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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 15, 2024

Word Made Flesh, Inc. P.O. Box 70 Wilmore, KY 40390 Attention: Ken Dean

Dear Ken:

We are pleased to enclose the following returns:

2023 Form 990, Return of Organization Exempt From Income Tax

Your tax returns are provided via SafeSend Returns, our secure electronic delivery program. SafeSend should be used to electronically sign your e-file authorizations. The copy of your returns should be downloaded and retained in your files.

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 contact us.

Sincerely,

Blue & Co., LLC

Department of the Treasury Internal Revenue Service

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.



AF	or th	e 2023 calendar year, or tax year beginning and	ending			
B c	heck if pplicab	le: C Name of organization	D Employer identific	cation number		
	Addre	WORD MADE FLESH, INC.				
	Name			58-196776	58	
	Initial		Room/suite	E Telephone number		
	Final returr	P.O. BOX 70		859-388-4	4646	
	termi ated			G Gross receipts \$	788,158.	
	Amer	WILMORE, KI 40390		H(a) Is this a group re	turn	
	Appli tion	F Name and address of principal officer: KEN DEAN		for subordinates	? Yes X No	
	pend	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No	
11	ax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 🗌 527	If "No," attach a	list. See instructions	
	Vebs			H(c) Group exemption		
		f organization: 🔀 Corporation 🔄 Trust 🦳 Association 🦳 Other	L Year	of formation: 1991 N	State of legal domicile: GA	
Pa	art I	Summary				
Ð	1	Briefly describe the organization's mission or most significant activities: TO II	NITIAT	E AND DEVELO	<u>PRELIEF</u>	
anc		AND CARE PROJECTS TO ASSIST AND MINISTER				
Activities & Governance	2	Check this box if the organization discontinued its operations or dispos				
Š	3				<u> </u>	
ۍ ه	4	Number of independent voting members of the governing body (Part VI, line 1b)				
ies	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)		14		
tivit	6	Total number of volunteers (estimate if necessary)			8	
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.	
	D	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····	7b Prior Year	Current Year	
	8	Contributions and grants (Dart)/III line 1b)		1,014,082.	786,227.	
an	9	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		55.	0.	
Revenue	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		874.	1,931.	
Re	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)		1,015,011.	788,158.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		469,312.	350,240.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		415,875.	254,932.	
sea		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
ben		Total fundraising expenses (Part IX, column (D), line 25)	0.			
Expenses		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		315,190.	283,006.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,200,377.	888,178.	
	19	Revenue less expenses. Subtract line 18 from line 12		-185,366.	-100,020.	
or		· · · · · · · · · · · · · · · · · · ·		ginning of Current Year	End of Year	
sets	20	Total assets (Part X, line 16)		407,532.	298,613.	
Net Assets	21	Total liabilities (Part X, line 26)		4,870.	-3,028.	
[Net	22	Net assets or fund balances. Subtract line 21 from line 20		402,662.	301,641.	
	irt 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	KEN DEAN, REGISTERED AGEN	Г						
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date Check PTIN					
Paid	JOHN COPELAND	JOHN COPELAND	11/15/24 self-employed P00646957					
Preparer	Firm's name BLUE & CO., LLC		Firm's EIN 35-1178661					
Use Only Firm's address 250 WEST MAIN STREET, SUITE 2900								
	LEXINGTON, KY 40507 Phone no.859-253-1100							
May the I	May the IRS discuss this return with the preparer shown above? See instructions							
LHA For	LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)							

