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# For the tax year ended: December 31, 2024

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PUBLIC INSPECTION COPY

## **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.

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

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

A	For the	2024 calendar year, or tax year beginning and endin	ng		•	
В	Check if applicable	C Name of organization		D Employer identific	cation number	
	Addres	e   unitolatingword				
	Name change	Doing business as	14-18889	77		
Ļ	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone numbe			
	Final return/ termin	13485 Veterans Way, Suite 460		407-900-		
_	ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	10,663,044.	
Ļ	Ameno return Applic	Offando, Fil 52027		H(a) Is this a group re		
	tion pendir	F Name and address of principal officer: David Reeves		for subordinates		
_		same as c above	1	<b>H(b)</b> Are all subordinates in		
		empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or	<u></u> 527	i '	list. See instructions	
	Websit			H(c) Group exemptio		
	art I	organization: X Corporation Trust Association Other L Summary	_ Year c	of formation: 2003 N	1 State of legal domicile: MT	
		Briefly describe the organization's mission or most significant activities: The Organization	ani	zation exig	tg to gee	
Se	1	the Church in every People Group and the Bi	ble	in Every L	anguage.	
Governance	2	Check this box if the organization discontinued its operations or disposed of				
Ver	3	Number of voting members of the governing body (Part VI, line 1a)		1 1	6	
ဗိ	4	Number of independent voting members of the governing body (Part VI, line 1a)			5	
დ თ		Total number of individuals employed in calendar year 2024 (Part V, line 2a)			33	
iŧ	6	Total number of volunteers (estimate if necessary)			15	
Activities	7a	Total unrelated business revenue from Part VIII, column (C), line 12			0.	
ď	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.	
_	† ~	The difference business taxable meeting from 10111 5111 555 1,1 are 1, mile 11	1	Prior Year	Current Year	
ø	8	Contributions and grants (Part VIII, line 1h)		10,963,004.	10,641,532.	
Revenue	9	Program service revenue (Part VIII, line 2g)	·	0.	0.	
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		387.	6,860.	
<b>~</b>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		13,036.	14,652.	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		10,976,427.	10,663,044.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	2,048.	
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,669,928.	2,626,719.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
Эdх	b	Total fundraising expenses (Part IX, column (D), line 25)1,073,871.				
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		8,153,830.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		10,823,758.	9,818,631.	
	19	Revenue less expenses. Subtract line 18 from line 12		152,669.	844,413.	
S OF	200		Beg	ginning of Current Year	End of Year	
Sset	20	Total assets (Part X, line 16)		2,970,780.	3,524,553.	
Net Assets or	21	Total liabilities (Part X, line 26)		1,530,644.	1,240,004.	
		Net assets or fund balances. Subtract line 21 from line 20		1,440,136.	2,284,549.	
	art II	Signature Block	ototomo	anta and to the best of m	uknowledge and balish it is	
		lties of perjury, I declare that I have examined this return, including accompanying schedules and s t, and complete. Declaration of preparer (other than officer) is based on all information of which pr			y Knowledge and Deller, it is	
uu	5, 001160	t, and complete. Decidiation of preparet (other than officer) is based on an information of which pri	ерагег	lias ally kilowicuge.		
e:	· n	Signature of officer		I Date		
Sig He		David Reeves, President & CEO				
Type or print name and title						
_		Preparer's name Preparer's signature	D	Date Check	PTIN	
Pa	id	Michele M. Wales, CPA Wulle W Wales	0	4/21/25 if self-employs	P00428093	
	parer	Firm's name Batts Morrison Wales & Lee, P.A.		Firm's EIN 2	0-4193611	
	e Only	Firm's address 801 North Orange Avenue, Suite 800				
	•	Orlando, FL 32801		Phone no.40	7-770-6000	
Ma	y the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No	
		Paperwork Reduction Act Notice, see the separate instructions. 432001 12-10-24	4		Form <b>990</b> (2024)	

Par	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	The Organization exists to see the Church in every People Group and
	the Bible in Every Language. The Organization catalyzes and equips
	church networks so that they are empowered and successful in reaching
	the least reached.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 3,912,884 • including grants of \$ 2,048 • ) (Revenue \$
	Whole Bible Whole Nation (WBWN): The Whole Bible for the Whole Nation
	(WBWN) portfolio is designed to equip and empower church networks to
	reach underrepresented people groups by expanding ministry efforts,
	training leaders, and facilitating Bible translation. Its primary focus
	is on building capacity, enabling churches to continue planting new
	congregations, and developing maturity through the translation of
	scripture. Supporting holistic development, the WBWN strategy addresses
	various needs and promotes ownership and sustainability. It aims to
	reduce reliance on external support by providing stewardship training
	and encouraging long-term planning. One of the Organization's
	objectives for this portfolio is to demonstrate that Church-Centric
	Bible Translation (CCBT) is an effective strategy in each major region
4b	(Code:) (Expenses \$1, 466, 298 •including grants of \$) (Revenue \$)
	Strategic Language Resources: The Strategic Language Resources (SLR)
	portfolio aims to address the resource gaps and challenges that impede
	Bible translation, particularly in unreached communities. It provides
	open-licensed and accessible resources and tools to empower local
	church networks to lead translation efforts. This approach ensures
	sustainable access to Scripture in the languages that resonate most
	with these communities. The portfolio focuses on several key needs,
	including equipping church networks with resources to reach unreached
	people groups and translate the Bible into their heart languages. It
	also aims to enhance accessibility by providing unrestricted access to
	Bible translation sources and training materials for the global church
	in languages they understand. Additionally, it seeks to overcome
4c	(Code:) (Expenses \$1, 426, 094 • including grants of \$) (Revenue \$)
	Technology: The Tools and Technology portfolio addresses the critical
	shortage of accessible, self-service Bible translation tools for church
	networks in under-resourced and restricted-access areas. It also
	highlights the need for global software developers to engage in this
	ministry. Current translation tools often require advanced
	technological infrastructure, formal training, and external oversight,
	creating barriers for many language communities that desire Scripture
	in their heart language. Key issues being addressed include the
	spiritual needs of people who do not have access to a complete Bible,
	technological obstacles, and the fact that existing Bible translation
	tools typically require internet access, consultants, and complex
	software. These requirements make them inaccessible to churches in
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 375,676 • including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 7,180,952.

# Form 990 (2024) unfoldingWord 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			, v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			٠,,
	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			X
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	9		x
10	If "Yes," complete Schedule D, Part IV  Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		22
10	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	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		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			٠,,
_	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	44.1	Х	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	X	
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	1 ie	21	
'	the organization's separate of 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	Х	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			_ v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	16		х
17	or for foreign individuals? <i>If</i> "Yes," complete Schedule F, Parts III and IV  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

# Form 990 (2024) unfoldingWord Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		37	
	Schedule J	23	Х	
24 a	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	<b> </b>		
	Schedule K. If "No," go to line 25a	24a		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	١.,		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			Х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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	051		Х
00	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	00		Х
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		Х
28	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	21		21
20				
	instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а		28a		х
h	"Yes," complete Schedule L, Part IV  A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Х	
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f	200		
·	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
00	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?// "Yes," complete	<u> </u>		
<b>0</b> _	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
-	Part V, line 1	34		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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		
36	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		х
37	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		Х
38	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	Х	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

