s)						
	7 a	Gross amount from sales of	(i) Sec	urities	(ii) Other				
		assets other than inventory	7a			1			
	b	Less: cost or other basis				1			
ē		and sales expenses	7b						
venue	с	Gain or (loss)							
(1)		Net gain or (loss)							
Other Re	8 a	Gross income from fundrais	ing events (not	:					
ŧ		including \$	c	of					
		contributions reported or							
		Part IV, line 18		8a					
	b	Less: direct expenses							
	с	Net income or (loss) from	fundraising e	vents	🕨				
	9 a	Gross income from gamir	ng activities. S	See					
		Part IV, line 19	-	9a					
	b	Less: direct expenses							
		Net income or (loss) from							
		Gross sales of inventory,							
		and allowances		10a					
	b	Less: cost of goods sold							
		Net income or (loss) from		-					
					Business Code				
Miscellaneous Revenue	11 a	I							
nue	b								
scellaneo <u>Revenue</u>	с	;							
lisc Bt	d	All other revenue							
2		Total. Add lines 11a-11d			🕨				
	12	Total revenue. See instructi	ons			1,201,096.	0.	0.	427.

educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form Par	990 (2021) WORD MADE FL	ESH, INC. s		58-19	67768 Page
	on 501(c)(3) and 501(c)(4) organizations must comple		r organizations must con	nplete column (A).	
	Check if Schedule O contains a respons	e or note to any line in t			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign	306,712.	306,712.		
4	individuals. See Part IV, lines 15 and 16 Benefits paid to or for members	500,712.	500,712.		
5	Compensation of current officers, directors, trustees, and key employees	51,984.	36,763.	15,221.	
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	355,553.	208,319.	147,234.	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	50,217.	47,997.	2,220.	
10	Payroll taxes	31,880.	18,953.	12,927.	
11	Fees for services (nonemployees):				
	Management				
	Accounting	7,536.	6,206.	1,330.	
	Lobbying			,	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	29,886.	24,611.	5,275.	
12	Advertising and promotion	10.005	14 007	0.650	
13	Office expenses	16,865.	14,207.	2,658.	
14	Information technology				
15 16	Royalties Occupancy	9,043.	7,447.	1,596.	
17	Travel	65,922.	54,287.	11,635.	
18	Payments of travel or entertainment expenses		- , -	,	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	13,783.	9,670.	4,013.	10
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10.	8.	2.	
23	Insurance	5,236.	4,312.	924.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	STAFF ADMINISTRATION	140,273.	118,166.	22,107.	
b	SHORT TERM PROJECTS	17,700.	17,059.	641.	
С	LICENSE FEES	6,563.	5,405.	1,158.	
d	AWARENESS	2,723. 421.	2,242.	481.	
	All other expenses	421.	<u>421.</u> 882,785.	229,422.	10
<u>25</u> 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization	±,±±4,30/•	002,703.	443,444.	T 0
20	reported in column (B) joint costs from a combined				
	aducational campaign and fundraising solicitation				

100.

100.

WORD MADE FLESH,	INC.
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		Check if Schedule O contains a response or no	ote to an	v line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			338,895.	1	434,804.
	2	Savings and temporary cash investments			165,083.	2	165,510.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub-		· · · · · ·			
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describe	-			6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9					9	
		Land, buildings, and equipment: cost or other	1				
		basis. Complete Part VI of Schedule D		2,275.			
	b	Less: accumulated depreciation	10b	2,275. 2,259.	26.	10c	16.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must eq			504,004.	16	600,330.
	17	Accounts payable and accrued expenses	10,467.	17	18,004.		
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ú	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sub					
llide		controlled entity or family member of any of the				22	
Lia	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line					
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			10,467.	26	18,004.
		Organizations that follow FASB ASC 958, ch					
ses		and complete lines 27, 28, 32, and 33.					
anc	27				493,537.	27	582,326.
Bal	28	Net assets with donor restrictions				28	
pu		Organizations that do not follow FASB ASC					
Fu		and complete lines 29 through 33.					
, or	29	Capital stock or trust principal, or current fund	s			29	
sets	30	Paid-in or capital surplus, or land, building, or e				30	
Ase	31	Retained earnings, endowment, accumulated i				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			493,537.	32	582,326.
~	33	Total liabilities and net assets/fund balances			504,004.	33	600,330.