Creck If Schedule C cardians a response or note to any line in this Part II. Deby detection the opportunities medicine COINTITATE AND DEVELOP RELIEF AND CARE PROJECTS TO ASSIST AND MINISTER TO THE WORLD'S POOR. Development of the opportunities any significant program services during the year which were not listed on the proform 500 or 600 ct20 Development of the opportunities are associated as any line in this Part III. Development of the opportunities are associated as any line in the set of the opportunities of the opportunities on Schedule O. Development of the opportunities are associated as a complete the target in how it conducts, any program services, as measured by approach, the total expenses, and the opportunities of associated as a complete mean of a start and advances, as measured by approach. Development, Lary, for said program service accompletements for each of its three largets program services, as measured by approach, the total expenses, and thermat, Lary, for said program service accompletements for each of its three largets program services, as measured by approach, the total expenses, and thermat, Lary, for said program service accompletements the set of the solutions of any and and advances of associations are interested. Developments, Lary, for said program service approach total accomplete the solution approach associated as a complete set of the solution of a strate and advances as measured by approach. Developments, Lary, for said program service approach total accomplete set of the solution and the strate and advances as measured by approach. Development and the solution of a strate and advances and the strate and the strate and the solution of any and advances as measured by approach. Development and the solution approach and the strate and the solution of any and advances and the solution of advances and advances and the solution of advances and the solutin the	Form	WORD MADE FLESH, INC.	58-1967768	Page 2
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 Form 990 (2023)
 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	X	
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			37
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		х
e	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		х
7	provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i> Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
0	Schedule D. Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
Ū	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
	Part VI	11a	Х	
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		Х
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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		v	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	<u> </u>
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	_r	х	
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		х
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		х
18	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions			- 23
10		18		х
19	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes."			
13		19		х
20-2	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
		20a 20b		
21	It "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		<u> </u>
	domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		х
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Form	990 (2023) WORD MADE FLESH, INC. 58-19	67768	Р	age 4
Par	t 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		103	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			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
	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			X
	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	010		
А	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<u>24c</u> 24d		<u> </u>
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
Ju	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
6	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
7	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
8	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			X X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	<u>28b</u>		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			X X
	Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		x
1	contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	30		X
	Did the organization indudate, terminate, or dissolve and cease operations? If "yes," complete Schedule N, Part 1	31		
2		32		x
3	Schedule N, Part II 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
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			<u> </u>
-	Part V. line 1	34		X
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization	?		
	If "Yes," complete Schedule R, Part V, line 2	. 36		X
57	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
8	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
4 -	Enter the number reported in her 2 of Form 1000. Enter 0 if not evaluable	1	Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a	1		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	<u> </u>		
C	(gambling) winnings to prize winners?		x	
2004	12-21-23		1 990	1 (202'
	4			
11	15 310879 120860 2023.05000 WORD MADE FLESH, INC	•	12	08

	990 (2023) WORD MADE FLESH, INC.	58-196	7768	P	_{age} 5	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			Yes	No	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			res	No	
	filed for the calendar year ending with or within the year covered by this return	2a 14	1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?					
			3a		Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b			
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	iccount)?	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 A	ccounts (FBAR).				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<u>5a</u>		X	
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction tax it was or is a party to a prohibited tax shelter transaction tax it was or is a party to a prohibited tax shelter transaction tax it was or is a party to a prohibited tax shelter transaction tax it was or is a party to a prohibited tax shelter transaction tax it was or is a party tax		5b		X	
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		<u>5c</u>			
ъа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th		60		x	
h	any contributions that were not tax deductible as charitable contributions?	one or aifte	<u>6a</u>		<u></u>	
U	were not tax deductible?	-	6b			
7	Organizations that may receive deductible contributions under section 170(c).		0.0			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		х	
			7b			
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required				
	to file Form 8282?		7c		X	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		 	
-	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		<u> </u>	
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza		7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the				
•			8			
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?		9a			
a h			9b			
10	Section 501(c)(7) organizations. Enter:		0.0			
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		<u> </u>	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	_			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?		13a			
h	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
~	Enter the amount of reserves on hand	130 13c	-			
			14a		X	
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
	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	t income?	16		X	
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17			
	If "Yes," complete Form 6069.		F	000	(0000)	
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Form	990	(2023)
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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI	
Section A Governing Body and Management	

X

Sec	ion A. Governing Body and Management						
			I	٥٢		Yes	No
1 a	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 O.			9			
-	Enter the number of voting members included on line 1a, above, who are independent			判			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship				•		v
	officer, director, trustee, or key employee?			··	2		X
3	Did the organization delegate control over management duties customarily performed by or under th				-		v
			- 6110	···	3		X X
4	Did the organization make any significant changes to its governing documents since the prior Form 9			····	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as			····	5		X
6	Did the organization have members or stockholders?			-	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap				-		x
	more members of the governing body?			··	7a		
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, s				71.		x
•	persons other than the governing body?			·· -	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-		0.	Х	
a	The governing body?				8a 0h	X	
b	Each committee with authority to act on behalf of the governing body?			F	8b	Δ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea				9		x
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		А
000	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)		T	Yes	No
100	Did the organization have local chapters, branches, or affiliates?			Г	10a	162	X
				F	IUa		- 23
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing bod		ro filing the form?	···· F	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	y Delo		h	11a	21	
b 12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			- 1	12a	Х	
iza b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12a	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i>			F	120		
U	on Schedule O how this was done	,			12c	Х	
13				· -	13	X	
14	Did the organization have a written whistleblower policy?				14	X	
15	Did the process for determining compensation of the following persons include a review and approva			F			
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	a by m	dependent				
а	The organization's CEO, Executive Director, or top management official			- 1	15a	х	
b	Other officers or key employees of the organization			F	15b		x
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			F	10.0		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment w	/ith a				
	taxable entity during the year?			- E	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua			" F			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		-				
	exempt status with respect to such arrangements?			- E	16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed GA , KY						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990)-T (section 501(c)(3)s (onlv) a	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.		(,,-			
	X Own website X Another's website X Upon request Other (explain	n on Si	chedule ()				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	and f	inanc	ial	
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks an	d records				
	THE ORGANIZATION - 859-388-4646						
	P.O. BOX 70, WILMORE, KY 40390						
332006	12-21-23				Form	990	(2023)
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2023.05000 WORD MADE FLESH, INC.