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

28 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, 160 of the tocaledard year ending with or within the year covered by the return 2 3 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					Yes	No
b If a least one is reported on line 2a, did the organization fiel air required federal employment tax returns?  2b X  3c Did the organization have unreturated business gross income of \$1,000 or more during the year?  3c Did the organization have unreturated business gross income of \$1,000 or more during the year?  3c A vary time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a shark account, securities account, or other financial accounts (FBAR).  3c If Yes, "enter the name of the foreign country See instructions for filing requirements for FinCNF Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  3c Was the organization a party to a prohibitod tax shelter transaction at any time during the tax year?  3c Did any taxable party notify the organization that it was or is a party to a prohibitod tax shelter transaction?  3c Did was the organization and party to a prohibitod tax shelter transaction?  3c Did was the organization and party to a prohibitod tax shelter transaction?  3c Did was the organization and party to a prohibitod tax shelter transaction?  3c Did was the organization and party to a prohibitod tax shelter transaction?  3c Did was the organization and party to a prohibitod tax shelter transaction?  3c Did was the organization and party to a prohibitod tax shelter transaction?  3c Did was the organization and party the organization file form 8886.7  3c Did was the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  3c Did the organization received appeared in excess of Sr made party as combination and party for goods and services provided to the papear?  3c Did the organization received appeared in excess of Sr made party as combination and party for goods and services provided to the papeared to file form 8882 filed during the year  3c Did the organization services a payment in excess of Sr made party as c	2a		22			
38 Dit the organization have unrelated business gross income of \$1,000 or more during the year?  39 If "Yes," has it filed a Form 990-T for this year? If "No" to line 30, provide an explanation on Schedule O 30 At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  50 If "Yes," interes the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  50 Was the organization party to a prohibited tax shelter fransaction at any time during the tax year?  51 Was the organization aparty to a prohibited tax shelter fransaction of a financial accounts (FBAR).  52 Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  53 Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible as charitable contributions or gifts were not tax deductible?  54 Organization that may receive deductible contributions under section 170(c).  55 Ut "Yes," of did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  55 Organization that may receive deductible contributions under section 170(c).  56 Ut "Yes," include organization that the value of the goods or services provided?  57 Vas Ut "Yes," indicate the number of Forms 8282 filed during the year.  58 Ut "Yes," indicate the number of Forms 8282 filed during the year.  59 Ut the organization received a contribution of qualified intellectual property, did the organization file a Form 1990 or the value of the goods or express provided or the property of the organization received a contribution of quali		· · · · · · · · · · · · · · · · · · ·		ł	v	
b If Yes, "fast it filled a Form 980-1 for this year? If 'No' 10 files 3b, provide an explanation on Schedule O  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountity or the security of the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any scalable party norify the organization tile form 8886-77  6c Does the organization and party to a prohibited tax shelter transaction?  5b Di X X  6c If 'Yes' to line 5a or 5b, did the organization file Form 8886-77  6c Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c Difference of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c Difference of the organization receive a payment in excess of 575 made party sa s confibration and party for goods and services provided to the payor?  6d Difference of the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7c X  7d If 'Yes,' did the organization creeived any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7e Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7r X X  7r Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7r Did the organization received any funds, directly or indirectly, to pay premiums on a person	_				Λ	v
4a A arry time during the calendary year, dot the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts?  b if "Yes," enter the name of the foreign country  5a Was the organization party to a prohibited tax shelter transaction at any time during the tax year?  5b Was the organization apply to a prohibited tax shelter transaction at any time during the tax year?  5c If "Yes" to line 5a or 5b, did the organization file from 8886".  6c If "Yes" to line 5a or 5b, did the organization from 8867 from 8867.  6d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles as charitable contributions?  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles.  7 Organizations that may receive deductible contributions under section 170(c).  a If the organization receive a payment in excess of \$75 mate party is a combibution and party for goods and services provided to the payor?  7 Organizations that may receive deductible contributions under section 170(c).  b If "Yes," indicate the number of Forms 8282 filed during the year  10 bit the organization received a contribution of upon the year, pay premiums on a personal benefit contract?  10 bit the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file \$70 to 100 the year, pay premiums, directly or indirectly, to pay premium or approach give a prome \$800 service) and \$70 to 100 the sponsoring organizations make and stallided intellectual property, did the organization file a Form 1008-C7  8 Sponsoring organizations make any taxified intellectual property, did the organization file a Form 1008-C7  8 Section 501(c) 7 organizations included on Part VIII, line 12  b Gross recome from their source,						
francial account in a foreign country (such as a bank account, securities account, or other financial account)?  b if "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Dd any stateb party notify the organization file form 888677  6c If "Yes" to line 5a or 5b, did the organization file Form 888677  6d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  6 b If the "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  6 b If the "Yes," did the organization notify the donor of the value of the goods or services provided?  7 D If the "Yes," did the organization prohibition and party for goods and services provided to the payor?  7 D If the "Yes," did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 D If the organization receive any contribution of qualified intellectual property, did the organization file Form 88082 required?  7 D If the organization received an contribution of cards both and the property, did the organization file Form 1980 as required?  7 D If the organization received an contribution of cards both and the property of the organization file Form 1980 CP Pinc 1980				36		
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See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5 Was the organization a party to a prohibited tax shelter transaction?  5 Was the organization approach to a prohibited tax shelter transaction?  5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5 Did any taxable party notify the organization file Form 8886 17  6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6 Different organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Different organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7 Organizations that may receive deductible contributions under section 170(c).  9 Did the organization receive apayment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7 Organization stranger and property for which it was required to file Form 8282?  10 Did the organization member of Forms 8282 filed during the year  11 Did the organization member of Forms 8282 filed during the year  12 Did the organization received a contribution of qualified intellectual property, did the organization file a form 1098-C7  13 Did the organization received a contribution of qualified intellectual property, did the organization file a form 1098-C7  14 Did the organization has a distribution of cars, boats, airplanes, or other vehicles, did the organization file a form 1098-C7  15 Sponsoring organization has a distribution of cars, boats, airplanes, or other vehicles, did the organization file a form 1098-C7  15 Did the sponsoring organization maintaining domor advised funds.	<b>L</b>		account)?	4a		22
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a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  110 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b 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. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13c  14a Did the organization receive any payments for indoor tanning services during the tax year? 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 If "Yes," see the instructions and file Form 4720, Schedule N.  15 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 15 X 16 "Yes," complete Form 4720, Schedule O.  17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4953?	_			8		
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that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		tivities			
				17		
		If "Yes," complete Form 6069.				

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			X				
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>5</u>						
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	_						
b	Enter the number of voting members included on line 1a, above, who are independent	5						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, trustees, or key employees to a management company or other person?	3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х				
6	Did the organization have members or stockholders?	6		Х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
	more members of the governing body?	7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?	7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	X					
b	Each committee with authority to act on behalf of the governing body?	8b		X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х					
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	on Schedule O how this was done	12c	Х					
13	Did the organization have a written whistleblower policy?	13	X					
14	Did the organization have a written document retention and destruction policy?	14	Х					
15	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a	Х					
b	Other officers or key employees of the organization	15b	Х					
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	16a		Х				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b						
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed AK, CA, CO, CT, DC, FL, GA, HI, M	A,ME	,MI	, MN				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(							
	for public inspection. Indicate how you made these available. Check all that apply.	•						
	X Own website Another's website X Upon request Other (explain on Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd fina	ncial					
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's books and records							
	James Ungaro - 407-900-3005							
	13485 Veterans Way, Suite 460, Orlando, FL 32827							

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#### Form 990 (2024) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization n	or any related	orga	aniza	ation	cor	npei	nsat	ted any current officer, o	director, or trustee.	
(A)	(B)			((	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	unless person is both an cer and a director/trustee)			h an	compensation	compensation	amount of
	week	_	CCI ai	lu a u	liecic	)/ ii us	100)	from	from related	other 
	(list any	irecto						the	organizations (W-2/1099-MISC/	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	1099-NEC)	from the organization
	organizations	Individual trustee or director	Institutional trustee		yee	mpen		1099-NEC)	1000 (120)	and related
	below	dual	ution	_	Key employee	est co byee	er			organizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Form			
(1) David Reeves	40.00									
President & CEO		Х		X				143,133.	0.	54,530.
(2) Timothy Jore	40.00									
Innovation & Strategy	0.00					Х		149,724.	0.	4,588.
(3) Christopher Klapp	40.00									
Research & Development	0.00					Х		136,947.	0.	4,108.
(4) Letisia Vendrell	40.00								_	_
СДО	0.00					Х		140,000.	0.	0.
(5) Eric Steggerda	40.00							400 506		4 0 7 4
Field Networks	0.00					Х		132,586.	0.	4,074.
(6) Jesse Griffin	40.00							120 200		4 065
<u>coo</u>	0.00					Х		132,300.	0.	4,065.
(7) James Ungaro	40.00			,,				120 442	0	2 275
CFO (began 01/2024)	0.00			Х				132,443.	0.	3,375.
(8) Aaron Erickson	0.80			x				0.	0.	0.
Treasurer & Director (9) Al Anderstrom	0.80	^		^				0.	0.	0.
Secretary		X		x				0.	0.	0.
(10) Max Anders	0.80	^		^				0.	· ·	0.
Vice Chairman		Х		x				0.	0.	0.
(11) Michael Vos	0.80							0.	0.	0.
Chairman	0.00	x		x				0.	0.	0.
(12) Joel Hunter	0.80									
Director	0.00	x						0.	0.	0.
_										
				L						