Form **990** (2021)

Part X | Balance Sheet

Form	aan	(2021)
FOIIII	990	(2021

Form	WORD MADE FLESH, INC.	58-19	67768	Pag	_{ge} 12
	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,201	,09	96.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,112	,30	07.
3	Revenue less expenses. Subtract line 2 from line 1	3	88	,78	89.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	493	, 53	37.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	582	, 32	26.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		. <u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		<u>. 3b</u>		

Form **990** (2021)

SCHEDULE A

(Form 990)

Total

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.

OMB No. 1545-0047
2021
Open to Public

Department of Internal Reve	of the Treasury enue Service		 Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. 						Open to Public Inspection	
Name of	the organization	on						Employer	identification number	
			MADE FLES						8-1967768	
Part I	Reason	for Public (Charity Status.	(All organizations must c	omplete th	his part.) S	ee instruction	s.		
The orgar	nization is not a	private found	lation because it is: (I	For lines 1 through 12, cl	heck only	one box.)				
1	A church, cor	nvention of ch	urches, or associatio	on of churches described	in sectio	on 170(b)(1	I)(A)(i).			
2	A school des	cribed in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Form	n 990).)					
3	A hospital or	a cooperative	hospital service orga	anization described in se	ection 170)(b)(1)(A)(ii	ii).			
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
	city, and state:									
5	An organizati	on operated fo	or the benefit of a col	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in	
	section 170	(b)(1)(A)(iv). (C	Complete Part II.)							
6	A federal, sta	te, or local go	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).			
7 X		· ·	-	ntial part of its support fr				ne general p	oublic described in	
			omplete Part II.)		Ū					
8				(1)(A)(vi). (Complete Par	t II.)					
9				in section 170(b)(1)(A)(ed in conju	inction with a	land-grant	college	
				ulture (see instructions).						
	university:			, , , , , , , , , , , , , , , , , , ,		, ,	,	0		
10		on that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from	
				t to certain exceptions; a						
				(less section 511 tax) fro						
			mplete Part III.)	· · · · · · · · · · · · · · · · · · ·		·	, ,	, ,	,	
11				ively to test for public sat	fetv. See	section 50)9(a)(4).			
12				ively for the benefit of, to				rrv out the	purposes of one or	
				d in section 509(a)(1) o						
				f supporting organization						
a	_			upervised, or controlled					aivina	
- <u> </u>				gularly appoint or elect a						
			complete Part IV, Se							
b	_			or controlled in connect	ion with it	s supporte	ed organizatio	n(s), by hay	vina	
~ _			-	anization vested in the sa			-		-	
		-	at complete Part IV,		anne peree			ge are eapp		
c	_			g organization operated	in connect	tion with	and functional	lv integrate	ed with	
• _		-). You must complete I				ly integrate	, a writing	
d		-		porting organization oper				ted organiz	zation(s)	
u _		-		ation generally must sat				Ũ		
		-		nplete Part IV, Sections	•			anatonin		
e	- ·		,	written determination from				II. Type III		
U _		0		nally integrated supporti			турс і, турс	n, rype m		
f Ent	er the number (· · · ·							
			n about the supporte	d organization(s)						
	(i) Name of suppo		(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount or	f monetary	(vi) Amount of other	
	organization	I		(described on lines 1-10	Yes	ing document? No	support (see ir	nstructions)	support (see instructions	
				above (see instructions))						