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Form 990 (2023)	WORD MADE FLESH, INC.	58-1967768 Page 7
Part VII Compens	sation of Officers, Directors, Trustees, Key Employ	yees, Highest Compensated
Employee	es, and Independent Contractors	
Check if Sch	nedule O contains a response or note to any line in this Part VII	
Section A. Officers, D	irectors, Trustees, Key Employees, and Highest Compensate	d Employees
	for all persons required to be listed. Report compensation for the nization's current officers, directors, trustees (whether individuals	, , , , , , , , , , , , , , , , , , , ,

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average hours per week	box offi	Position (do not check more than one box, unless person is both an officer and a director/trustee)		n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other		
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) GIL LIU	2.00									•
TRUSTEE/SECRETARY		Х		X				0.	0.	0.
(2) JEREMY STRAYER TRUSTEE	2.00	x						0.	0.	0.
(3) STEPHEN BEHNKE	2.00	Λ						0.	0.	0.
BOARD CHAIRMAN	2.00	x		x				0.	0.	0.
(4) MAREN TELSEY	2.00			1				```	0.	0.
TRUSTEE		х						0.	0.	0.
(5) SHANNON HAGMAN	2.00	1								
TRUSTEE		х						0.	0.	0.
(6) DT SLOUFFMAN	2.00									
TRUSTEE		Х						0.	0.	0.
(7) CONRAD DAVIES	2.00									
TRUSTEE/VP		Х		Х				0.	0.	0.
(8) CAMI GOBLE	2.00									
TRUSTEE/DIRECTOR		Х		Х				0.	0.	0.
(9) JARED LANDRETH	2.00									
TRUSTEE / TREASURER		X		X				0.	0.	0.
		-								

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Form 990 (2023)

	990 (2023) WORD MADE	-								58-1967	768 Page 8
Pai	t VII Section A. Officers, Directors, Trust		loye	ees,			ghes	t Co		, ,	
	(A) Name and title	(B) Average hours per week	box, offic	not cl unles	heck i ss per	ition more son is	than c s both r/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
									0	0	0
с	Subtotal Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A							0.0.0.	0. 0. 0.	0.
2	Total number of individuals (including but no compensation from the organization								eceived more than \$100,	000 of reportable	0 Yes No
3	Did the organization list any former officer, line 1a? <i>If "Yes," complete Schedule J for su</i>	-		-	•	-		Ŭ		•	3 X
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	,000? If "Yes,"	" coi	mple	ete S	Sche	edule	J fo	or such individual	-	4 X
	rendered to the organization? <i>If</i> "Yes," com tion B. Independent Contractors								•		5 X
1	•										
	(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	(C) Compensation
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	nited	l to 1	thos 0		ted	above) who received m	ore than	
	. ,					-					Form 990 (2023)