Form **990** (2024) 432007 12-10-24

Pai	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ghe	st C	ompensated Employe	es (continued)			
	(A)	(B)				C)			(D)	(E)		(F)	
	Name and title	Average	(do		Pos		than	one	Reportable	Reportable	Es	timate	ed
		hours per	box	, unle	ss pe	rson i	is bot	h an	compensation	compensation		nount	of
		week (list any				l	1744 43		from the	from related	l	other	.4:
		hours for	direct				P		organization	organizations (W-2/1099-MISC/		pensa om th	
		related	tee or	stee			ensate		(W-2/1099-MISC/	1099-NEC)	l	anizat	
		organizations	Itrus	nal tru		oyee	ompe		1099-NEC)			d relat	
		below line)	ndividual trustee or director	nstitutional trustee	Officer	key employee	Highest compensated employee	Former			orga	anizati	ons
		iii ie)	lnd	lns	₽	Ş.	E E	윤					
1b	Subtotal								967,133.	0.	7	4,7	
С	Total from continuation sheets to Part VI	I, Section A							0.	0.			0.
_d	Total (add lines 1b and 1c)								967,133.	0.	7	4,7	40.
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wł	no re	eceived more than \$100	0,000 of reportable			•
	compensation from the organization												8
										I		Yes	No
3	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>										3		Х
4	For any individual listed on line 1a, is the su										3		
	and related organizations greater than \$150	•							•	•	4	Х	
5	Did any person listed on line 1a receive or a	•				,			•				v
Sac	rendered to the organization? If "Yes," com- tion B. Independent Contractors	piete Schedul	e J f	or su	ıch	pers	son .				5		X
1	Complete this table for your five highest co	mneneated in	dono	anda	nt o	ontr	racto	ore t	hat received more than	\$100,000 of compans	ation t	from	
'	the organization. Report compensation for										aliOH 1	10111	
	the organization. Heport compensation for	u ie caieriuar y	cai (	riul	ng v	VILII	OI W	ru III	i ine organization 5 tax j	year.			

(A) Name and business address	(B) Description of services	(C) Compensation
Far East Broadcasting		
PO Box 1, La Mirada, CA 90637	Translation Work	841,208.
Bridge Connectivity Solutions		
Amberhai Village, Sector 19, Dwarka, INDIA	Translation Work	703,969.
Greater Reach Inc., 27068 La Paz Rd.,		
Suite 726, Aliso Viejo, CA 92656	Translation Work	668,563.
Zenithtek		
28 Whitefoot Crescent Ajax, Toronto, CANADA	Translation Work	603,553.
Stitching 222 Ministry		
Bordes 5, 1315 TN, Almere, NETHERLANDS	Translation Work	561,814.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization 12		

unfoldingWord 14-1888977 Form 990 (2024) Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 10,641,532. 1f g Noncash contributions included in lines 1a-1f 1g \$ 10,641,532 h Total. Add lines 1a-1f **Business Code** Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f ..... Investment income (including dividends, interest, and other similar amounts) 6,860 6,860. Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents ..... **b** Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a **b** Less: cost or other basis Other Revenue and sales expenses ..... 7b c Gain or (loss) \_\_\_\_\_ 7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events

		b	Gross sales of inventory, less returns and allowances 10 Less: cost of goods sold 10 Net income or (loss) from sales of inventory	1				
Ф				Business Code				
	11	а	Other income	900099	14,652.	14,652.		
Revenue		b						
ě		С						
ш		d	All other revenue					
'		е	Total. Add lines 11a-11d		14,652.			
	12		Total revenue. See instructions		10,663,044.	14,652.	0.	6.860.

9b

Miscellaneous

9 a Gross income from gaming activities. See Part IV, line 19
b Less: direct expenses

c Net income or (loss) from gaming activities

## Form 990 (2024) unfoldingWord Part IX Statement of Functional Expenses

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

	Charlet Cabadula Carataina a vanna			<u> </u>	X
-	Check if Schedule O contains a respon	(A)	this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundráising
			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	2,048.	2,048.		
_	and domestic governments. See Part IV, line 21	2,040.	2,040.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	333,302.		333,302.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	56,434.	33,599.	9,524.	13,311. 500,420.
7	Other salaries and wages	2,183,270.	1,289,472.	393,378.	500,420.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	53,713.	26,394.	18,161.	9,158.
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
	Management				
	Legal	11,370.	1,265.	10,105.	
	Accounting	75,439.	,	75,439.	
	Lobbying	.,		,	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch 0.)	5,900,818.	5,339,631.	132,954.	428,233.
40	, , , , , , , , , , , , , , , , , , , ,	22,812.	3,333,031.	132,3310	22,812.
12	Advertising and promotion	86,816.	6,446.	48,988.	31,382.
13	Office expenses	36,485.	20,138.	13,648.	2,699.
14	Information technology	30, 403.	20,130.	13,040.	2,000.
15	Royalties	218,505.	2,376.	216,129.	
16	Occupancy	512,464.	346,785.	105,122.	60,557.
17	Travel	312,404.	340,703.	105,122.	00,557.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	152 166	110 627	24 220	F 200
19	Conferences, conventions, and meetings	152,166.	112,637.	34,230.	5,299.
20	Interest				
21	Payments to affiliates	156 470	1.71	156 200	
22	Depreciation, depletion, and amortization	156,470.	161.	156,309.	
23	Insurance	16,519.		16,519.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а					
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	9,818,631.	7,180,952.	1,563,808.	1,073,871.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					F 000 (000.4)

## Form 990 (2024) Part X Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or r	note to ar	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		123,428.	1	105,173.	
	2	Savings and temporary cash investments			1,457,549.	2	2,334,266.
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net	127,392.	4	34,514.		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqu	alified pe	rsons (as defined			
		under section 4958(f)(1)), and persons descri				6	
sts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	4
⋖	9	Prepaid expenses and deferred charges			51,855.	9	45,029.
	10a	Land, buildings, and equipment: cost or othe		000 000			
		basis. Complete Part VI of Schedule D		833,990.	564 500		406 100
	b	Less: accumulated depreciation		427,808.	564,700.	10c	406,182.
	11	Investments - publicly traded securities		54,502.	11	110,952.	
	12	Investments - other securities. See Part IV, lin			12		
	13	Investments - program-related. See Part IV, lir				13	
	14	Intangible assets		E01 2E4	14	100 127	
	15	Other assets. See Part IV, line 11			591,354. 2,970,780.	15	488,437. 3,524,553.
	16	Total assets. Add lines 1 through 15 (must e			480,737.	16	3,324,333.
	17	Accounts payable and accrued expenses	400,737.	17	300,043.		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20 21	Tax-exempt bond liabilities				20 21	
"	22	Escrow or custodial account liability. Complet				21	
Liabilities	22	Loans and other payables to any current or for trustee, key employee, creator or founder, su					
iliq		controlled entity or family member of any of the				22	
Lis	23	Secured mortgages and notes payable to uni				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lir					
		of Schedule D		· .	1,049,907.	25	939,155.
	26	Total liabilities. Add lines 17 through 25			1,530,644.	26	1,240,004.
		Organizations that follow FASB ASC 958, o					
ces		and complete lines 27, 28, 32, and 33.					
<u>a</u>	27	Net assets without donor restrictions			-702,483.	27	-348,371.
Ва	28	Net assets with donor restrictions			2,142,619.	28	2,632,920.
pun		Organizations that do not follow FASB ASC					
Ę		and complete lines 29 through 33.					
o S	29	Capital stock or trust principal, or current fundamental	ds			29	
sset	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated	l income,	or other funds		31	
Se	32	Total net assets or fund balances			1,440,136.	32	2,284,549.
	33	Total liabilities and net assets/fund balances			2,970,780.	33	3,524,553.

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 3	L0,66		
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,81		
3	Revenue less expenses. Subtract line 2 from line 1	3	84 1,44		13.
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))4				
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,28	4,5	49.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
			_	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	∍ O.			
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	d 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	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	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	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.			
За	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?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
			Form	990	(2024)

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

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

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.