Sch		ORD MADE				58-196	
	art II Support Schedule for (Organizations	Described in	Sections 170(o)(1)(A)(iv) and	170(b)(1)(A)(vi)
	(Complete only if you checked				n failed to qualify u	nder Part III. If the	organization
	fails to qualify under the tests	listed below, pleas	se complete Part I	II.)			
Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	1000000		1150064	1102200	1000000	
-	include any "unusual grants.")	1066838.	988,099.	1150064.	1193298.	1200669.	5598968.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
2	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1066838.	988,099.	1150064.	1193298.	1200669.	5598968.
	The portion of total contributions	10000000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	11000010	11901901	110000000	
Ŭ	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)						72,919.
	Public support. Subtract line 5 from line 4.						5526049.
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	1066838.	988,099.	1150064.	1193298.	1200669.	5598968.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,		100	0.045	0 1 1 0	405	
	and income from similar sources	80.	196.	2,245.	2,118.	427.	5,066.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
44	assets (Explain in Part VI.)						5604034.
	Total support. Add lines 7 through 10 Gross receipts from related activities,	etc. (see instructio	une)			12	152,398.
	First 5 years. If the Form 990 is for th		/	ourth or fifth tax y		<u> </u>	19279900
10	organization, check this box and stop						
Se	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2021 (I		¥	olumn (f))		14	98.61 %
	Public support percentage from 2020		•			15	98.62 %
	a 33 1/3% support test - 2021. If the c					· · · · · · · · · · · · · · · · · · ·	
	stop here. The organization qualifies	-				·	
k	33 1/3% support test - 2020. If the c		-				
	and stop here. The organization qual						
17a	a 10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	r e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	ganization		
k	o 10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is -	10% or

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

organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the

Schedule A (Form 990) 2021

Schedule A	(Form	990	202
		000	1202

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

qualify under the tests listed below, please complete Part II.)
Section A Public Support

<u>Sec</u>	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202	1 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202	1 (f) Total
	Amounts from line 6 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						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		l .	fourth an fifth to			
14	First 5 years. If the Form 990 is for the	0					Inization,
800	check this box and stop here	o Support Por	oontago				
				(6)		45	
	Public support percentage for 2021 (I		•			15	%
	Public support percentage from 2020					16	%
	ction D. Computation of Inves			10 1 1		4.7	
17	Investment income percentage for 20					17	%
18	Investment income percentage from					18	%
1 9a	33 1/3% support tests - 2021. If the						line 17 is not
	more than 33 1/3%, check this box ar						▶∟
b	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	his box and see ins	structions	>

WORD MADE FLESH, INC.

1

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

	(Form 990) 2021			FLESH,	INC.
Part IV	Supporting Organ	nizations (continuer	4)	

2

1

Yes No

			Yes	No
11	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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
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. Section C. Type II Supporting Organizations

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 person to the same persons that controlled or managed the person to the same persons that control or managed the person to the same persons that controlled or managed the person to the same persons that control or managed the person to the same persons that control or managed the person to the same persons that control or managed the person to the same p*

the supported organization(s). Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	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 on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с	The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).
C	The organization supported a governmental entity.	Describe in Part VI now you supported a governmental entity (see instructions

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

Yes No

1	Check here if the organization satisfied the Integral Part Test as a qualifyin	ig trust on N	Nov. 20, 1970 (<i>explain in</i> I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	lly integrate	d Type III supporting orga	nization (see
	instructions).			

WORD MADE FLESH, INC.

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

Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021

Schedule A	. (Form 990)	2021
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Schedule A (Form 990) 2021 WORD MADE FLESH, INC. 58-1967768 Page 7

Par	rt V Type III Non-Functionally Integrated 5	509(a)(3) Supporting Orga	nizations (continue	d)	
Secti	ion D - Distributions		r.		Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		1	
2	Amounts paid to perform activity that directly furthers ex	empt purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purp	s	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required	- provide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions	· · · · · · · · · · · · · · · · · · ·		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	ch the organization is responsive			
-	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2021		Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason	-			
	able cause required - explain in Part VI). See instructions	3.			
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result great	ter			
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
-	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2020				