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				ND MADE I	FLE	SH, INC.			58-1967	768 Page 9
Pa	rt \		Statement of Re	venue						
			Check if Schedule O	contains a resp	onse c	or note to any line				
							(A)	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
							Total revenue	function revenue	business revenue	from tax under
										sections 512 - 514
ts s	1	а	Federated campaigns	1a						
un a		b		1b						
٥Ë		с	Fundraising events							
ifts Ir A		d	Related organizations							
, Gis		е	Government grants (contr							
Sig			All other contributions, gifts,							
ler uti		•	similar amounts not included			786,227.				
Gti		g	Noncash contributions included in							
Contributions, Gifts, Grants and Other Similar Amounts		•	Total. Add lines 1a-1f				786,227.			
0 10						Business Code	/00/22/0			
						Business Code				
ice	2	a								
erv ue		b								
n S M		С								
lrar Be		d								
Program Service Revenue		е								
٩.		f	All other program service							
		g	Total. Add lines 2a-2f							
	3		Investment income (includ	ding dividends,	interes	st, and				
							1,931.			1,931.
	4		Income from investment of	of tax-exempt be	ond pr	oceeds				
	5		Royalties							
				(i) Rea	al	(ii) Personal				
	6	а	Gross rents	6a						
		b	Less: rental expenses	6b						
		с	Rental income or (loss)	6c						
		d	Net rental income or (loss)						
	7	a	Gross amount from sales of	(i) Securi	ties	(ii) Other				
			assets other than inventory	7a						
		b	Less: cost or other basis							
Ō		~	and sales expenses	7b						
evenue		c	Gain or (loss)	7c						
eve			Net gain or (loss)							
ar Re			Gross income from fundraisi							
Other	0	a								
0				of						
			contributions reported on	-						
			Part IV, line 18							
			Less: direct expenses							
	_		Net income or (loss) from	-						
	9	а	Gross income from gamin							
		_	Part IV, line 19							
			Less: direct expenses							
			Net income or (loss) from		s					
	10	а	Gross sales of inventory, I	less returns						
			and allowances							
		b	Less: cost of goods sold		10b					
		с	Net income or (loss) from	sales of invento	ory					
6						Business Code				
ño e	11	а								
ane		b								
scellaneo Revenue		с								
Miscellaneous Revenue	1	d	All other revenue							
Σ			Total. Add lines 11a-11d							
	12		Total revenue. See instruction				788,158.	0.	0.	1,931.
33200										Form 990 (2023)
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WORD MADE FLESH, INC. Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons	e or note to any line in t (A)		(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	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				
0	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	350,240.	350,240.		
1	Benefits paid to or for members	,	,		
5	Compensation of current officers, directors,				
-	trustees, and key employees				
3	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	216,792.	127,018.	89,774.	
3	Pension plan accruals and contributions (include	,			
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	21,096.	20,164.	932.	
)	Payroll taxes	17,044.	10,133.	6,911.	
1	Fees for services (nonemployees):				
а	Management				
b	Legal				
с	Accounting	4,937.	4,066.	871.	
d	Lobbying				
е	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.)	9,777.	8,051.	1,726.	
2	Advertising and promotion				
3	Office expenses	15,690.	13,217.	2,473.	
4	Information technology				
5	Royalties				
6	Occupancy	6,693.	5,512.	1,181.	
7	Travel	28,689.	23,625.	5,064.	
В	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	730.	516.	214.	
D	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	4.	3.	1.	
3	Insurance	6,804.	5,603.	1,201.	
ļ	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	131,016.	110,368.	20,648.	
b	SHORT TERM PROJECTS	62,600.	60,334.	2,266.	
с	AWARENESS	10,165.	8,371.	1,794.	
d	OTHER MISC EXPENSES	5,776.	5,776.		
е	All other expenses	125.	103.	22.	
;	Total functional expenses. Add lines 1 through 24e	888,178.	753,100.	135,078.	
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	aducational compaign and fundraising coligitation		I		

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Form 990 (2023)

Check here

educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

2023.05000 WORD MADE FLESH, INC.

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		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	241,101.	1	188,605.
	2	Savings and temporary cash investments	166,421.	2	110,002.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 2,275	•		
	b	Less: accumulated depreciation 10b 2,269	. 10.	10c	6.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	298,613.
	17	Accounts payable and accrued expenses	4,870.	17	-3,028.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
dei.		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X		05	
	00	of Schedule D	4,870.	25 26	-3,028.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here X	4,070•	20	5,020.
Se		and complete lines 27, 28, 32, and 33.			
nce	27	Net assets without donor restrictions	402,662.	27	301,641.
3ala	28	Net assets with donor restrictions	102/0020	28	
Б	20	Organizations that do not follow FASB ASC 958, check here		20	
Fur		and complete lines 29 through 33.			
ç	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	402,662.	32	301,641.
2	33	Total liabilities and net assets/fund balances	407,532.	33	298,613.
			·		Form 990 (2023)

11

WORD MADE FLESH, INC.

Form	WORD MADE FLESH, INC.	58-1	967768	Pag	_{ge} 12
Pa	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	788	,1!	58.
2	Total expenses (must equal Part IX, column (A), line 25)	2	888	,1'	78.
3	Revenue less expenses. Subtract line 2 from line 1	3	-100	, 02	20.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	402	,60	62.
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	-1	.,0(01.
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	301	.,64	<u>41.</u>
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 Cash Corual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		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	e 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	e audit,			
	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	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>3a</u>		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			200	

Form **990** (2023)

332012 12-21-23

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2023
Open to Public Inspection