2024

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

unfoldingWord Employer identification number 14-1888977

_			<u> </u>					1 1000377
Pa	rt I	Reason for Public (	Charity Status.	All organizations must o	omplete th	nis part.) S	ee instructions.	
he	organi	zation is not a private found	ation because it is: (	For lines 1 through 12, o	heck only	one box.)		
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2		A school described in secti	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	า 990).)			
3		A hospital or a cooperative	hospital service orga	anization described in <b>s</b> e	ection 170	(b)(1)(A)(ii	ii).	
4		A medical research organiz						the hospital's name,
		city, and state:	•					•
5		An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a g	overnmental unit describ	ped in
_		section 170(b)(1)(A)(iv). (C				, 9		
6		A federal, state, or local gov	· · · · · · · · · · · · · · · · · · ·	nental unit described in	section 17	70/h)/1)/A)	(v)	
	X							nublic described in
′	21	An organization that norma		Titiai part of its support i	rom a gov	emmema	unit or from the general	public described in
_		section 170(b)(1)(A)(vi). (Co		(4VAV 1) (0				
8		A community trust describe						
9		An agricultural research org						
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	/, and state of the colleg	je or
		university:						
10		An organization that norma	lly receives (1) more	than 33 1/3% of its sup	port from (	contributio	ons, membership fees, a	nd gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions;	and (2) no	more than	n 33 1/3% of its support	from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)					
11		An organization organized a	and operated exclus	ively to test for public sa	fety. See	section 50	)9(a)(4).	
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform t	the functio	ons of, or to carry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section :	509(a)(2).	See <b>section 509(a)(3).</b> (	Check the box on
		lines 12a through 12d that	describes the type o	f supporting organizatio	n and com	nplete lines	s 12e, 12f, and 12g.	
а		Type I. A supporting orga	nization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), typically by	giving
		the supported organization						
		organization. You must c	omplete Part IV, Se	ections A and B.				
b		Type II. A supporting orga	-		tion with it	s support	ed organization(s), by ha	avina
		control or management o						
		organization(s). You mus			u p 0.00		manage are ear	
c		Type III functionally inte			in connec	tion with :	and functionally integrat	ed with
·		its supported organization	-					od with,
d		1						ization(a)
u		Type III non-functionally	=					
		that is not functionally int	-		•		=	iveriess
		requirement (see instructi	•	•				
е	L	Check this box if the orga					ı Type I, Type II, Type III	
_		functionally integrated, or		nally integrated support	ing organiz	zation.		
f		r the number of supported of	•					
g		ide the following information  Name of supported			(iv) Is the orga	nization lieted	(a) Amount of monotonic	(vi) Amount of other
	(1	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
		organization		above (see instructions))	Yes	No	Support (See metractions)	support (see instructions)
ota	ıl							

#### 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.)

Sec	ction A. Public Support		i				
Cale	ndar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	5263754.	5920122.	9844959.	10963004.	10641532.	42633371.
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	5060554	5000100	0011050	1006001	40644500	10600000
4	Total. Add lines 1 through 3	5263754.	5920122.	9844959.	10963004.	10641532.	42633371.
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,						1001015
	column (f)						1091317.
	Public support. Subtract line 5 from line 4.						41542054.
	etion B. Total Support	( ) 0000	(1) 0004	( ) 0000	( B 0000	1 ( ) 0004	(0.T.)
	ndar year (or fiscal year beginning in)	(a) 2020 5263754.	(b) 2021 5920122.	(c) 2022 9844959	(d) 2023	(e) 2024	(f) Total 42633371.
	Amounts from line 4	3203734.	3920122.	3044333.	10903004.	10041332.	42033371.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	34.	79.	749.	387.	410.	1,659.
•	and income from similar sources  Net income from unrelated business	71.	7.5.	7 = 7 •	307.	410.	1,000.
9							
	activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	4,338.	8,654.	8,463.	13,036.	14,652.	49,143.
11	Total support. Add lines 7 through 10		0,001	0,200			42684173.
	Gross receipts from related activities,	etc (see instruction	ons)			12	
	First 5 years. If the Form 990 is for the						
	organization, check this box and stor						
Sec	ction C. Computation of Publ						
14	Public support percentage for 2024 (	line 6, column (f), d	livided by line 11,	column (f))		14	97.32 %
15	Public support percentage from 2023	Schedule A, Part	II, line 14			15	93.78 %
	33 1/3% support test - 2024. If the					nore, check this b	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2023. If the	organization did no	t check a box on I	ine 13 or 16a, and	l line 15 is 33 1/3%	6 or more, check t	his box
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances tes	t - 2024. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the fact	ts-and-circumstand	es test, check this	box and stop he	<b>re.</b> Explain in Part	VI how the organi	zation
	meets the facts-and-circumstances to	est. The organization	on qualifies as a pu	ublicly supported	organization		
b	10% -facts-and-circumstances tes	t - 2023. If the org	anization did not d	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circ						
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17l	b, check this box a	and see instruction	ns 🗀

#### Schedule A (Form 990) 2024

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.)

Se	ction A. Public Support	olow, prodoc com	proto r ure m.				
	endar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) 2024	(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						_
J	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organization's benefit and either paid to						
_	or expended on its behalf						
э	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9	Amounts from line 6						
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	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 assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
	check this box and stop here				-		
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2024 (I	ine 8, column (f),	divided by line 13,	column (f))		15	%
16	Public support percentage from 2023	Schedule A, Part	: III, line 15			16	%
Se	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	<b>24</b> (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	<b>2023</b> Schedule A,	Part III, line 17			18	%
19	a 33 1/3% support tests - 2024. If the	organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The	organization qual	ifies as a publicly s	supported organiz	ation	
ŀ	33 1/3% support tests - 2023. If the	organization did r	not check a box or	n line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	ck this box and <b>st</b>	t <b>op here.</b> The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	his box and see in	structions	

Schedule A (Form 990) 2024 unfoldingWord 14-1888977 Page 4

#### 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.)

		Yes	No
	_		
	1		
	2		
	3a		
	- Ou		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b 5c		
	50		
	6		
	7		
	8		
	0-		
	9a		
	9b		
	9c		
	10a		
	401		
_	10b		

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	he organization accepted a gift or contribution from any of the following persons?			
а	A per	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
		nily 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,			
		de detail in Part VI.	11c		
Sect	ion I	B. Type I Supporting Organizations			
		·		Yes	No
		ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, tors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
		ne organization operate for the benefit of any supported organization other than the supported			
	-	nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
		vised, or controlled the supporting organization.	2		
Seci	ion (	C. Type II Supporting Organizations		1	
				Yes	No
		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		anagement of the supporting organization was vested in the same persons that controlled or managed	4		
		upported organization(s).  D. All Type III Supporting Organizations	1		
000		b. All Type III Supporting Organizations		Yes	Na
1	Did +h	ne organization provide to each of its supported organizations, by the last day of the fifth month of the		162	No
		nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
		nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
		ason of the relationship described on line 2, above, did the organization's supported organizations have a	_		
		icant voice in the organization's investment policies and in directing the use of the organization's			
	•	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sect	ion l	E. Type III Functionally Integrated Supporting Organizations			
1	Chec	k the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions	).		
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental			
		entity (see instructions).			
2	Activi	ties Test. Answer lines 2a and 2b below.		Yes	No
а	Did su	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	upported organization(s) to which the organization was responsive? If "Yes," then inPart VI identify			
	those	e supported organizations and explain how these activities directly furthered their exempt purposes,			
	how t	the organization was responsive to those supported organizations, and how the organization determined			
	that t	hese activities constituted substantially all of its activities.	<b>2</b> a		
		ne activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		VI the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
		nt of Supported Organizations. Answer lines 3a and 3b below.			
		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		ees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .	3a		
		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each	OI-		
	OT ITS	supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Orga	nizations	5
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ust complete	e 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		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	nally integrat	ted Type III supporting ord	anization (see

Schedule A (Form 990) 2024

instructions).

	· · · · · · · · · · · · · · · · · · ·				<u> </u>
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ng Orga	anizations <sub>(continued)</sub>	)	
Sect	ion D - Distributions			$\perp$	Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes		1		
2	Amounts paid to perform activity that directly furthers exempt purposes of sup	ported			
	organizations, in excess of income from activity		2	$\perp$	
3	Administrative expenses paid to accomplish exempt purposes of supported or	ganization	ns 3		
4	4 Amounts paid to acquire exempt-use assets				
5	5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)				
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 organization is	esponsive	Э		
	(provide details in Part VI). See instructions.				
9	9 Distributable amount for 2024 from Section C, line 6				
10	Line 8 amount divided by line 9 amount	10	ıΤ		
	(i)		(ii)		(iii)

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2024 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2024			
а	From 2019			
b	From 2020			
c	From 2021			
d	From 2022			
е	From 2023			
f	Total of lines 3a through 3e			
g	Applied to under distributions of prior years			
h	Applied to 2024 distributable amount			
i_	Carryover from 2019 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2024 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2024 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2025. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2020			
b	Excess from 2021			
С	Excess from 2022			
d	Excess from 2023			
е	Excess from 2024			

Schedule A (Form 990) 2024

	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Part I	I, Section B, Line 10:
Other	income includes miscellaneous income.