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021	WORD MADE	E FLESH,	INC.		58-1967768	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and (See instructions.)	mation. Provide , 2, 3b, 3c, 4b, 4c, lines 2 and 3; Part	the explanatior 5a, 6, 9a, 9b, 9 IV, Section E, li	ns required by Part II, I c, 11a, 11b, and 11c; I nes 1c, 2a, 2b, 3a, and	Part IV, Section B, lines d 3b; Part V, line 1; Part 1	r 17b; Part III, line 12; 1 and 2; Part IV, Section V, Section B, line 1e; Pa	C,

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2021

** Do Not File ** *** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
TEPHEN AND ASHLEIGH BEHNKE	185,000.	72,919
otal Excess Contributions to Schedule A, Part II, Line 5		72,919

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

58-1967768

	- 5			
		WORD	MADE	FLESH

Organization type (check one).						
Filers of:	Section:					
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					

INC.

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

General Rule

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

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \dots b \$

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

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

Schedule B (Form 990) (2021)

WORD MADE FLESH, INC.

Name of organization

Employer identification number

58-1967768

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 1 NATIONAL CHRISTIAN FOUNDATION X Person Payroll 11625 RAINWATER DRIVE 177,000. Noncash \$ (Complete Part II for ALPHARETTA, GA 30009 noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 NETWORK FOR GOOD X Person Payroll 1140 CONNECTICUT AVE NW #700 44,813. Noncash \$ (Complete Part II for WASHINGTON , DC 20036 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 HOPE UNIVERSAL INC. X Person Payroll 24,025. PO BOX 1349 Noncash \$ (Complete Part II for SENECA, SC 29679 noncash contributions.) (d) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

Page **2**

Name of organization

Employer identification number

58-1967768

WORD MADE FLESH, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a)	cash Property (see instructions). Use duplicate copies of Property		
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_			
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
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		\$	Schedule B (Form 990) (2