Name	of the	organization
------	--------	--------------

Nan	ne of t	the organization							identification number
			MADE FLESI						8-1967768
Pa	rt I	Reason for Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of chu	urches, or associatio	n of churches described	l in sectio	on 170(b)(1	l)(A)(i).		
2		A school described in secti	on 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).		
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	llege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C			-				
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).		
	X	An organization that normal	-					ne general i	oublic described in
•		section 170(b)(1)(A)(vi). (Co	•		on a gov			ie general j	
8		A community trust describe		(1)(A)(vi) (Complete Par	+ 11)				
9	H	An agricultural research org			-	ad in coniu	unction with a	land-grant	college
5		or university or a non-land-g				-		-	-
		university:	and conege of agrico			name, ony	, and state of	the college	
10		An organization that normal		than 33 1/304 of its supr	ort from o	ontributior	ne momborsh	in food and	d groce receipte from
10		activities related to its exem							
				•	• •			••	•
		income and unrelated busin		(less section 511 tax) fro	om busines	ses acqui	rea by the org	janization a	Inter June 30, 1975.
		See section 509(a)(2). (Cor	-		(
11	\square	An organization organized a	-	•	•				
12		An organization organized a	-	•	-			•	
		more publicly supported org	-						Sneck the box on
		lines 12a through 12d that o				-		-	
а		Type I. A supporting orga			• • • •	-			
		the supported organization			majority c	of the direc	tors or truste	es of the su	ipporting
		organization. You must c	-						
b		Type II. A supporting orga	-				-		•
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functional	ly integrate	ed with,
		its supported organization	n(s) (see instructions)). You must complete I	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	ith its suppor	ted organiz	zation(s)
		that is not functionally inte	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	an attentiv	/eness
		requirement (see instructi	ons). You must con	nplete Part IV, Sections	A and D,	and Part	v .		
е		Check this box if the orga	inization received a v	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III	
		functionally integrated, or	Type III non-function	nally integrated supporting	ng organiz	ation.			
f	Ente	er the number of supported o	rganizations						
g		vide the following information							
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the organized in your governing	anization listed ing document?	(v) Amount of	-	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
_									
_									
Tota	ıl								

Schedule A	Eorm	000	0000
Schedule A		990) 2023

5	8 –	1	9	6	7	7	6	8	Page 2
---	-----	---	---	---	---	---	---	---	--------

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

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

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1150064.	1193298.	1200669.	1014082.	788,157.	5346270.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1150064.	1193298.	1200669.	1014082.	788,157.	5346270.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						5346270.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	1150064.	1193298.	1200669.	1014082.	788,157.	5346270.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	0.045	0 1 1 0	405	0.7.4	1 0 0 1	
	and income from similar sources	2,245.	2,118.	427.	874.	1,931.	7,595.
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						
	assets (Explain in Part VI.)						E2E206E
	Total support. Add lines 7 through 10		<u>```</u>				5353865.
12			,				54,247.
13	First 5 years. If the Form 990 is for th	-					
Ser	organization, check this box and stor ction C. Computation of Publi		-				
				olumn (f))		14	99.86 %
	Public support percentage for 2023 (I Public support percentage from 2022		-			15	<u>99.86 %</u> 99.64 %
	33 1/3% support test - 2023. If the c						
108	stop here. The organization qualifies	-					37
r	33 1/3% support test - 2022. If the c		•			or more, check thi	
	and stop here. The organization qual	•				-	
17:	10% -facts-and-circumstances test					nd line 14 is 10% (
170	and if the organization meets the fact						
	meets the facts-and-circumstances te			-			
h	10% -facts-and-circumstances test	0	•	,	•		
~	more, and if the organization meets th						, • •.
	organization meets the facts-and-circu				• •		
18	Private foundation. If the organizatio		•				
			,	. , ,			(Form 990) 2023

332022 12-21-23

Schedule A	Form	990) 2023

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.)

26	ction A. Public Support					<u> </u>	
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (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						
~	o						<u> </u>
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	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.)						
	ction B. Total Support		•	•	•	•	
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (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						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for th	ne organization's fi	rst. second third	fourth, or fifth tax	vear as a section 5	- 	ization.
•••	check this box and stop here	•				.,.,	·
See	ction C. Computation of Publi	ic Support Per	centage				
	Public support percentage for 2023 (column (f))		15	%
16	Public support percentage from 2022			.,,		16	%
	ction D. Computation of Inves						
	Investment income percentage for 20		•	ne 13. column (f))		17	%
18	Investment income percentage from					18	%
	33 1/3% support tests - 2023. If the						
	more than 33 1/3%, check this box a						
٢	33 1/3% support tests - 2022. If the						
Ĺ	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	23 12-21-23		<u>557 61 mile 14, 18</u>	a, 51 100, 0100K t			lule A (Form 990) 2023
5520			15			Coned	

2023.05000 WORD MADE FLESH, INC.

1

2

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

332024 12-21-23

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

16

Part IV Supporting Organ	izations /	aantinuaa	J)
Schedule A (Form 990) 2023	WORD	MADE	FLESH,

			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? 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			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			

INC.

	l, or controlled			
Section C. T	vde II Subb	ortina Uraa	anizations	

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

Section D.	All Type I	II 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	e organization used to satisi	y the Integral Part Test during	the year (see instructions).
---	---	-------------------------------	---------------------------------	------------------------------

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

С		The organization supported a governmental entity.	Describe in Part VI how	you supported a	governmental entity	(see instructions).
---	--	---	-------------------------	-----------------	---------------------	---------------------

17

- 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. 332025 12-21-23

3b Schedule A (Form 990) 2023

2a

2b

3a

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2023.05000 WORD MADE FLESH, INC.