## Schedule B (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

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

OMB No. 1545-0047

Department of the Ireasury Internal Revenue Service Go to www.irs.gov/Form990 for the latest information Name of the organization

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Employer identification number

14-1888977

Organization type (check one):							
Filers of	<b>:</b>	Section:					
Form 99	0 or 990-EZ	X 501(c)( 3) (enter number) organization					
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
		527 political organization					
Form 99	0-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
	, ,	covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	Rule						
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or 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 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 <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$							
answer '	'No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> 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 requirements of Schedule B (Form 990).					

Name of organization

Employer identification number

unfoldingWord

14-1888977

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$1,227,000.	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			Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	* 505,000 • * * * * * * * * * * * * * * * * *	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
5		\$\$\$\$	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
6			Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

## unfoldingWord 14-1888977

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
rart i			
(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
(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
		_	
		\$	

Name of organization Employer identification number unfoldingWord 14-1888977 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE D** (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

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Employer identification number 14-1888977

Pai	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, line		ai i uiius Ul <i>I</i>	Accounts. Complete if the
		(a) Donor advised fund	ls	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	-		
	are the organization's property, subject to the organization's	exclusive legal control?		Yes
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant fur	nds can be used	only
	for charitable purposes and not for the benefit of the donor of			
	impermissible private benefit?			Yes No
Pa			Form 990, Part IV	/, line 7.
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreated			orically important land area
	Protection of natural habitat	L Pres	ervation of a cert	tified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution i	n the form of a c	
	day of the tax year.			Held at the End of the Tax Yea
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included on line 2c acqui	• • •		
	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, release	eased, extinguished, or termin	ated by the orga	nization during the tax
	year			
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the per			
_	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enf	orcing conservat	ion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcin	g conservation e	asements during the year
•	Deep and a supplier a		-tion 170/b)/4)/D	0.73
8	Does each conservation easement reported on line 2d above	•	. , . , .	~~
9	and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation			
9	balance sheet, and include, if applicable, the text of the footn		•	
	organization's accounting for conservation easements.	iote to the organization's illian	Ciai Staternerits t	nat describes the
Pai	t III Organizations Maintaining Collections of	f Art. Historical Treasu	res. or Other	Similar Assets.
1 31.	Complete if the organization answered "Yes" on Form	•		
1a	If the organization elected, as permitted under FASB ASC 95		statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for pub			
	service, provide in Part XIII the text of the footnote to its finan			·
b	If the organization elected, as permitted under FASB ASC 95			ce sheet works of
	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items.			•
	(i) Revenue included on Form 990, Part VIII, line 1			\$
2	If the organization received or held works of art, historical trea			
_	the following amounts required to be reported under FASB A		_	, 1
а	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990. Part X			\$

3 Using the organization's acquesition, accession, and other records, check any of the following that make significant use of its collection from (check all that apply).  a Public exhibition delicity research  b Scholarly research  c Preservation for future generations  4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	Par	t III   Organizations Maintaining C	collections of A	rt, Historical T	reasures, c	or Other	Simila	ar Asse	<b>ts</b> (continu	ıed)
a Public exhibition d Loan or exchange program b Scholarly research e Other  Preservation for Nuture generations  Preservation for Nuture generations  Preservation for Nuture generations  Preservation for Nuture generations  Provide a description of the organization's collections and sophish how they further the organization's exempt purpose in Part XIII.  Part IV Excove and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  Is the organization an agent, further, custodial, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  Is the organization and agent, further, custodial, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  In Fress, explain the arrangement in Part XIII and complete the following table:  Beginning balance  Beginning balance  Beginning balance  Beginning balance  Beginning fixed and administration of Form 990, Part X, line 21, for escrive or custodial account tiability?  Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part XIII line 10.  Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part XII line 10.  Beginning of year balance  Beginning of year bal	3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following tha	t make sig	nificant	use of its		
b Scholarly research e Other    Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.		collection items (check all that apply).								
c Preservation for stuture generations 4 Provide a description of the organization's cellections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Part IVI Excorw and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part XV.  1a is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part XV.  1b if "Yes," explain the arrangement in Part XIII and complete the following tables:  1c	а	Public exhibition	d	Loan or exc	change progra	am				
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds atther than to be maintained as part of the organization's collection?  Forest TV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or service da amount on Form 990, Part X, line 21.  1a Is the organization an agent, frustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 10 and Form 990, Part X, line 11 to 11 to 12 to 12 to 13 to 14 to 15	b	Scholarly research	е	Other						
5 buring the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?    Part IV   Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.    I a Is the organization an aspert, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?    I a Is the organization an aspert, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?    I a Is the organization that arrangement in Part XIII and complete the following table:    Beginning balance	С	Preservation for future generations								
To be sold for alise funds rather than to be maintained as part of the organization's collection?	4	Provide a description of the organization's co	ollections and explai	n how they further	the organization	on's exem	pt purpo	se in Par	XIII.	
Part W   Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part XV, line 21.    1a   Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part XV?   Yes   No b   If Yes, "Explain the arrangement in Part XIII and complete the following table:    C   Beginning balance	5	During the year, did the organization solicit of	r receive donations	of art, historical trea	asures, or othe	er similar a	ssets		_	
reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance  d Additions during the year  1a Distributions during the year  1b In Tyes, explain the arrangement in Part XIII and complete the following table:  Beginning balance  1c Inding balance  2 Distributions during the year  1 Ending balance  2 Distributions  1 If "Yes, explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.  Bart V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  1a Beginning of year balance  1b Contributions  1c Net investment earnings, gains, and losses  d Grants or scholarships  1d Administrative expenses  4 Administrative expenses  9 End of year balance  1o Other expenditures for facilities  1n Administrative expenses  1o The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment  96  1c Term endowment  96  1c Term endowment  96  1c Term endowment funds not in the possession of the organization that are held and administered for the organization by:  1 In Pescription of property  1 In Pes		to be sold to raise funds rather than to be ma	aintained as part of t	he organization's c	ollection?			<u></u>	Yes	No_
1a   Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?	Par			te if the organizatio	n answered "	Yes" on Fo	rm 990,	Part IV, li	ne 9, or	
on Form 990, Part X?    Ves		reported an amount on Form 990, Pa	t X, line 21.							
b If "Yes," explain the arrangement in Part XIII and complete the following table:    Complete   Co	1a	Is the organization an agent, trustee, custod	an, or other interme	diary for contribution	ons or other as	ssets not i	ncluded		_	
c Beginning balance d Additions during the year e Distributions during the year 1 tel   1 tel		on Form 990, Part X?						L	Yes	└─ No
c Beginning balance	b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:						
d Additions during the year   1d									Amount	
e Distributions during the year   1   1   1   1   1   1   1   1   1	С	Beginning balance					1c			
f Ending balance	d	Additions during the year					1d			
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Part V Enclowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Complete if the organization in Part XIII. Check here if the explanation has been provided i	е	Distributions during the year					1e			
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII  Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  1a Beginning of year balance										
Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.   Capture   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back   (d) Three years back   (e) Four years back   (d) Three years back   (e) Four ye		-				-	/?		Yes	☐ No
ta Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment year end balance line 1g, column (a) held as: a Board designated or quasi-endowment year endowment year endowment year endowment year endownent endownent year endowment year endownent endownent year end balance (line 1g, column (a)) held as: a Board designated or quasi-endownent year endownent year endownent year end balance (line 1g, column (a)) held as: a Board designated or quasi-endownent year endownent year endownent year end balance (line 1g, column (a)) held as: a Board designated or quasi-endownent year endownent year endownent year end balance (line 1g, column (a)) held as: a Board designated or quasi-endownent year endownent year end balance (line 1g, column (a)) held as: a Board designated or quasi-endownent year end balance (line 1g, column (a)) held as: a Board designated or quasi-endownent year end balance (line 1g, column (a)) held as: a Board designated or quasi-endownent year end balance (line 1g, column (a)) held as: a Board designated or quasi-endownent year end balance (line 1g, column (a)) held as: a Board designated or quasi-endownent year end balance (line 1g, column (a)) held as: a Board designated or quasi-endownent year end balance (line 1g, column (a)) held as: a Board designated or quasi-endownent year end balance (line 1g, column (a)) held as: a Board designated or quasi-endownent year end balance (line 1g, column (a)) held as: a Board designated or quasi-endownent year end balance (line 1g, column (a)) held as: a Board designated or quasi-endownent year end balance (line 1g, column (a)) held as: a Board designated year year end balance (line 1g, column (a)										
1a Beginning of year balance	Par	t V Endowment Funds Complete if								
b Contributions			(a) Current year	(b) Prior year	(c) Two year	s back (c	) Three y	ears back	(e) Four y	ears back
c Net investment earnings, gains, and losses d Grants or scholarships										
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  Board designated or quasi-endowment  b Permanent endowment f The percentages on lines 2a, 2b, and 2c should equal 100%.  Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations?  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  Describe in Part XIII the intended uses of the organization's endowment funds.  Describe in Part XIII the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  Description of property  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  (d) Equipment  (e) Accumulated depreciation  (d) Book value  (d) Equipment  (e) Cacumulated depreciation  (f) Equipment  (g) Cost or other basis (other)	b	Contributions								
the organization by:  (ii) Related organizations?  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  b If "Yes" on line 3a(ii), are the related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  C Description  C Description of property										
and programs  f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment										
f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment	е	•								
g End of year balance					1					
Permit VI   Land, Buildings, and Equipment   Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property   Ca) Cost or other basis (investment)   Ca) Cost or other basis (other)   Ca) Cost or other basis (other	f				-					
a Board designated or quasi-endowment										
b Permanent endowment			•		(a)) held as:					
Tem endowment				_%						
The percentages on lines 2a, 2b, and 2c should equal 100%.  3a										
Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (iv) Possible in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value  depreciation  1a Land b Buildings c Leasehold improvements 6 (4) 419 5, 556 6 c Equipment 6 (5) 419 5, 793 6626 6 c Other	С		, •							
Ves   No   (i)   Unrelated organizations?   3a(i)	0-		•	-4: 464 61-1		6 41				
(i) Unrelated organizations? (ii) Related organizations?  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  d Equipment  e Other	Зa	•	ssion of the organization	ation that are held a	and administe	rea for the	•		Г	/es No
(ii) Related organizations?  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  b Buildings  c Leasehold improvements  4 Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  827,571. 422,015. 405,556.  405,556.  6 Equipment  6 Other		-								140
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  Buildings  Leasehold improvements  405,556.  Equipment  6,419.  5,793.  626.									<del>- ` ` -</del>	
Part VI Land, Buildings, and Equipment  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  Buildings  Land  Cupreciation  August Augu	<b>L</b>									
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  Buildings  Land  Buildings  C Leasehold improvements  d Equipment  e Other					·				SD	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  basis (investment)  basis (other)  Count of the basis (other)  basis (other)  basis (other)  count of the basis (investment)  basis (investment)  basis (other)  count of the count of the basis (other)  basis (other)  count of the count o				ownient funds.						
Description of property  (a) Cost or other basis (investment)  1a Land  b Buildings  c Leasehold improvements d Equipment e Other	· ui			) Part IV line 11a	See Form 990	) Part X lii	ne 10			
tal Land         basis (investment)         basis (other)         depreciation           b Buildings         C Leasehold improvements         827,571.         422,015.         405,556.           d Equipment         6,419.         5,793.         626.           e Other         60         60         60		•		<u> </u>				<u>a                                    </u>	(d) Book	value
1a Land         b Buildings         c Leasehold improvements       827,571. 422,015. 405,556.         d Equipment       6,419. 5,793. 626.         e Other		bescription of property			1			۱ ا	(u) Dook	value
b Buildings         827,571.         422,015.         405,556.           c Leasehold improvements         6,419.         5,793.         626.           e Other         6         7         9         6         6         6         6         6         6         6         6         6         6         6         6         6         6         7         9         6         6         6         6         6         6         6         6         6         7         9         8         6         6         6         6         7         9         8         7         9         8         7         9         8         7         9         8         9         9         9         8	1a	Land	<del>-  </del>	, , , , ,	/					
c Leasehold improvements       827,571.       422,015.       405,556.         d Equipment       6,419.       5,793.       626.         e Other										
d Equipment 6,419. 5,793. 626.				82	27,571.	4:	22,03	15.	405	,556.
e Other										626.
					•					
				X, line 10c, columi	n (B))				406	,182.