Name of orga	anization		Employer identification number
WORD MA	ADE FLESH, INC.		58-1967768
Part III		through (e) and the following line er haritable, etc., contributions of \$1,000 or	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gi	
-	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, an	(e) Transfer of gi d ZIP + 4	jift Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
- 		(e) Transfer of gi	
-	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I –	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, an	(e) Transfer of gi	jift Relationship of transferor to transferee
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SCHEDULE D (Form 980) Second	00		Supplement	al Financial Statements			OMB No. 1	545-0047
Pert William Constraints Pert Pert Pert Pert Pert Pert Pert Pert							20	21
Bet of the organization information wow the gov/Form900 for instructions and the latest information. Inspection MORD MADE FLESH, INC. Employer identification number arganization answered Yes' on Form 900, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts. Complete if the organization answered Yes' on Form 900, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts (c) Funds and other accounts (c) Funds and other accounts (b) Funds and other accounts (c) Funds a	(FOII	11 990)	Part IV, line 6, 7, 8, 9, 10), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.			ZU	<u> </u>
Name of the organization Employee identification number 58 19 067768 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization netwered 'ves' on Form 980, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year (a) Donor advised funds (b) Funds and other accounts 2 Aggregate value of ornsholms to (during year) (a) Donor advised funds (b) Funds and other accounts 3 Aggregate value of grants from (during year) (a) Donor advised funds (b) Funds and other accounts 4 Aggregate value of grants from (during year) (b) Funds and other accounts (b) Funds and other accounts 5 Did the organization is report, subject to the organization's exclusive legal control? (vs) (b) (vs) (b) (vs) (b) (vs) (b) (vs) (b) (vs) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c								
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day of the tax year. Held at the End of the Tax Year. a Total number of conservation easements Za b Total acreage restricted by conservation easements Zb c Number of conservation easements included in (a) acquired after 7/25/06, and not on a historic structure listed in the National Register Zc 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Zd 4 Number of states where property subject to conservation easement is located								
a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year b 2d 4 Number of states where property subject to conservation easements is located b 6 violations, and enforcement of the conservation easements is located b 7 Amount of expenses incurred in monitoring, inspecting, inspection, handling of violations, and enforcing conservation easements evolutions, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii) 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization expenses. Part III Organization experision SMaritaling Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 14 If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statement and balance sheet works of art, historical treasures, or other similar asset	2			fied conservation contribution in the form of a cor	nserva			
b Total acreage restricted by conservation easements 2b c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure isted in the National Register 2d 3 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure isted in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶		day of the tax yea	r.			Held at th	e End of th	ne Tax Year
c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure 2d listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 4 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year ▶	а							
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure isted in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	b	-						
 listed in the National Register	С				2c			
 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	d							
 year ▶	•					al contra an Alla a		
 4 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ 	3		vation easements modified, transferred, rei	leased, extinguished, or terminated by the organiz	zation	during the	etax	
 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year > \$ 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part X \$ 2 If the organization received or held works of art, historical treasures, or other	4		where property subject to conservation and	soment is located				
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 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$	6	,						
 \$	Ū						ge ,	
 \$	7	Amount of expens	 ses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation eas	sement	ts durina t	he vear	
 and section 170(h)(4)(B)(ii)?			5, 1 5,	5		5	,	
 and section 170(h)(4)(B)(ii)?	8	Does each conser	vation easement reported on line 2(d) abov	ve satisfy the requirements of section 170(h)(4)(B)((i)			
 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part X \$ (ii) Assets included in Form 990, Part X \$ \$ (iii) Assets included in Form 990, Part X \$ \$ (iii) Assets included or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: 		and section 170(h)(4)(B)(ii)?				Yes	No
 organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 \$ (ii) Assets included in Form 990, Part X 2 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 FASB ASC 958 relating to these items: 	9							
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 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 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 FASB ASC 958 relating to these items: 	Par	_	-		imila	r Assets	5.	
 of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 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 FASB ASC 958 relating to these items: 		Complete i	f the organization answered "Yes" on Form	1 990, Part IV, line 8.				
 service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 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 FASB ASC 958 relating to these items: 	1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and bala	ince sh	neet works	3	
 b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 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 FASB ASC 958 relating to these items: 		,			ce of p	oublic		
 art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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 FASB ASC 958 relating to these items: 	_							
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 (ii) Assets included in Form 990, Part X 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 FASB ASC 958 relating to these items: 						¢		
2 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 FASB ASC 958 relating to these items:						ው ድ		
the following amounts required to be reported under FASB ASC 958 relating to these items:	2	.,			-	·		
	2	-			. ovide	•		
	а	Ũ				\$		

a Revenue included on Form 990, Part	VIII, line 1
b Assets included in Form 990, Part X	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 10-28-21

Schedule D (Form 990) 2021

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Sche		DE FLESH,						58-19			age 2
Par	t III Organizations Maintaining C	ollections of Ar	rt, Hist	orical Tre	asures, or	Other	Simila	r Assets	(conti	nued)	
3	Using the organization's acquisition, accession	on, and other record	ls, checl	k any of the f	ollowing that i	make sig	nificant u	use of its			
	collection items (check all that apply):										
а	Public exhibition	c	d 🗌	Loan or exc	hange prograr	n					
b	Scholarly research	e	e 🗌	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ney further th	e organizatior	n's exem	pt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o	or receive donations	of art, hi	storical treas	sures, or other	similar a	assets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		lete if the	e organizatio	n answered "N	res" on F	⁻ orm 990), Part IV, I	ine 9, or		
1a	Is the organization an agent, trustee, custodi		diary for	contribution	s or other asse	ets not in	cluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII							······ <u> </u>			
~									Amoun	t	
с	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fe								Yes		No
	If "Yes," explain the arrangement in Part XIII.								_]
Par).				_
		(a) Current year		⊃rior year	(c) Two years			/ears back	(e) Fou	r years	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr		e (line 1)	a. column (a)) held as:	I					
а	Board designated or quasi-endowment		%	J , ()	,						
b	Permanent endowment										
		%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse		ation tha	at are held ar	nd administere	d for the	organiza	ation			
	by:	Ũ					0			Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the	organization's endo	wment	funds.							
Par	t VI Land, Buildings, and Equipm	ient.									
	Complete if the organization answere	d "Yes" on Form 990	0, Part IV	V, line 11a. S	ee Form 990,	Part X, li	ne 10.				
	Description of property	(a) Cost or o basis (investr		• • •	or other (other)	• •	cumulate reciation	ed	(d) Boo	k valu	е
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment										
	Other				2,275.		2,2	59.			16.
	. Add lines 1a through 1e. (Column (d) must e		X colur				-				16.
		gaari onn 000, i alt	<u>,, colul</u>		<u></u>			<u> </u>			