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Yes No

1							
	All other Type III non-functionally integrated supporting organizations mu	<u>ist complete S</u>	Sections A through E.				
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
а	Average monthly value of securities	1a					
	Average monthly cash balances	1b					
	Fair market value of other non-exempt-use assets	1c					
	Total (add lines 1a, 1b, and 1c)	1d					
	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					
8	Minimum Asset Amount (add line 7 to line 6)	•					
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-function	ally integrated	Type III supporting orga	inization (see			

Schedule A (Form 990) 2023 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

WORD MADE FLESH, INC.

58-1967768 Page 6

Schedule A (Form 990) 2023

332026 12-21-23

instructions).

d Excess from 2022 e Excess from 2023

1 Amounts paid to supported organizations to accomplish exempt purposes

Section D - Distributions

2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	3			
4	Amounts paid to acquire exempt-use assets	4			
5	Qualified set-aside amounts (prior IRS approval required - pro	5			
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	ns	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2019				
b	Excess from 2020				
^	Excess from 2021				

Schedule A (Form 990) 2023

1

Current Year

Schedule A	(Form 990) 2023	WORD	MADE	FLESH,	INC.			58-196776	58 Page
Part VI	Part IV, Section A, line 1; Part IV, Sec Section D, lines 5,	lines 1, 2, 3b, 3c, tion D, lines 2 and	4b, 4c, 5a I 3; Part IV,	, 6, 9a, 9b, 90 Section E, lir	c, 11a, 11b, nes 1c, 2a, :	and 11c; Part IV, 2b, 3a, and 3b; Pa	Section B, lines art V, line 1; Part	or 17b; Part III, line 12 1 and 2; Part IV, Sec V, Section B, line 1e onal information.	tion C,
	(See instructions.)								
32028 12-21-2	3				20			Schedule A (For	m 990) 202

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

. ..

Internal Revenue Service

Name of the organization

. .

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. 2023

Employer identification number

58-1967768

Organization type (check of	ne):
Filers of:	Section:
Form 990 or 990-EZ	X 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.

WORD MADE FLESH,

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 for an *exclusively* set is the set of the parts unless totaling the year for an *exclusively* for the parts unless totaling \$5,000 or more during the year for an *exclusively* set is the set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless total set of the parts unless the set of the parts unless total set

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).

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

Schedule B (Form 990) (2023)

WORD MADE FLESH, INC.

Name of organization

Employer identification number

58-1967768

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	lai space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HOPE UNIVERSAL INC. PO BOX 1349 SENECA, SC 29679	\$ <u>31,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	<u>LAURA L JAGER</u> <u>316 EAGLE STREET</u> <u>SOUTH HAVEN, MI 49090</u>	\$40,400.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	GRACE COMMUNITY CHURCH OF SEAL BEACH 138 8TH STREET SEAL BEACH, CA 90740	\$\$18,689.	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		Total contributions	Type of contribution Person Payroll Noncash (Complete Part II for
No.	Name, address, and ZIP + 4	Total contributions - \$	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d)
No.	Name, address, and ZIP + 4	Total contributions - \$	Type of contribution Person Payroll Payroll Payroll Noncash Payroll (Complete Part II for noncash contributions.) (Complete Part II for (d) Type of contribution Person Payroll Noncash Payroll Payroll Noncash Payroll Payroll Payroll Noncash Payroll Payroll Payroll Payroll Noncash Payroll Payroll Payroll Payroll Payroll Payroll Payroll Payroll
No. (a) No. (a)	Name, address, and ZIP + 4	Total contributions - \$ - \$ - (c) Total contributions - \$ - \$ - (c)	Type of contribution Person

08091115 310879 120860

2023.05000 WORD MADE FLESH, INC.

120860_1

Name of organization

Page **3**

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

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2023.05000 WORD MADE FLESH, INC.