Schedule D (Form 990) (Rev. 12-2024)unfoldingW	lord	14	-1888977 Page <b>3</b>
Part VII Investments - Other Securities			_
Complete if the organization answered "Yes'	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) 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'			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
<u>(1)</u>			
(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			
Part IX Other Assets Complete if the organization answered "Yes"	Lon Form 000 Dort IV line	11d Coo Form 000 Port V line 15	
	Description	Tru. See Form 990, Fart A, line 15.	(b) Book value
	Description		488,437.
			400,437.
(2)			
(3) (4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co	ol. (B))		488,437.
Part X Other Liabilities	, ,,		
Complete if the organization answered "Yes'	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	5.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) Deferred Compensation Acc	rual		110,952.
(3) Right of Use Liability			828,203.
(4)			
(5)			
(6)			
(7)			
(8)			
			1

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...

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

939,155.

	rt XI Reconciliation of Revenue per Audited Financial Sta		ide per metam	•
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	10,663,044.
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	2c		
d				
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	10,663,044.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		_
С	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12		5	10,663,044.
Pa	rt XII Reconciliation of Expenses per Audited Financial St	-	nses per Retu	rn
	Complete if the organization answered "Yes" on Form 990, Part IV, li			0.010.601
1	Total expenses and losses per audited financial statements		1	9,818,631.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities			
b	Prior year adjustments	2b		
С	Other losses			
d	, , , , , , , , , , , , , , , , , , , ,	·		0
е	Add lines 2a through 2d			0.
3	Subtract line 2e from line 1		3	9,818,631.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1		
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	<u>-</u>		0.
_C	Add lines 4a and 4b			9,818,631.
5 <b>D</b> a	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)	5	9,010,031.
ı a	rt XIII Sunnlemental Information	,		
<u></u>	rt XIII Supplemental Information			V. Essa O. Bast VI
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b;		X, line 2; Part XI,
		4; Part IV, lines 1b and 2b;		X, line 2; Part XI,
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b;		X, line 2; Part XI,
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b;		X, line 2; Part XI,
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b;		X, line 2; Part XI,
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b;		X, line 2; Part XI,
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b;		X, line 2; Part XI,
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b;		X, line 2; Part XI,
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b;		X, line 2; Part XI,
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b;		X, line 2; Part XI,
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b;		X, line 2; Part XI,
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b;		X, line 2; Part XI,
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b;		X, line 2; Part XI,
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b;		X, line 2; Part XI,
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b;		X, line 2; Part XI,
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b;		X, line 2; Part XI,
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b;		X, line 2; Part XI,
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b;		X, line 2; Part XI,
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b;		X, line 2; Part XI,
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b;		X, line 2; Part XI,
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b;		X, line 2; Part XI,
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b;		X, line 2; Part XI,
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b;		X, line 2; Part XI,
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b;		X, line 2; Part XI,

#### SCHEDULE F (Form 990) (Rev. December 2024)

Department of the Treasury Internal Revenue Service **Statement of Activities Outside the United States** 