Schedule D (Form 990) 2021

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Schedule D	(Form 990) 2021	WORD	MADE	FLESH,	INC

	Complete if the organization answered "Yes" o			
	N Of SECUTITY OF CATEGORY (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
Financial c	derivatives			
	ld equity interests			
Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
al . (Col. (b) r	must equal Form 990, Part X, col. (B) line 12.) 🕨			
	nvestments - Program Related.			
	Complete if the organization answered "Yes" o			
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
1				
(8)				
(8) (9)				
(9) tal. (Col. (b) r	must equal Form 990, Part X, col. (B) line 13.) 🕨			
(9) tal. (Col. (b) r Part IX	Other Assets.			
(9) al. (Col. (b) r art IX	Other Assets. Complete if the organization answered "Yes" o		1d. See Form 990, Part X, line 15.	
(9) al. (Col. (b) r art IX	Other Assets. Complete if the organization answered "Yes" o	n Form 990, Part IV, line 1 Description	1d. See Form 990, Part X, line 15.	(b) Book value
(9) al. (Col. (b) r art IX C	Other Assets. Complete if the organization answered "Yes" o		1d. See Form 990, Part X, line 15.	(b) Book value
(9) al. (Col. (b) r art IX C	Other Assets. Complete if the organization answered "Yes" o		1d. See Form 990, Part X, line 15.	(b) Book value
(9) al. (Col. (b) r art IX C C (1)	Other Assets. Complete if the organization answered "Yes" o		1d. See Form 990, Part X, line 15.	(b) Book value
(9) al. (Col. (b) r art IX C C (1) (2)	Other Assets. Complete if the organization answered "Yes" o		1d. See Form 990, Part X, line 15.	(b) Book value
(9) al. (Col. (b) r art IX C C (1) (2) (3)	Other Assets. Complete if the organization answered "Yes" o		1d. See Form 990, Part X, line 15.	(b) Book value
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(9) al. (Col. (b) r art IX C C (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	(b) Book value
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(9) al. (Col. (b) r art IX C C (1) (2) (3) (4) (5) (6) (7) (8) (9) (art X C C (1) Federa	Other Assets. Complete if the organization answered "Yes" o (a) E (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability	Description		
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2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Sche	edule D (Form 990) 2021 WORD MADE FLESH, INC.		58-1967768 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial State	ements With Reven	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants		
d			
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat	tements With Exper	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
с	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
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	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	
Pa	rt XIII Supplemental Information.		

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

132054 10-28-21

Department of the Treasury			Attach to Form 990.			Open to Public
Internal Revenue Service	Go to v	www.irs.gov/Fo	rm990 for instructions and the latest	information.		Inspection
Name of the organization					Employer id	dentification number
WORD MADE FLESH	H, INC.				58-196	7768
Part I General Info Form 990, Part		ctivities Out	side the United States. Comple	ete if the organ	ization answe	red "Yes" on
		n maintain record	ds to substantiate the amount of its gra	ints and other a	assistance,	
			he selection criteria used to award the			Yes X No
2 For grantmakers. Des United States.	cribe in Part V the	e organization's p	procedures for monitoring the use of its	s grants and ot	her assistance	e outside the
			n be duplicated if additional space is n			
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (c gram service, specific type (s) in the regic	expenditures for and investments
SOUTH AMERICA	3	5	PROGRAM SERVICES	AT-RISK WOM CHILDREN	IEN AND	239,884.
				AT-RISK WOM	IEN AND	
SOUTH ASIA	2	0	PROGRAM SERVICES	CHILDREN		4,047.
EAST ASIA AND				AT-RISK WOM	EN AND	
PACIFIC	2	2	PROGRAM SERVICES	CHILDREN		54,755.
				AT-RISK WOM	IEN AND	
EUROPE	2	1	PROGRAM SERVICES	CHILDREN		93,144.
				AT-RISK WOM	IEN AND	
SUB-SAHARAN AFRICA	0	4	PROGRAM SERVICES	CHILDREN		257,274.
DUGGIA AND						
RUSSIA AND NEIGHBORING STATES	1	2	PROGRAM SERVICES	AT-RISK WOM CHILDREN	IEN AND	91,653.
	-					
				AT-RISK WOM	IEN AND	
EAST AFRICA	1	0	PROGRAM SERVICES	CHILDREN		6,000.
3 a Subtotal	11	14				746,757.
b Total from continuation						
sheets to Part I	0	0				0.
c Totals (add lines 3a and 3b)	11	14				746,757.

Statement of Activities Outside the United States ► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

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

Schedule F (Form 990) 2021

OMB No. 1545-0047

2021

SCHEDULE F (Form 990)

(Form 990) 2021 WORD MADE FLESH INC INC Inted States Inted States Inted States Inted States Inted States Integ States
(c) Region
SOUTH AMERICA
EAST ASIA AND PACIFIC
БUROP E
SUB-SAHARAN AFRICA
RUSSIA AND NEIGHBORING STATES
EAST AFRICA
Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter
Enter total number of other organizations or entities

132072 12-20-21

Page 3		(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2021
	V, line 16.	(g) Description of noncash assistance					Schedu
58-1967768	on Form 990, Part	(f) Amount of noncash assistance					
58	Complete if the organization answered "Yes" on Form 990, Part IV, line 16.	(e) Manner of cash disbursement					
		(d) Amount of cash grant					
SH, INC.	e the United Stat d.	(c) Number of recipients					
WORD MADE FLESH,	e to Individuals Outsid Iditional space is neede	(b) Region					
	Part III Grants and Other Assistance to Individuals Outside the United States. Part III can be duplicated if additional space is needed.	(a) Type of grant or assistance					

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

Schedule F (Form 990) 2021

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.

SCHEDULE O (Form 990)

Name of the organization

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

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



Employer identification number 58 - 1967768

WORD MADE FLESH, INC.

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

THE FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR, DIRECTOR OF FINANCE,

AND STEWARDSHIP.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION RECENTLY ADOPTED A WRITTEN CONFLICT OF INTEREST POLICY.

PART OF THE IMPLEMENTATION PROCESS IS DETERMINING THE PROPER MONITORING AND

ENFORCEMENT POLICIES. THIS PROCESS IS ONGOING AND WILL BE FINALIZED AS

SOON AS POSSIBLE.

FORM 990, PART VI, SECTION B, LINE 15A:

THE BOARD OF DIRECTORS SETS THE EXECUTIVE DIRECTOR'S COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE POSTED ON OUR WEBSITE.

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FORM 9	FORM 990 PAGE 10						066							
Asset No.	Description	Date Acquired	Method	Life	∧ n o C No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
H	OTHER	VARIOUS	200DB	5.00	НУ17	2,275.				2,275.	2,249.		10.	2,259.
	* TOTAL 990 PAGE 10 DEPR					2,275.				2,275.	2,249.		10.	2,259.
128111 04-01-21	14-01-21					(D) - Asset disposed	posed		*	ITC, Salvage,	Bonus, Comm	nercial Revital	* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone	on, GO Zone