23

from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations	lame of orga	nization			Employer identification number				
Part III Exclusively reliquous, charattalis, etc., contributions to organizations described in section 59 (c)7(, (b), or (10) fatto and one than \$1,000 for the year organizations described in section 59 (c)7(, (b), or (10) fatto and one than \$1,000 for the year organizations described in section 59 (c)7(, (b), or (10) fatto and one than \$1,000 for the year organizations described in section 59 (c)7(, (b), or (10) fatto and one than \$1,000 for the year organizations described in section 59 (c)7(, (b), or (10) fatto and one than \$1,000 for the year organizations described in section 59 (c)7(, (b), or (10) fatto and one than \$1,000 for the year organizations described in section 59 (c)7(, (b), or (10) fatto and one than \$1,000 for the year organizations described in section 59 (c)7(, (b), or (10) fatto and one than \$1,000 for the year organizations described in section 59 (c)7(, (b), or (10) fatto and one than \$1,000 for the year organizations described in section 59 (c)7(, (b), or (10) fatto and one than \$1,000 for the year organizations described in section 59 (c)7(, (b), or (10) fatto and one than \$1,000 for the year organizations described in section 59 (c)7(, (b), or (10) fatto and one than \$1,000 for the year organization and one than \$1,000 for the year organizations described in section 59 (c) (a) and (b) and (c) and	IORD MA	DE FLESH INC.			58-1967768				
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Part I Contraction	_								
Part I Control	(a) No.								
	from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held				
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Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee		(e) Transfer of gift							
Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee		_							
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	-								

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2023.05000 WORD MADE FLESH, INC. 120860_1

SCHEDULE (Grom 990)	60		Supplement	al Financial Statements		OMB No. 1545-0047		
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 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 2d 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 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. c) Revenue included on Form 990, Part X f 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: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X<th></th><th>-</th><th></th><th>halda0</th><th></th><th>Yes No</th>		-		halda0		Yes No		
 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 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	6	Staff and voluntee	r hours devoted to monitoring, inspecting,					
 Boes each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No 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 the following amounts relating to these items. (i) Revenue included on Form 990, Part X [III, line 1 \$								
 and section 170(h)(4)(B)(ii)?	7	Amount of expens	es incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conservation eas	ement	s during the year		
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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 \$ 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: <th></th> <th>and section 170(h)</th> <th>(4)(B)(ii)?</th> <th></th> <th></th> <th> Yes No</th>		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 the following amounts relating to 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 similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a a Revenue included on Form 990, Part X	9	In Part XIII, describ	be how the organization reports conservation	on easements in its revenue and expense stateme	ent and	Ł		
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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: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X b Assets included in Form 990, Part X c \$ c \$ <		of art, historical tre	easures, or other similar assets held for put	blic exhibition, education, or research in furtherand	ce of p	ublic		
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b Assets included in Form 990, Part X \$ LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. \$ Schedule D (Form 990) 2023		-		-				
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Par	t III Organizations Maintaining C	ollections of A	rt, Hist	orical Tre	asures, o	r Other S	Similar Ass	ets _{(con}	tinued))
3	Using the organization's acquisition, accessi	on, and other record	ls, checł	k any of the f	ollowing that	: make sigr	ificant use of	its		
	collection items (check all that apply).									
а	Public exhibition		d 🗌	Loan or exc	hange progra	am				
b	Scholarly research		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	ne organizatio	on's exemp	t purpose in F	Part XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, hi	storical treas	sures, or othe	er similar as	ssets			
_	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran	•	ete if the	organizatior	n answered ""	Yes" on Fo	rm 990, Part I	V, line 9, c	r	
	reported an amount on Form 990, Pa	rt X, line 21.								
1 a	Is the organization an agent, trustee, custodi							_	_	_
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:						
								Amou	Int	
С	Beginning balance						1c			
d	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance									
	Did the organization include an amount on Fe					-	?	Yes		No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds Complete if								L	
1 41		(a) Current year		Prior year	(c) Two year) Three years b	ack (a) Fr		e hack
4				nor year					ui yoai	3 DUCK
1a ⊾	Beginning of year balance									
u o	Contributions									
C A	Net investment earnings, gains, and losses									
a	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
	Administrative expenses End of year balance									
g 2	End of year balance Provide the estimated percentage of the curr	ent year end balanc	l o (lino 1)	a column (a)) held as:					
2	Board designated or quasi-endowment		% %	g, column (a)	neiu as.					
a h	Permanent endowment	%	/0							
с С		%								
v	The percentages on lines 2a, 2b, and 2c sho	•								
39	Are there endowment funds not in the posse		ation the	at are held ar	nd administer	ed for the				
ou	organization by:								Yes	No
	(i) Unrelated organizations?							3a(i		
b	If "Yes" on line 3a(ii), are the related organiza									
4	Describe in Part XIII the intended uses of the									1
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 99	0, Part IV	/, line 11a. S	ee Form 990	, Part X, lin	e 10.			
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) Acc	umulated	(d) Bo	ok val	ue
		basis (invest	ment)	basis	(other)	depre	eciation	.,		
1a	Land									
b	Buildings									
с	Leasehold improvements									
	Equipment									
	Other				2,275.		2,269.			6.
	. Add lines 1a through 1e. (Column (d) must e		X. line 1	•						6.
		-						dule D (Fo	rm 990) 2023