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

**Employer identification number** 

unfoldingWord				14-188897	7
Part I General Infor	mation on A	ctivities Ou	tside the United States. Comple	ete if the organization answered "\	res" on
Form 990, Part IV	/, line 14b.				
1 For grantmakers. Does	the organization	n maintain recor	ds to substantiate the amount of its gra	ants and other assistance,	
the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assistance?	Yes No
2 For grantmakers. Desc	ribe in Part V the	organization's	procedures for monitoring the use of it	s grants and other assistance out	side the
United States.					
3 Activities per Region. (The second of the second of t			an be duplicated if additional space is i	·	
(a) Region	` '	(c) Number of	(d) Activities conducted in the region		(f) Total expenditures
	offices in the region	employees, agents, and	(by type) (such as, fundraising, program services, investments, grants to	is a program service, describe specific type	for and
	iii tile region	independent contractors	recipients located in the region)	of service(s) in the region	investments
		in the region	recipients located in the region,	or service(s) in the region	in the region
				Translation of content,	
				tools, and training for	
South Asia	0	2	Program services	CCBT strategy	808,138.
				Translation of content,	
				tools, and training for	
Sub-Saharan Africa	0	2	Program services	CCBT strategy	385,414.
				Translation of content,	
Europe (Including				tools, and training for	
Iceland & Greenland)	0	1	Program services	CCBT strategy	561,814.
				Translation of content,	
Russia and				tools, and training for	
Neighboring States	0	1	Program services	CCBT strategy	290,718.
				Translation of content,	
Middle East and				tools, and training for	
North Africa	0	1	Program services	CCBT strategy	91,300.
				Translation of content,	
				tools, and training for	
North America	0	1	Program services	CCBT strategy	603,553.
				Translation of content,	
East Asia and the				tools, and training for	
Pacific	0	1	Program services	CCBT strategy	83,397.
3 a Subtotal	0	9	,		2,824,334.
<b>b</b> Total from continuation					
sheets to Part I	0	C			0.
c Totals (add lines 3a					
and 2h)	l n	l c			2 824 334

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>(b)</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)

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

<sup>3</sup> Enter total number of other organizations or entities ...

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

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)	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? If "Yes," 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)	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? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)	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? If "Yes," 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)	Yes	X No

Schedule F (Form 990) (Rev. 12-2024)

		inves	stment	s vs. e	хре	nditu	res p	er re	gion);	; Part	: II, li	ne 1 (	(accc	ounti	ng n	netho	od); F	Part III	l (a	olumn (f) accountir addition	ng me	thod);	and	Part	III, co	lumn (	(c)	
Part	- т							•					•				•											_
The	<u> </u>	<u>/ -</u>	1110	+ 10	<u> </u>	200	1011	n t c	, f	<u>~~</u>		mo	<u>nd:</u>		120		<u> </u>	27	_	accr	1121	ha	ai					_
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## SCHEDULE J (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Name of the organization

### **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No. 1545-0047

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 $\begin{array}{c} \textbf{Employer identification number} \\ 14-1888977 \end{array}$ 

Pa	art I Questions Regarding Compensation			
	·		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	Х	
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	_		v
	The organization?	5a		X
b	Any related organization?	5b		$\vdash^{\Delta}$
•	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the net earnings of:	6-		Х
a L	The organization?	6a		X
a	Any related organization?	6b		
7	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	7		х
Q	not described on lines 5 and 6? If "Yes," describe in Part III	<b>-</b>		
8	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		x
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
J	Populations section 52 4059 6(e)2			

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

Schedule J (Form 990) (Rev. 12-2024)

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) David Reeves	(i)	143,133.	0.	0.	54,530.	0.	197,663.	
President & CEO	(ii)	0.	0.	0.	0.	0.	0.	
(2) Timothy Jore	(i)	145,624.	4,100.	0.	4,588.	0.	154,312.	
Innovation & Strategy	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Fart III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
Part I, Line 4b:
The Organization participated in a nonqualified deferred compensation
agreement with its CEO. The Organization's board approved the deferred
compensation arrangement and considered the arrangement in the overall
compensation arrangement and considered the arrangement in the overall determination of the reasonableness of the CEO's compensation. The
Organization made a contribution of \$50,000 on behalf of its CEO during the
2024 calendar year.
Zozi carchaar year.

#### SCHEDULE L

#### (Form 990)

(1) (2) (3) (4) (5) (6)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

## **Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

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Employer identification number

14-1888977

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only) Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under

#### Loans to and/or From Interested Persons Part II

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization

\$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

reported an amount on Form 990, Part X, line 5, 6, or 22.

	(a) Name of interested person	<b>(b)</b> Relationship with organization	(c) Purpose of loan	fron	an to or the zation?	(e) Original principal amount	(f) Balance due	(g) defa	In ault?	( <b>h)</b> App by boo comm	proved ard or littee?	(i) Wi	ritten ment?
				То	From			Yes	No	Yes	No	Yes	No
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Total						\$							

#### **Grants or Assistance Benefiting Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	<b>(d)</b> Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) (Rev. 12-2024)

Part IV	<b>Business Transactions Involv</b>	ing Interested Persons				
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 2	8b, or 28c.			
(a	) Name of interested person	<b>(b)</b> Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	aring of cation's lues?
					Yes	No
(1)Jane	Anne Reeves	Spouse of CEO	56,433.	Compensatio		Х
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
Part V	Supplemental Information Provide additional information for response	onses to questions on Schedule L. See	instructions.			
Sch L,	Part IV, Business T	ransactions Involvi	ng Interest	ed Persons:		
	me of Person: Jane A					
	scription of Transac					
	<u>*</u>	<u>*</u>				-
						-
					5:	

### SCHEDULE O (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

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**Employer identification number** 

14-1888977

Name of the organization

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Form 990, Part III, Line 4a, Program Service Accomplishments: of the world. There are six active WBWN programs: Sudan, Islands-Asia, Southeast Asia, Benin, Chad and Iran.

In 2024, nine Southeast Asia New Testament translations were uploaded into Digital Bible Library (DBL), with New Testament audio recordings and Old Testament translations in progress across eight languages. Sudan, five group language teams completed Equipping Journey (EJ) Course 1, translating 25 Bible chapters each, and three group language teams completed Open Bible Stories (OBS) training. The Sudanese Arabic Scripture Completion team translated 17 books. In Benin, in five group languages, three Open Bible Stories (OBS) workshops were completed, with 15 stories translated, tested, and recorded in audio/video formats. The Organization collaborates with foreign organizations that are actively involved with local churches to host training and workshops. In Chad, community testing was completed in two out of seven languages (Sara Kaba & Masana) alongside significant training in the managers of collaborating foreign organizations. The audio and video recording of all 50 OBS in all group languages was completed and collaborating foreign organizations began broadcasting content on the radio. In Iran, a collaborative organization has translated over 30 strategic language resources across 12 books of the New Testament for Farsi and over 29 books of the New Testament into three different languages.

WBWN New Initiatives: Work across Latin America, South Asia, and Equatorial SubSahara continue to yield exciting opportunities. The Organization's next WBWN across the SubSahara is Togo. In 2024, Togo showed great promise. The Organization's work in Islands Asia with collaborating foreign organizations included a Scripture book package translation and checking program, an OBS training program, and a Foundational Principles of Translation program.

Form 990, Part III, Line 4b, Program Service Accomplishments: barriers, such as reliance on all-rights-reserved English resources.

In 2024, the Organization worked with BiblioNexus, a collaborating foreign organization, to implement AI-assisted tools to help complete the English Old Testament resources in 2 years instead of 5, which will accelerate the process and create valuable content for other Strategic Languages. The Eurasian team of collaborating foreign organizations completed five book packages in Russian and another five books of Scriptures were translated into the Ukrainian Romani Ruskoroma language. In the Middle East, the Bible Society of Jordan, a collaborating foreign organization, has assembled a new translation team and created 12 translation resources for three books of the New Testament. The resources created in MSA are then being tested by the Organization's collaborating foreign organizations in Sudan.

Form 990, Part III, Line 4c, Program Service Accomplishments: remote areas. Additionally, the initiative seeks to address the persecution and security risks faced by churches in restricted-access

Name of the organization

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Employer identification number 14-1888977

Page 2

regions by providing decentralized, offline-capable solutions that allow them to continue translation efforts safely. Another important focus is meeting the needs of oral cultures and low literacy communities, particularly for unreached people who rely on oral learning. This portfolio initiative aims to provide open-licensed, mobile-friendly, and offline translation tools, empowering churches to lead their own translation efforts without depending on external experts.

As of 2024, over 2,700 translators worldwide use the Organization's translationCore toolset. The Open Components Ecosystem (OCE) continues to expand, with over 50 participants from 10 collaborating foreign organizations who attended the two-week event featuring seven sessions on AI language models, VS Code Extensions, and key initiatives like Aquifer and Platform.Bible. The developers collaborated in teams, both in person across multiple global locations and remotely, leading to the presentation of 11 innovative projects. Other achievements include building an offline capability into the rebranded LEVEL.Bible translation software (previously VCANA) and continued development of Scribe SE.

Form 990, Part III, Line 4d, Other Program Services:
Catalyzation: The Catalyzation Portfolio serves a vital purpose by equipping church leaders and translation practitioners with
Church-Centric Bible Translation methodologies. This initiative provides a global platform for sharing best practices, addressing challenges, and developing innovative solutions. It aims to strengthen collaborative partnerships and networks among churches, translation organizations, and funding bodies while informing and inviting churches and organizations to engage in projects and collaborations. By tackling these gaps, the project will accelerate the availability of Scripture in new languages, promote sustainable translation movements, and ensure that churches remain at the forefront of Bible translation efforts.

In 2024, the Organization held its third annual Global Church Centric Bible Translation Forum with 63 participants representing 24 different collaborating foreign organizations of various nationalities. Nearly half of the participants were new to the forum in 2024, expanding the Organization's reach and influence. In 2024, the Organization began training a church planting network with more than ten million house churches. The Organization also began to see an exciting increase of cross-network training with collaborating foreign organizations in Latin America providing training for an Island-Asia team, collaborating foreign organizations in South Asia training a new South Asian team, and collaborating foreign organizations in Sudan training a team in Kenya.

Expenses \$ 375,676. including grants of \$ 0. Revenue \$ 0.

Form 990, Part VI, Section A, line 8b:

The Organization has no committees with authority to act on behalf of the governing body. Therefore, this line was answered "No" in accordance with the instructions.

Form 990, Part VI, Section B, line 11b:

The Organization's top management official and top financial official each review the Form 990 prior to its filing with the IRS. A copy of the final

Schedule O (Form 990) 2024 Page 2

Name of the organization

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Employer identification number 14-1888977

Form 990 is also provided to the voting members of the Organization's governing body prior to its filing with the IRS.

Form 990, Part VI, Section B, Line 12c:

The Organization's conflict of interest policy is distributed to each member of the Organization's governing body, its officers, and its key employees on an annual basis. Each such individual provides an annual disclosure statement indicating that they have received, read, understood, and agreed to comply with the policy, certifying that: (1) they have no relationships or interests that present a conflict of interest, (2) they have one or more conflicts of interest that have been fully disclosed as required by the policy and have been properly administered in conformity with the policy, or (3) they have previously undisclosed conflicts of interest and disclosing the details of such conflicts. Any disclosure statements with previously undisclosed conflicts of interest are forwarded to appropriate Organization officials to take appropriate actions as required by the policy.

Form 990, Part VI, Section B, Line 15:

The Board of Directors annually reviews and approves the compensation levels of the CEO. The deliberations and decisions of the Board are contemporaneously substantiated. The Board utilizes comparability data in its deliberations; updated comparability data is generally obtained every two to three years. The CEO is responsible for setting compensation for all other key executives of the Organization, using similar procedures to those described above.

Form 990, Part VI, Line 17, List of States receiving copy of Form 990: AK,CA,CO,CT,DC,FL,GA,HI,MA,ME,MI,MN,MS,NC,ND,NH,NJ,NM,NV,NY,OH,PA,RI,SC,TN UT,VA,WI,WV

Form 990, Part VI, Section C, Line 19:

The Organization provides, upon request, copies of its Articles of Incorporation, bylaws, conflict of interest policy, and financial statements. The Organization also makes its Form 990 available for public inspection on the Organization's website.

Form 990, Part IX, Line 11g, Other Fees:

Outside Contractors:

Program service expenses	5,339,631.
Management and general expenses	132,954.
Fundraising expenses	428,233.
Total expenses	5,900,818.
Total Other Fees on Form 990, Part IX, line 11g, Col A	5,900,818.

Form 990, Part IX, Lines 5-10:

For the period 1/1/24 through 12/31/24, the Organization employed a certified professional employer organization (CPEO) to provide services regarding the administration of payroll, benefits, and other human resource services. The amounts of compensation, benefits, and payroll taxes paid to the CPEO are included at Form 990, Part IX, Lines 5-10. These services did not involve significant managerial decision making.

The total amounts of 2024 compensation for officers, directors, and highest compensated employees are shown at Form 990, Part VII, Section A, in order to comply with the Form 990 instructions.

#### **SCHEDULE R** (Form 990)

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

Name of the organization

# **Related Organizations and Unrelated Partnerships**

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

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

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Part I	Identification of Disregarded Entities. Compl	lete if the organization answered "Ye	es" on Form 990, Part IV, line 3	3.					
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	(d) Total inco	(e) me End-of-year		Direct o	(f) controlling ntity	9
See Scl	nedule R, Part VII	_	Delaware						
Part II	Identification of Related Tax-Exempt Organi organizations during the tax year.	zations. Complete if the organizatio	n answered "Yes" on Form 990	), Part IV, line 34, l	because it had one	or more	e related tax-exe	empt	
	(a)  Name, address, and EIN  of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		(f) ct controlling entity	cont	<b>g)</b> 512(b)(13) rolled tity?
					501(c)(3))			Yes	No

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

(a)	(b)	(c) Legal	(d)	<b>(e)</b> Predominant income	(f) Share of total	<b>(g)</b> Share of		1)	(i)	(j) General	(k)
Name, address, and EIN of related organization	Primary activity	domicile (state or foreign	Direct controlling entity	(related, unrelated, excluded from tax under sections 512-514)	income	end-of-year assets	alloca	ortionate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managi	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	i) etion b)(13) rolled ity?
		country)		,				Yes	No
									<u> </u>
									<u> </u>
									<u> </u>

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

Not	vte: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	No
	During the tax year, did the organization engage in any of the following transactions with one or mo	ro rolated organizations listed	in Porto II IV2		res	NO
				40		
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1a 1b		<del>                                     </del>
	Gift, grant, or capital contribution to related organization(s)					-
	Gift, grant, or capital contribution from related organization(s)			1c		-
u	Loans or loan guarantees to or for related organization(s)			1d		
е	Loans or loan guarantees by related organization(s)			1e		
	Divided to the control of the contro			4.		
T	Dividends from related organization(s)			1f		-
g	Sale of assets to related organization(s)			1g		├─
n	Purchase of assets from related organization(s)			1h		<del>                                     </del>
!	Exchange of assets with related organization(s)			1i		—
j	Lease of facilities, equipment, or other assets to related organization(s)			1j		
k	Lease of facilities, equipment, or other assets from related organization(s)			1k		<u> </u>
ı	Performance of services or membership or fundraising solicitations for related organization(s)			11		ــــــ
	<b>n</b> Performance of services or membership or fundraising solicitations by related organization(s)			1m		<u> </u>
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1n		<u> </u>
0	Sharing of paid employees with related organization(s)			10		
р	Reimbursement paid to related organization(s) for expenses			1p		<u> </u>
q	Reimbursement paid by related organization(s) for expenses			1q		
r	Other transfer of cash or property to related organization(s)			1r		
	Other transfer of cash or property from related organization(s)			1s		
2	If the answer to any of the above is "Yes," see the instructions for information on who must comple	te this line, including covered	relationships and transaction thresholds.			
	(a) (b)	(c)	(d)			
	Name of related organization Transaction	Amount involved	Method of determining amount invo	olved		
	type (a-s)					
(1)						
(2)						
(3)						
(4)						
(5)						
. ,						
(6)						
-/		1				

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

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

(a)	(b)	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e)	(f)	(g)	(r	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related unrelated	partners se	c. Share of	Share of	Dispri	opor- ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General managi	Percentage
of entity		(state or foreign country)	excluded from tax under	orgs.?	total income	end-of-year assets	allocat	ions?	of Schedule K-1	partne	ownership
		country)	Sections 5 (2-5 (4)	Yes No	) Income	assets	Yes	No	(FORM 1065)	Yes N	0
							-			$\vdash$	
			l	1 1	1		1		1	1	

# Part VII | Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions. Form 990, Schedule R, Part I: The Organization is the sole member of two single-member limited liability companies ("the LLCs") established to carry out specific work in various countries in connection with the Organization's exempt activities. There has been no financial activity in either entity since their inception. Due to the sensitive nature of the possible future activities of the LLCs, public disclosure of the names of the LLCs or other identifying information about them could create a significant security risk for the LLCs, the Organization, and the people involved in the possible future activities of the LLCs. Accordingly, such information has not been disclosed on Schedule R, The applicable information will be made available to the Internal Revenue Service upon request.