Dart VII	Invocto	nonte -	Other Sec	urition		
Schedule I	D (Form 990) 2023	WORD	MADE	FLESH,	INC

(a) Description of security or category (including name of security)	(b) Book value	11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end-o	
(4) Einen siel der institute	(b) BOOK value	(c) Method of Valuation. Cost of end-	or-year market value
 Financial derivatives Closely held equity interests 			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
· /			
(2)			
(2)			
(2) (3)			
(2) (3) (4)			
(2) (3) (4) (5) (6) (7)			
(2) (3) (4) (5) (6) (7) (8)			
(2) (3) (4) (5) (6) (7) (8) (9)			
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(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" of Complete if the organization answered "Yes" of			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" of 1. (a) Description of liability			(b) Book value
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(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (8)			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)			(b) Book value

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

Schedule D (Form 990) 2023

332053 09-28-23

Sche	dule D (Form 990) 2023 WORD MADE FLESH, INC.		58-1967768 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stat	tements With Reven	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 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	Other (Describe in Part XIII.)	2d	
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		
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 Sta	atements With Exper	nses per Return
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 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:	1 1	
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:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	<u>4</u> a	
	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 1	8.)	
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.

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332054 09-28-23

SCHEDULE F	Stateme	OMB No. 1545-0047				
	Complete if the	or 16.	2023			
Department of the Treasury Internal Revenue Service	Gotow	ww.irs.cov/Form	Attach to Form 990. 1990 for instructions and the latest	information		Open to Public Inspection
Name of the organization		ww.ii3.gov/i om				dentification number
	TNO				F0 10C	7760
WORD MADE FLESH Part I General Infor	, INC.	ctivities Out	side the United States. Comp	ete if the organ	58-196	//00 red "Ves" on
Form 990, Part IV				ete il the olgai		
•	•		ds to substantiate the amount of its gra the selection criteria used to award the			Yes X No
2 For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and ot	her assistance	outside the
			an be duplicated if additional space is r	1		
(a) Region	(b) Number of offices	(c) Number of employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro-		vity listed in (d gram service,) (f) Total expenditures
	in the region	agents, and independent	gram services, investments, grants to	describe	e specific type	l investments
		contractors in the region	recipients located in the region)	of service	(s) in the regio	n in the region
				AT-RISK WOM	IEN AND	
SOUTH AMERICA	3	4	PROGRAM SERVICES	CHILDREN		85,892.
SOUTH ASIA	2	0	PROGRAM SERVICES	AT-RISK WOM CHILDREN	IEN AND	15,000.
EAST ASIA AND				AT-RISK WOM	IEN AND	45.001
PACIFIC	1	1	PROGRAM SERVICES	CHILDREN		47,881.
				AT-RISK WOM	IEN AND	
EUROPE	3	7	PROGRAM SERVICES	CHILDREN		261,599.
				AT-RISK WOM	IEN AND	
AFRICA	3	5	PROGRAM SERVICES	CHILDREN		175,692.
3 a Subtotal	12	17				586,064.
b Total from continuation						
sheets to Part I	0	0				0.
c Totals (add lines 3a and 3b)	12	17				586,064.

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

Schedule F (Form 990) 2023

LHA 332071 11-29-23

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	PROGRAM SERVICES	56,652.	WIRE TFR	0.		
		SOUTH ASIA	PROGRAM SERVICES	15,000.	WIRE TFR	0.		
				150.045				
		EUROPE	PROGRAM SERVICES	150,945.	WIRE TFR	0.		
		AFRICA	PROGRAM SERVICES	121,732.	WIRE TFR	٥.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax

exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2023

Schedule F (Form 990) 2023

rt III	Grants and Other Assistance to Individuals Outside the United States.	Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
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Part III can be duplicated if a	dditional space is needed	J.					
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

58-1967768

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 the 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 the 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 the 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 the 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 the 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 the Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2023

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)

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

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

WORD MADE FLESH,

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

INC.

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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2023.05000 WORD MADE FLESH, INC.

2023 DEPRECIATION AND AMORTIZATION REPORT

FOI

FORM 99	00 PAGE 10							990							
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line 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
1	OTHER	VARIOUS	200DB	5.00	нү	17	2,275.				2,275.	2,265.		4.	2,269.
	* TOTAL 990 PAGE 10 DEPR						2,275.				2,275.	2,265.		4.	2,269.

328111 04-01-23

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone