- Form 990-PF

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation
▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990PF for instructions and the latest information

| | For | caler | dar year 2019 or tax year beginning | | | , and ending | • • • | |
|----------------|--------------------|--------|---|-----------------------|-----------------------|---------------------------------------|--|--|
| | Nai | me of | foundation | | | -501 | A Employer identification | number |
| | | | | | | EIVED ON POOR SAME | | |
| | W | OR | D INVESTMENTS, INC | | aFU | EIVE JOST | 38-2470907 | |
| | Nur | nber a | nd street (or P.O. box number if mail is not delivered to st | eet address) | | 0.7 2020 Room/signa | B Telephone number | |
| - | 4 | 07 | 9 PARK EAST CT SE/STE | | 1 nFC | 0.1 5000 | 616-942-00 | 41 |
| | City | or to | own, state or province, country, and ZIP or foreig | n postal code | . 1 | | C if exemption application is p | ending, check here |
| | G | RA | ND RAPIDS, MI 49546 | 1 | | DEN, UI | | |
| $\gamma \zeta$ | G | heck | all that apply Initial return | Initia\r | eturn of a fo | mer public charity | D 1 Foreign organizations | , check here |
| ノノ | | | Final return | Amen | led return | | 2 - | 15 - 050/ 1004 |
| | | | Address change | Name | change | | 2 Foreign organizations me check here and attach co | mputation |
| ענ | H (| heck | type of organization. X Section 501(c)(3 | exempt private for | ındatıon | - | E If private foundation stat | tus was terminated |
| _ | |] Se | ction 4947(a)(1) nonexempt charitable trust | Other taxable pr | ıvate founda | | under section 507(b)(1) | (A), check here $ ightharpoonup$ |
| | I Fa | ar ma | rket value of all assets at end of year J Accou | nting method | Cash | X Accrual | F If the foundation is in a 6 | 60-month termination |
| | (fr | om F | Part II, col. (c), line 16) | Other (specify) | | | under section 507(b)(1) | (B), check here |
| | _ | \$ | 6,575,446. (Part I, co | umn (d), must be | on cash bas | is) | | |
| | Pa | art I | Analysis of Revenue and Expenses (The total of amounts in columns (b) (c) and (d) may no | (a) Reveni | | (b) Net investment | (c) Adjusted net | (d) Disbursements for charitable purposes |
| ~ | | | (The total of amounts in columns (b), (c), and (d) may no necessarily equal the amounts in column (a)) | | | ıncome | income | (cash basis only) |
| 0 r.ig | | 1 | Contributions, gifts, grants, etc , received | 315 | ,919. | | | |
| ~ | | 2 | Check I if the foundation is not required to attach Sch. 8 | | | | | |
| 0 | | 3 | Interest on savings and temporary cash investments | 20 | ,001. | 20,001. | 20,001. | STATEMENT 1 |
| | | 4 | Dividends and interest from securities | | | | | |
| Ą | | 5a | Gross rents | | ,000. | 9,000. | 9,000. | STATEMENT 2 |
| ર્ડે ' | | b | Net rental income or (loss) 9,000. | | | | | |
| | a) | 6a | Net gain or (loss) from sale of assets not on line 10 | | 0. | | | |
| | Revenue | Ь | Gross sales price for all assets on line 6a 105,817. | | | | | |
| J | <u>6</u> 2 | 7 | Capital gain net income (from Part IV, line 2) | | | 0. | | |
| ğ | | 8 | Net short-term capital gain | | | | 0. | |
| 1 | 73 | 9 | Income modifications Gross sales less returns | | | | | |
| | _ | 10a | and allowances | | | | | |
| | JAN | | Less Cost of goods sold | -2-2 - 4 940 4 -2 240 | | the set of make a transfer of the set | | |
| | | | Gross profit or (loss) | 271 | 712 | 266,763. | 271 712 | STATEMENT 3 |
| Í | n n | | Other income | | ,713. ,633. | 295,764. | 300,714. | SIAILMENI J |
| PR 21,21 | <u></u> | _ | Total Add lines 1 through 11 | | ,340. | 9,834. | 9,834. | 88,506. |
| Č | Z | | Compensation of officers directors, trustees, etc | | ,632. | 48,998. | 96,262. | 47,370. |
| 7 | r L | 1 | Other employee salaries and wages | | ,032. | 300. | 2,696. | 2,401. |
| -4 | ကို ကို | | Pension plans, employee benefits t enal fees STMT 4 | | ,555. | 3,502. | 11,520. | 8,035. |
| ~ | Senses | | Legal fees STMT 4 Accounting fees STMT 5 | | ,655. | 0. | 10,655. | 0. |
| œ | , g | | Other professional fees STMT 6 | | ,799. | 751. | 4,771. | 4,028. |
| AP | | | Interest | | ,,,,,, | ,,,,,, | | 270201 |
| | and Administrative | | Taxes STMT 7 | 15 | ,179. | 1,406. | 8,285. | 6,894. |
| 0221 | stra | | Depreciation and depletion | | ,676. | 0. | 3,676. | 1 |
| ~ | Ē | | | | ,645. | 0. | 10,389. | 9,256. |
| 0 | β | | Occupancy Travel, conferences, and meetings | | $\frac{73131}{,214.}$ | 0. | 4,214. | 0. |
| 22 | ٩ | | Printing and publications | | / | • | | |
| 3 | a | | | 102 | ,864. | 3,637. | 29,337. | 73,528. |
| $\ddot{\sim}$ | Ę | 24 | Total operating and administrative | | 70020 | 0,700,7 | | |
| 042 | era | | Other expenses STMT 8 Total operating and administrative expenses Add lines 13 through 23 Contributions, cifts, grants paid | 431 | ,656. | 68,428. | 191,639. | 240,018. |
| 0 | 8 | 25 | Contributions, gifts, grants paid | | ,487. | | | 383,487. |
| | | | Total expenses and disbursements | | | | | |
| | | ٦ | Add lines 24 and 25 | 815 | ,143. | 68,428. | 191,639. | 623,505. |
| | | 27 | Subtract line 26 from line 12 | 1 | | | | ľ |
| \sim | | l | Excess of revenue over expenses and disbursements | -198 | ,510. | | | |
| | : | 1 | Net investment income (if negative, enter -0-) | | | 227,336. | | |
| 5 | | 1 | Adjusted net income (if negative, enter -0-) | | | | 109,075. | |
| ₹~ | | | , | | | | | Form 990-DF (2019) |

1

Part III Analysis of Changes in Net Assets or Fund Balances

| 1 | Total net assets or fund balances at beginning of year - Part II, column (a), line 29 | | | | | |
|---|---|-----|-----------|------------|-----|------------|
| | (must agree with end-of-year figure reported on prior year's return) | | | | 1] | 5,966,824. |
| 2 | Enter amount from Part I, line 27a | | | | 2 | -198,510. |
| 3 | Other increases not included in line 2 (itemize) | SEE | STATEMENT | 9 | 3 | 822,395. |
| 4 | Add lines 1, 2, and 3 | | | | 4 | 6,590,709. |
| 5 | Decreases not included in line 2 (itemize) | SEE | STATEMENT | 10 | 5 | 266,763. |
| 6 | Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), lin | | 6 | 6,323,946. | | |

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29 Total net assets or fund balances

30 Total liabilities and net assets/fund balances

5,966,824.

6,126,913.

6,323,946.

6,575,446

| Part IV Capital Gains a | and Losses for Tax on | Investmen | t Income | | | | | ··- | |
|---|--|---------------------|----------------------|----------------|----------|--------------|------------------------------------|---|--------------------------|
| | (a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.) | | | | | | ;) Date acquire (mo , day, yr.) | | Date sold , day, yr.) |
| 1a JOHNSON & JOHNS | ON | | | | D | 1 | 2/12/1 | 12/ | 12/19 |
| b | | | | <u> </u> | | | | | |
| <u>c</u> | | | | | | | | _ | |
| <u>d</u> | | | | | | | | | |
| <u> </u> | (f) Depreciation allowed | (a) Co | st or other basis | | | | (h) Gain or (l | l nee) | |
| (e) Gross sales price | (or allowable) | | expense of sale | _ | | (| (e) plus (f) min | | |
| a 105,817. | | | 105,81 | / | | - | | | 0. |
| b | | | | \dashv | | | | | |
| d | | | | \dashv | | | | | |
| e | | | | | | | | | |
| Complete only for assets showing | gain in column (h) and owned | by the foundation | n on 12/31/69 | \neg | | | iains (Col (h) g | | |
| (i) FMV as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | | cess of col. (i) | | | col. (F | c), but not less Losses (from c | than -0-) or ol (h)) | |
| a | | | | $\neg \dagger$ | | | | | 0. |
| b | | | | 一十 | | | | | |
| С | | | | | | | | | |
| d | | | | | | | | | |
| e | | | · | | | | | | |
| 2 Capital gain net income or (net capital loss) If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 | | | | | | | | 0. | |
| 3 Net short-term capital gain or (loss | • | | | ĺ | | | | | |
| If gain, also enter in Part I, line 8, c If (loss), enter -0- in Part I, line 8 | | , a (0) | | } | 3 | | | | 0. |
| Part V Qualification Ur | nder Section 4940(e) 1 | or Reduced | Tax on Net | Inve | stme | nt Inco | me | | |
| (For optional use by domestic private if section 4940(d)(2) applies, leave thi Was the foundation liable for the section | s part blank | | | | , | | | Y | es X No |
| If "Yes," the foundation doesn't qualify | | | | | | | | | |
| 1 Enter the appropriate amount in ea | ach column for each year; see th | ne instructions be | fore making any ei | ntries. | | | | /d\ | |
| (a) Base period years Calendar year (or tax year beginning | g in) Adjusted qualifying | distributions | Net value of no | | | _ | Dı: (col (b) | (d) stribution rat divided by c | |
| 2018 | | 751,663. | | | | ,948. | | | 126672 |
| 2017 | | 797,275. | | | | ,587. | | | 137282 |
| 2016 | | 593,077. | | | | ,291. | | | 119202 |
| 2015 | | 412,010. | | | | <u>,778.</u> | | | 073999 102669 |
| 2014 | | 545,673. | <u> </u> | <u> </u> | 214 | <u>,870.</u> | | • | 102009 |
| 2 Total of line 1, column (d) | | | | | | | 2 | • | 559824 |
| 3 Average distribution ratio for the 5- the foundation has been in existence | | tal on line 2 by 5. | 0, or by the numbe | er of y | ears | | 3 | • | 111965 |
| 4 Enter the net value of noncharitable | | X line 5 | | | | | 4 | 6.25 | 7,955. |
| | cruse assets for 2015 from t are | Λ, ιιτο σ | | | | | | | ··· |
| 5 Multiply line 4 by line 3 | | | | | | | 5 | | 0,672. |
| 6 Enter 1% of net investment income | e (1% of Part I, line 27b) | | | | | | 6 | | <u>2,273.</u> |
| 7 Add lines 5 and 6 | | | | | | | 7 | 70 | 2,945. |
| 8 Enter qualifying distributions from | Part XII, line 4 | | | | | | 8 | 62 | 3,505. |
| If line 8 is equal to or greater than I See the Part VI instructions | line 7, check the box in Part VI, | line 1b, and comp | lete that part using | g a 1% | tax rate |) | | | |
| 923521 12-17-19 | | | | | | | | Form 99 | 0-PF (2019) |

| Form 990-PF (2019) WORD INVESTMENTS, INC. | | | 470907 | | age 4 |
|--|---|----------|---------------------------------------|-------------------------|---------------|
| Part VI Excise Tax Based on Investment Income (Section 4940 | 0(a), 4940(b), 4940(e), or 4 | 948 - s | see instru | ction | is) |
| 1a Exempt operating foundations described in section 4940(d)(2), check here \(\bigs \) and en | nter "N/A" on line 1. | | | | $\overline{}$ |
| Date of ruling or determination letter (attach copy of letter if nece | | | | | اب |
| b Domestic foundations that meet the section 4940(e) requirements in Part V, check here | and enter 1% | 1 | • | 4,54 | <u>17.</u> |
| of Part I, line 27b | | | | | - 1 |
| c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% | of Part I, line 12, col. (b) ノ | <u>_</u> | | | البيا |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, other | hers, enter -0-) | 2 | | , | <u>0.</u> |
| 3 Add lines 1 and 2 | | 3 | · · · · · · · · · · · · · · · · · · · | 4,54 | |
| 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; of | hers, enter -0-) | 4 | | | 0. |
| 5 Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0- | | 5 | | 4,54 | <u>+ / •</u> |
| 6 Credits/Payments | 1 400 | | | | - 1 |
| a 2019 estimated tax payments and 2018 overpayment credited to 2019 | 6a 1,400. | | | • | |
| b Exempt foreign organizations - tax withheld at source | 6b 0. | | | | { |
| c Tax paid with application for extension of time to file (Form 8868) | | | | | i |
| d Backup withholding erroneously withheld | [6d] U. | | - | 1,40 | าัก |
| 7 Total credits and payments. Add lines 6a through 6d | alia a d | 7 | | 1,40 | |
| 8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attac | cnea | 8 9 | · | 3,14 | 17 |
| 9 Tax due if the total of lines 5 and 8 is more than line 7, enter amount owed | | 10 | | J, 19 | <u> </u> |
| 10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | Refunded | 11 | | | |
| 11 Enter the amount of line 10 to be: Credited to 2020 estimated tax ▶ Part VII-A Statements Regarding Activities | Reluliueu | <u> </u> | | | — |
| 1a During the tax year, did the foundation attempt to influence any national, state, or local legisla | ation or did it participate or intervene | ın | | Yes | No |
| any political campaign? | ation of did it participate of intervent | | 1a | | X |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political purposi | es? See the instructions for the defin | ition | 1b | $\neg \uparrow$ | X |
| If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of | | | | | |
| distributed by the foundation in connection with the activities | , <u>, , , , , , , , , , , , , , , , , , </u> | | | | 1 |
| c Did the foundation file Form 1120-POL for this year? | | | 10 | ^ | X , |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the | year: | | | | |
| (1) On the foundation. ▶ \$ 0 • (2) On foundation managers | | | | 1 | - (|
| e Enter the reimbursement (if any) paid by the foundation during the year for political expendit | | | | | - 1 |
| managers. ► \$ 0. | | | | | |
| 2 Has the foundation engaged in any activities that have not previously been reported to the IR | S? | | 2 | | X |
| If "Yes," attach a detailed description of the activities | | | | . | |
| 3 Has the foundation made any changes, not previously reported to the IRS, in its governing in | nstrument, articles of incorporation, c | r | | | البييا |
| bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | | | 3 | | <u>X</u> |
| 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year | ? | 57 / | 4a | \longrightarrow | X |
| b If "Yes," has it filed a tax return on Form 990-T for this year? | | N/I | | | X |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | | 5 | | , |
| If "Yes," attach the statement required by General Instruction T | L | | | | [|
| Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied ettle | ner | | | | 1 |
| By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory | directions that conflict with the state | law | | | - |
| remain in the governing instrument? | directions that connict with the state | IAVV | | $\overline{\mathbf{x}}$ | |
| and the second s | ate Part II col (c) and Part XV | | 7 | $\frac{1}{x}$ | |
| 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," comple | ctor aren, cor (c), and rare // | | | + | |
| 8a Enter the states to which the foundation reports or with which it is registered. See instruction | ns > | | | | 1 |
| MI | | | _ | | , |
| b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Att | torney General (or designate) | | — I I | | į |
| of each state as required by General Instruction G? If "No," attach explanation | | | 8b | X | |
| 9 Is the foundation claiming status as a private operating foundation within the meaning of sec | tion 4942(j)(3) or 4942(j)(5) for cale | ndar | | | |
| year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," comp | | | 9 | X | |
| 10 Did any persons become substantial contributors during the tax year? If Yes,* attach a schedule | | | 10 | | X |
| ## | | | Form 990 | -PF (2 | 2019) |

| Pa | art VII-A Statements Regarding Activities (continued) | | | |
|----|--|---------------|--|--------------|
| _ | | T | Yes | No |
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of | 1 | | |
| | section 512(b)(13)? If "Yes," attach schedule. See instructions | 11 | | Х |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? | | 1 | |
| | If "Yes," attach statement. See instructions | 12 | | х |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | X | |
| | Website address ► N/A. | | | L |
| 14 | The books are in care of ▶ DIANE LUCHIES-PFERDEHIRT Telephone no. ▶ 616-94 | 12-0 | 041 | |
| | | 9546 | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here | | • | $\cdot \Box$ |
| | and enter the amount of tax-exempt interest received or accrued during the year | N | /A | |
| 16 | At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, | | Yes | No |
| | securities, or other financial account in a foreign country? | 16 | | X |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the | | | |
| _ | foreign country | | | |
| Pa | rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required | | | |
| | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | Ĺ | Yes | No |
| 1a | During the year, did the foundation (either directly or indirectly). | | <i>'</i> | 1 |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? | | ١. | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) | | | |
| | a disqualified person? | | | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No | | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? X Yes No | | | |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available | | • | 1 |
| | for the benefit or use of a disqualified person)? | | • | |
| | (6) Agree to pay money or property to a government official? (Exception Check "No" | | | |
| | if the foundation agreed to make a grant to or to employ the official for a period after | | | |
| | termination of government service, if terminating within 90 days.) | | | 1 |
| b | If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations | | | |
| | section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions | 16 | | X |
| | Organizations relying on a current notice regarding disaster assistance, check here | | | 1 |
| C | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected | | | |
| | before the first day of the tax year beginning in 2019? | 10 | | X |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation | | ' | |
| | defined in section 4942(j)(3) or 4942(j)(5)). | | | |
| a | At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines | | | |
| | 6d and 6e) for tax year(s) beginning before 2019? | | | , |
| | If "Yes," list the years , , , , , , , , , , , , , , , , , , , | 1 1 | | |
| b | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect | 1 | | 1 |
| | valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach | | | |
| | statement - see instructions.) N/A | 2b | | |
| C | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. | 1 1 | |] |
| | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time |] | | } |
| 3a | | | | |
| - | during the year? |] | | |
| | If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after | [| ı | 1 |
| | May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose | | ļ | |
| | of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, | | | |
| | Schedule C, to determine if the foundation had excess business holdings in 2019) N/A | 3b | | - |
| | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | | X |
| | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that | | | |
| | had not been removed from jeopardy before the first day of the tax year beginning in 2019? | m 99 0 | DE | |

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|--|--|-----------------------------|--|-------------|-------------------|-------------------------|
| Part VII-B Statements Regarding Activities for Which | Form 4720 May Be | Required (contin | ued) | | | |
| 5a During the year, did the foundation pay or incur any amount to | | · | | | Yes | No |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section | n 4945(e))? | Y | es 🗶 No 📙 | • | | |
| (2) Influence the outcome of any specific public election (see section 4955), | or to carry on, directly or indir | | | İ | | |
| any voter registration drive? | | Y | es 🗶 No | | | |
| (3) Provide a grant to an individual for travel, study, or other similar purposes | 37 | Y | es X No | - 1 | - 1 | ١ . |
| (4) Provide a grant to an organization other than a charitable, etc., organization | | ļ | | | | |
| 4945(d)(4)(A)? See instructions | Y | es 🗶 No | | | | |
| (5) Provide for any purpose other than religious, charitable, scientific, literary | , or educational purposes, or | for | | 1 | - | |
| the prevention of cruelty to children or animals? | | Y | es 🗓 No | | | |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un | der the exceptions described | in Regulations | | | | |
| section 53 4945 or in a current notice regarding disaster assistance? See instr | | - | [| 5b | | X |
| Organizations relying on a current notice regarding disaster assistance, check | | | ▶□ 「 | | | |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption t | rom the tax because it mainta | ined | | i | İ | ١ ١ |
| expenditure responsibility for the grant? | | . — | es 🔲 No | ŀ | | |
| If "Yes," attach the statement required by Regulations section 53 4945-5(d) | | | | - | ŀ | |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to | pay premiums on | | ľ | ľ | ı | . } |
| a personal benefit contract? | F-7 F-1 | ☐ Y | es X No | | . | ` |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a page 1. | personal benefit contract? | | · - | 6b | | $\overline{\mathbf{x}}$ |
| if "Yes" to 6b, file Form 8870. | | | _ | | | i |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax | shelter transaction? | ☐ Y | es X No | | l |] |
| b If "Yes," did the foundation receive any proceeds or have any net income attribu | | | _ _ | 7b | | <u>'</u> |
| 8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$ | | r | , - | | | |
| excess parachute payment(s) during the year? | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | es X No | | | 1 |
| Part VIII Information About Officers, Directors, Trust | ees. Foundation Ma | | | | | |
| Paid Employees, and Contractors | oco, i canaanon ma | | , | | | |
| List all officers, directors, trustees, and foundation managers and t | heir compensation. | | · | _ | | |
| | (b) Title, and average hours per week devoted | (c) Compensation | (d) Contributions to employee benefit plans and deferred | (6 | e) Expe | ense |
| (a) Name and address | to position | (If not paid, enter -0-) | and deferred compensation | aci | count, Illowan | ices |
| CLARE DEGRAAF | PRESIDENT | | - | | | |
| 1079 PARK EAST CT SE STE 2 | | | | | | |
| GRAND RAPIDS, MI 49546 | 40.00 | 79,353. | 0. | 51 | L,00 | 00. |
| SUSAN DEGRAAF | SECRETARY | | | | | |
| 1079 PARK EAST CT SE STE 2 | | | | | | |
| GRAND RAPIDS, MI 49546 | 5.00 | 0. | 0. | | | 0. |
| DIANE LUCHIES-PFERDEHIRT | TREASURER | | | | | |
| 1079 PARK EAST CT SE STE 2 | | | | i | | |
| GRAND RAPIDS, MI 49546 | 40.00 | 16,552. | 0. | | | 0. |
| | | | | | | |
| | | | | 1 | | |
| | | | | | | |
| Compensation of five highest-paid employees (other than those inc | luded on line 1). If none, | enter "NONE." | | | | |
| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average | (c) Compensation | (d) Contributions to employee benefit plans and deferred | a(e | e) Expe | ense other |
| (a) Name and address of each employee paid more than \$50,000 | hours per week devoted to position | (C) Compensation | and deferred compensation | a | llowan | ces |
| NONE | | | | | | |
| | | | | | | |
| | | | | | | |
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| | | | | | | _ |
| | | | | | | |
| | | | | | | . — |
| | | | | | | |
| | | | | | | _ |
| | | | | | | |
| otal number of other employees paid over \$50,000 | | | ▶ [| | | 0 |
| | | | Form | 990- | - PF (| 2019) |

923551 12-17-19

| Form,990-PF (2019) WORD INVESTMENTS, INC. | 38-2470907 | Page 7 |
|--|---------------------------------------|--------------|
| Part VIII Information About Officers, Directors, Trustees, Foundation Managers, High Paid Employees, and Contractors (continued) | ly | |
| 3 Five highest-paid independent contractors for professional services. If none, enter "NONE." | · · · · · · · · · · · · · · · · · · · | |
| (a) Name and address of each person paid more than \$50,000 (b) Type of ser | rvice (c) Co | mpensation |
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services | | 0 |
| Part IX-A Summary of Direct Charitable Activities | | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. | Expense | es |
| 1 ASSISTANCE TO VARIOUS CHRISTIAN MINISTRY SERVICES THROUGH EMPLOYED INDIVIDUALS | | |
| | 167 | <u>,963.</u> |
| 2 PROVIDES TECHNICAL ASSISTANCE TO OTHER CHARITABLE ORGANIZATIONS AND CHRISTIAN MINISTRIES | | |
| | 72 | ,055. |
| 3 | | |
| | | |
| 4 | | |
| Part IX-B Summary of Program-Related Investments | | |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. | Amoun | 1 |
| 1N/A | | |
| | | |
| 2 | | |
| All other program-related investments. See instructions | | |
| 3 | | |
| | | |
| | | |
| | | |
| Total. Add lines 1 through 3 | Form 990 - | 0 · |

| P | art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations | ndations, | see instructions) |
|----|---|--------------|---------------------------------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes | | |
| | Average monthly fair market value of securities | 1a ` | 6,085,375. |
| | Average of monthly cash balances | 1b | 229,675. |
| | Fair market value of all other assets | 1c | 38,204. |
| | Total (add lines 1a, b, and c) | 1d | 6,353,254. |
| | Reduction claimed for blockage or other factors reported on lines 1a and | | |
| | 1c (attach detailed explanation) 1e 0 • | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0. |
| 3 | Subtract line 2 from line 1d | 3 | 6,353,254. |
| 4 | Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 95,299. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 6,257,955. |
| 6 | Minimum investment return Enter 5% of line 5 | 6 | 312,898. |
| P | art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations, check here ► X and do not complete this part.) | id certain | |
| 1 | Minimum investment return from Part X, line 6 | 1 | |
| 2a | Tax on investment income for 2019 from Part VI, line 5 | | |
| | Income tax for 2019 (This does not include the tax from Part VI) | | |
| | Add lines 2a and 2b | 2c | |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | · · · · · · · · · · · · · · · · · · · |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | · · · · · · · · · · · · · · · · · · · |
| 5 | Add lines 3 and 4 | 5 | |
| 6 | Deduction from distributable amount (see instructions) | 6 | |
| 7 | Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7 | · |
| _ | art XII Qualifying Distributions (see instructions) | · · · · · · | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | _ | |
| а | Expenses, contributions, gifts, etc total from Part I, column (d), line 26 | 1a | 623,505. |
| b | Program-related investments - total from Part IX-B | 1b | 0. |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the. | _ | |
| а | Suitability test (prior IRS approval required) | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b | |
| 4 | Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 | 4 | 623,505. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment | | • |
| | income. Enter 1% of Part I, line 27b | 5 | 0. |
| 6 | Adjusted qualifying distributions Subtract line 5 from line 4 | 6 | 623,505. |
| | Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years. | jualifies fo | r the section |

| Part XIII Undistributed Income (see | nstructions) | N/A | | |
|--|--------------|---------------------------------------|---------|----------|
| | (a) | (b) | (c) | (d) |
| | Corpus | Years prior to 2018 | 2018 | 2019 |
| 1 Distributable amount for 2019 from Part XI, | | | | |
| line 7 | | | | |
| 2 Undistributed income, if any, as of the end of 2019 | | | | |
| a Enter amount for 2018 only | | | | |
| b Total for prior years | | | | i |
| ,, | | | | |
| 3 Excess distributions carryover, if any, to 2019: | | | | |
| a From 2014 | | | | ' |
| b From 2015 | | | | |
| c From 2016 | | | | |
| d From 2017 | | | | |
| e From 2018 | | | | |
| f Total of lines 3a through e | | | | |
| 4 Qualifying distributions for 2019 from | | | | |
| Part XII, line 4 ► \$ | | | | |
| a Applied to 2018, but not more than line 2a | | | | |
| b Applied to undistributed income of prior | | | | į |
| years (Election required - see instructions) | | - 11. | <u></u> | |
| c Treated as distributions out of corpus | | | | - |
| (Election required - see instructions) | | | | |
| d Applied to 2019 distributable amount | | | | |
| e Remaining amount distributed out of corpus | | | | |
| 5 Excess distributions carryover applied to 2019 (If an amount appears in column (d) the same amount must be shown in column (a)) | | | | |
| 6 Enter the net total of each column as indicated below. | | | | |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 | | | | |
| b Prior years' undistributed income. Subtract | | | | , , |
| line 4b from line 2b | | | | |
| c Enter the amount of prior years' | | | | ! |
| undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously | | | | i ! |
| assessed | | | | <u> </u> |
| d Subtract line 6c from line 6b Taxable | | | | |
| amount - see instructions | | | | |
| e Undistributed income for 2018 Subtract line | | | | |
| 4a from line 2a. Taxable amount - see instr | | | | i i |
| f Undistributed income for 2019 Subtract | | | | |
| lines 4d and 5 from line 1. This amount must | | | | |
| be distributed in 2020 | | | | |
| 7 Amounts treated as distributions out of | | | | |
| corpus to satisfy requirements imposed by | | | | 1 |
| section 170(b)(1)(F) or 4942(g)(3) (Election | | | | |
| may be required - see instructions) | | | | |
| 8 Excess distributions carryover from 2014 | | | | , |
| not applied on line 5 or line 7 | | | | |
| 9 Excess distributions carryover to 2020 Subtract lines 7 and 8 from line 63 | | | | |
| Subtract lines 7 and 8 from line 6a | | · · · · · · · · · · · · · · · · · · · | | |
| IO Analysis of line 9 ⁻ a Excess from 2015 | | | | |
| b Excess from 2016 | | | | |
| c Excess from 2017 | | | | |
| d Excess from 2018 | | | | , |
| e Excess from 2019 | | | |] } |
| 6 E A CO CO S I I O I I E C I S I | | | | |

923581 12-17-19

| Form 990-PF (2019) WORD IN | VESTMENTS, | INC. | | 38-24 | 70907 Page 1 |
|---|-----------------------------|---------------------------|-------------------------------|--------------------------|--------------------|
| Part XIV Private Operating For | oundations (see ins | tructions and Part VII- | A, question 9) | | |
| I a if the foundation has received a ruling or foundation, and the ruling is effective for | 2019, enter the date of the | ne ruling | ▶ | 240()(0) 1 40 | 40(2)(5) |
| b Check box to indicate whether the found | | g foundation described in | | 942(j)(3) or 49 | 42(j)(5) |
| 2 a Enter the lesser of the adjusted net | Tax year (a) 2019 | (b) 2018 | Prior 3 years (c) 2017 | (d) 2016 | (e) Total |
| income from Part I or the minimum | (8)2013 | (0)2010 | (6) 20 11 | (4)2010 | (0) 10(2) |
| investment return from Part X for | 109,075. | 0. | 129,911. | 0. | 238,986. |
| each year listed | 92,714. | 0. | 110,424. | 0. | 203,138. |
| b 85% of line 2a | 94,/14. | <u></u> | 110,424. | | 203,130. |
| c Qualifying distributions from Part XII, | 623,505. | 753,052. | 797,275. | 693,077. | 2,866,909. |
| line 4, for each year listed | - 023,303. | 133,032. | 131,213. | 055,0770 | 2,000,303 |
| d Amounts included in line 2c not | | | | | |
| used directly for active conduct of | 97,535. | 249,912. | 265,471. | 159,909. | 772,827. |
| exempt activities | 91,333. | 249,912. | 203,471. | | 772,027 |
| e Qualifying distributions made directly | | | | | |
| for active conduct of exempt activities | 525,970. | 503,140. | 531,804. | 533 168 | 2,094,082. |
| Subtract line 2d from line 2c 3 Complete 3a, b, or c for the alternative test relied upon a "Assets" alternative test - enter. | 323,370. | 303,140. | 331,004. | 333,100. | 2,034,002 |
| (1) Value of all assets | | | | | 0. |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | | | | | 0. |
| b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6, for each year listed | 208,599. | 197,798. | 193,586. | 193,810. | 793,793. |
| c "Support" alternative test - enter | 200,000 | | | | |
| (1) Total support other than gross | | | | | |
| investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) | | | | | 0. |
| (2) Support from general public | | | | | |
| and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) | | | | | 0. |
| (3) Largest amount of support from | | | | | |
| an exempt organization | | | | | 0. |
| (4) Gross investment income | | | | | 0. |
| Part XV Supplementary Information at any time during the | | | f the foundation h | ad \$5,000 or mo | ore in assets |
| 1 Information Regarding Foundation | n Managers: | | | | |
| a List any managers of the foundation who year (but only if they have contributed m | | | butions received by the fo | undation before the clos | e of any tax |
| CLARE DEGRAAF | | | | | |
| b List any managers of the foundation who other entity) of which the foundation has | | | or an equally large portion (| of the ownership of a pa | rtnership or |
| NONE | | | | | <u></u> |
| Information Regarding Contribution Check here if the foundation on the foundation makes gifts, grants, etc., t | nly makes contributions to | preselected charitable o | rganizations and does not | | ests for funds. If |
| a The name, address, and telephone numb | | | | | |

SEE STATEMENT 12

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines.

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Form **990-PF** (2019)

| Part XVI-A Analysis of Income-Produ | | | | 38-2 | 2470907 Page 1 |
|---|--|---------------------------------------|--|---------------------------------------|---------------------------------------|
| | | usiness income | Excluded | by section 512, 513, or 514 | (0) |
| Enter gross amounts unless otherwise indicated. 1 Program service revenue. | (a) Business code | (b) Amount | (C) Exclu- sion code | (d) Amount | (e) Related or exempt function income |
| a | Code | | - | | |
| b | | | | | |
| c | . ——— | | - | | |
| е | · | · · · · · · · · · · · · · · · · · · · | + | | |
| f | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 2 Membership dues and assessments | | | | | |
| 3 Interest on savings and temporary cash | | | 14 | 20,001. | |
| Investments 4 Dividends and interest from securities | | | | 20,001. | |
| 5 Net rental income or (loss) from real estate | | | - | | |
| a Debt-financed property | | | 16 | 9,000. | |
| b Not debt-financed property | | | | | |
| 6 Net rental income or (loss) from personal | | | | | |
| property 7 Other revealment recome | | | 16 | 266,763. | |
| 7 Other investment income 8 Gain or (loss) from sales of assets other | | | 1 4 | 200,703. | |
| than inventory | 1 1 | | 18 | | |
| 9 Net income or (loss) from special events | | | <u> </u> | | · · · · · · · · · · · · · · · · · · · |
| 10 Gross profit or (loss) from sales of inventory | | | | | |
| 11 Other revenue | | | | | |
| a OTHER REVENUE | | | ļ <u>+</u> | | 4,950 |
| b | | | - | | |
| d | - | · | - | | |
| e | | | | | · · · · · · · · · · · · · · · · · · · |
| 12 Subtotal Add columns (b), (d), and (e) | | 0. | | 295,764. | 4,950. |
| 13 Total Add line 12, columns (b), (d), and (e) | · <u></u> | | | 13 | 300,714. |
| (See worksheet in line 13 instructions to verify calculations.) | · | | | | |
| Part XVI-B Relationship of Activities | to the Accom | plishment of Ex | cempt P | urposes | |
| Line No Explain below how each activity for which inco | | | contribute | d importantly to the accomp | lishment of |
| the foundation's exempt purposes (other than | | | | | |
| 11A ADMINISTRATION FEES RE | CEIVED AS | SISTING NO | N-PRC | FITS IN EXEM | PT PURPOSE |
| | | | | | |
| | | | | | ···· |
| | <u>-</u> | | | | · ····· |
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923621 12-17-19

| Form 99 | 0-PF (2 | 2019), WORD | INVESTME | NTS, | INC | ! . | | | 38- | 2470907 | ' Pa | ge 13 |
|-----------|-------------|---------------------------------------|--|---|-------------|--|------------------|-----------------|-------------------------|---------------------|-----------|-------|
| Part | XVII | Information R | egarding Trai | nsfers | to an | d Transactions | and R | elations | nips With No | ncharitable | • | |
| | | Exempt Organ | nizations | | | | | | | | | |
| 1 Die | the or | ganization directly or indi | rectly engage in any | y of the fo | llowing | with any other organizat | tion desc | cribed in sect | ion 501(c) | | Yes | No |
| (01 | her tha | n section 501(c)(3) organ | nizations) or in sect | ion 527, r | elatıng t | o political organizations | ? | | | | | |
| a Tra | nsfers | from the reporting found | lation to a noncharit | table exen | npt orga | nization of | | | | | | |
| (1) | Cash | | | | | | | | | 1a(1) | | X |
| (2 | Other | assets | | | | | | | | 1a(2) | | X |
| , , | | sactions | | | | | | | | | | |
| | | of assets to a noncharita | able exempt organiz | ation | | | | | | 16(1) | | Х |
| ٠. | | nases of assets from a no | | | tion | | | | | 1b(2) | | Х |
| • • | | al of facilities, equipment, | • | | | | | | | 1b(3) | | X |
| • • | | bursement arrangements | | | | | | | | 1b(4) | | Х |
| | | s or loan guarantees | | | | | | | | 16(5) | | Х |
| , , | | rmance of services or me | embershin or fundra | aisina soli | citations | . | | | | 1b(6) | | Х |
| • • | | f facilities, equipment, ma | • | - | | | | | | 10 | 1 | Х |
| | • | wer to any of the above is | • | | | - | always si | how the fair r | narket value of the | | sets. | |
| | | s given by the reporting f | | | - | | | | | | | |
| - | | i) the value of the goods, | | | | | | , | | | | |
| (a)Line r | <u>_</u> | (b) Amount involved | | | | xempt organization | | (d) Description | of transfers, transacti | ons, and sharing ar | rangeme | nts |
| *** | | | `` | | /A | | | · · · · · · | | | | |
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| 22 51 | he four | ndation directly or indirec | tly affiliated with or | r related to | n one or | more tax-exempt organ | nizations | described | | | | |
| | | 501(c) (other than section | | | | more tax exempt organ | | 4000,1004 | | Yes | X | No |
| | | omplete the following sch | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ' | | | | | | | - |
| | 100, 00 | (a) Name of org | | | | (b) Type of organization | T | | (c) Description of r | elationship | | - |
| | | N/A | | | | | | | · · · | | | |
| | | , | | | | | 1 | | | | | |
| | | | | | | | 1 | | | | | |
| | | | | | | | | | · | | | |
| | | | | | | | 1 | | | | | |
| | | penalties of perjury, I declare | | | | | | | | May the IRS | discuss f | hia |
| Sign | and be | olief, it is true, correct, and cor | mplete Declaration of p | preparer (ot | her than ta | axpayer) is based on all infor | rmation of | which prepare | r has any knowledge | return with the | e prepare | er 📗 |
| Here | | / // | | | | 1 | | PRESII | ENT | X Yes | | No |
| | Sign | ature of officer or trustee | | | | Date / | | tle | | | | |
| | <u> </u> | Print/Type preparer's na | | Prepar | er's sign | | Date | | Check if | PTIN | | |
| | | | | | 1 | 15hm | | ľ | self- employed | | | |
| Paid | | STEVE JOHN | ISON | STE | ve′ J | OHNSON | 06/ | 18/20 | | P01227 | | |
| Prepa | arer | Firm's name ► VAN | | G, BI | ERGA | KKER & ASS | | | Firm's EIN ► 3 | 8-24455 | 37 | |
| Hoo (| anl | I | | | | | | | 1 | | | |

Phone no. 6169570691

Firm's address ▶ 4145 EMBASSY DRIVE SE

GRAND RAPIDS, MI 49546

| Part XV Supplementary Informatio 3 Grants and Contributions Paid During the | | | | |
|---|--|--------------------------------------|----------------------------------|---------|
| Recipient | If recipient is an individual, | Equadation | Purpose of great or | |
| Name and address (home or business) | show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| | Or Substantial Contributor | | | |
| COMMUNITY FOUNDATION OF | | EOF | CHARITABLE | |
| HOLLAND/ZEELAND | | | | |
| 85 EAST 8TH STREET, STE 110 | | | | |
| HOLLAND, MI 49423-0002 | | | | 2,000 |
| | | | | |
| DAVID'S HOUSE MINISTRIES | | EOF | RELIGIOUS | |
| 2251 HOPE GROVE AVE SW | | , | | |
| WYOMING, MI 49509 | | | | 1,250 |
| | | | | |
| | | | | |
| DOOR | | EOF | CHARITABLE | |
| 135 N STATE ST. STE 200 | | | | 1,000 |
| ZEELAND, MI 49464 | | | | 1,000. |
| | | | | |
| DRESSEMBER FOUNDATION | | EOF | CHARITABLE | |
| PO BOX 1092 | | | | |
| ASHLAND, OR 97520 | | | | 600. |
| | | | | |
| ECFA | | EOF | RELIGIOUS | |
| 901 EAST 78TH ST | | 201 | | |
| MINNEAPOLIS, MN 55420 | | | | 1,200. |
| · · · · · · · · · · · · · · · · · · · | | | | |
| | | | | |
| EVERY NATION CHURCHES & MINISTRIES | | EOF | RELIGIOUS | |
| PO BOX 1787 | | | | 2,000. |
| BRENTWOOD, TN 37024-1787 | | | | 2,000. |
| | | | | |
| FIRST ALLIANCE CHURCH | | FC | RELIGIOUS | |
| 3250 FINCH AVE EAST | | | | |
| TORONTO, ONTARIO, CANADA M1W 2Y1 | | - | | 5,000. |
| | | | | |
| GOOD NEWS COMMUNITY CHURCH | | EOF | RELIGIOUS | |
| 755 EASTERN AVE SE | | | | |
| GRAND RAPIDS, MI 49503 | | | | 6,400. |
| | | | | |
| WORD FOR GARE | | FOF | CUADITABLE | |
| HOPE FOR GABE | | EOF | CHARITABLE | |
| 4970 MEADOW SPRINGS TRAIL SE ADA, MI 49301 | | | | 2,000. |
| , 111 12001 | | - | | 2,550 |
| | | | | |
| MAYFLOWER CONGREGATIONAL CHURCH | | EOF | RELIGIOUS | |
| 2345 ROBINSON RD SE | | | | 20.000 |
| GRAND RAPIDS, MI 49506 | | | | 20,000. |
| Total from continuation sheets | · | | | 98,528. |

| Name and address (home or busness) and published in published in published recipient | Part XV Supplementary Information | | | | |
|--|---|----------------------------|--------------|--|--------|
| Septing Hill Camps Rame and address (home or business) Show any relationship to any fundation manager of sobstanial contequior status of recepted any fundation manager of sobstanial contequior status of recepted and recepted | 3 Grants and Contributions Paid During the Ye | | | | |
| MISSIONARY VENTURES INTERNATIONAL INC SI44 SOUTH ORANGE AVE ORLANDO, FL 32809 MSU GRAN FONDO IS MICHIGAN ST NE GRAND RAPIDS MOS GRAPT RAPIDS MOS GRAPT RAPIDS MOS GRAPT RAPIDS MOS GRAND RAPIDS MOS GRAPT | | show any relationship to | | Purpose of grant or contribution | Amount |
| MSU GRAN FONDO MSU GRAN FONDO 15 MICHIGAN ST NE GRAND RAPIDS, MI 49503 MCS GRAND RAPIDS 4079 PARK EAST CT SE STE 102 GRAND RAPIDS, MI 49546 EOF RELIGIOUS AS MOCKEPELLER PLAZA STE 2000 NEW YORK, NY 10111 PARADISE BOUND MINISTRIES 425 CENTERSTONE CT ZEELAND, MI 49464 PARTNERS RELIEF & DEVELOPMENT PO BOX 912418 DENVER, CO 80291-2418 PASSTHROUGH CHARITABLE DEDUCTIONS EOF CHARITABLE PASSTHROUGH CHARITABLE DEDUCTIONS EOF CHARITABLE 2 REWRITE LIFE PO BOX 104 GRANDVILLE, MI 49468 SPRING HILL CAMPS 739 E BELTILINE AVE NE STE 3 | Name and address (nome or business) | or substantial contributor | | | |
| MSU GRAN FONDO MSU GRAN FONDO 15 MICHIGAN ST NE GRAND RAPIDS, MI 49503 MCS GRAND RAPIDS 4079 PARK EAST CT SE STE 102 GRAND RAPIDS, MI 49546 EOF RELIGIOUS AS MOCKEPELLER PLAZA STE 2000 NEW YORK, NY 10111 PARADISE BOUND MINISTRIES 425 CENTERSTONE CT ZEELAND, MI 49464 PARTNERS RELIEF & DEVELOPMENT PO BOX 912418 DENVER, CO 80291-2418 PASSTHROUGH CHARITABLE DEDUCTIONS EOF CHARITABLE PASSTHROUGH CHARITABLE DEDUCTIONS EOF CHARITABLE 2 REWRITE LIFE PO BOX 104 GRANDVILLE, MI 49468 SPRING HILL CAMPS 739 E BELTILINE AVE NE STE 3 | | | | | |
| ORLANDO, FL 32809 MSU GRAN FONDO 15 MICHIGAN ST NE GRAND RAPIDS, MI 49503 MCS GRAND RAPIDS, MI 49503 MCS GRAND RAPIDS MISSIONARY VENTURES INTERNATIONAL INC | | EOF | RELIGIOUS | |
| MSU GRAN FONDO 15 MICHIGAN ST NE GRAND RAPIDS, MI 49503 NCS GRAND RAPIDS 4079 FARK EAST CT SE STE 102 GRAND RAPIDS, MI 49546 NEW CANAAN SOCIETY 45 ROCKEFELLER PLAZA STE 2000 NEW YORK, NY 10111 PARADISE BOUND MINISTRIES 425 CENTERSTONE CT 2EELAND, MI 49464 PARTNERS RELIEF & DEVELOPMENT PO BOX 912418 PASSTHROUGH CHARITABLE DEDUCTIONS REWRITE LIFE PO BOX 104 GRANDVILLE, MI 49468 SPRING HILL CAMPS 739 E BELTILING AVE NE STE 3 | 5144 SOUTH ORANGE AVE | | | | |
| 15 MICHIGAN ST NE GRAND RAPIDS NCS GRAND RAPIDS EOF CHARITABLE 4079 PARK EAST CT SE STE 102 GRAND RAPIDS, MI 49546 EOF RELIGIOUS SEME CANAAN SOCIETY EOF RELIGIOUS 15 ROCKEFELLER PLAZA STE 2000 NEW YORK, NY 10111 PARADISE BOUND MINISTRIES EOF RELIGIOUS 425 CENTERSTONE CT ZEELAND, MI 49464 PARTNERS RELIEF & DEVELOPMENT EOF CHARITABLE PO BOX 912418 DENVER, CO 80291-2418 PASSTHROUGH CHARITABLE DEDUCTIONS EOF CHARITABLE 2 REWRITE LIFE EOF CHARITABLE 2 REWRITE LIFE EOF CHARITABLE SPRING HILL CAMPS 739 E BELICIOUS EOF RELIGIOUS EOF RELIGIOUS | ORLANDO, FL 32809 | | | | 1,000. |
| 15 MICHIGAN ST NE GRAND RAPIDS NCS GRAND RAPIDS EOF CHARITABLE 4079 PARK EAST CT SE STE 102 GRAND RAPIDS, MI 49546 EOF RELIGIOUS SEME CANAAN SOCIETY EOF RELIGIOUS 15 ROCKEFELLER PLAZA STE 2000 NEW YORK, NY 10111 PARADISE BOUND MINISTRIES EOF RELIGIOUS 425 CENTERSTONE CT ZEELAND, MI 49464 PARTNERS RELIEF & DEVELOPMENT EOF CHARITABLE PO BOX 912418 DENVER, CO 80291-2418 PASSTHROUGH CHARITABLE DEDUCTIONS EOF CHARITABLE 2 REWRITE LIFE EOF CHARITABLE 2 REWRITE LIFE EOF CHARITABLE SPRING HILL CAMPS 739 E BELICIOUS EOF RELIGIOUS EOF RELIGIOUS | | | | CUA DI MA DI E | |
| CRAND RAPIDS MI 49503 NCS GRAND RAPIDS 4079 PARK EAST CT SE STE 102 GRAND RAPIDS, MI 49546 2 NEW CANAAN SOCIETY 45 ROCKEFELLER PLAZA STE 2000 NEW YORK, NY 10111 PARADISE BOUND MINISTRIES 425 CENTERSTONE CT 2EELAND, MI 49464 PARTNERS RELIEF & DEVELOPMENT FO BOX 912418 DENVER, CO 80291-2418 2 PASSTHROUGH CHARITABLE DEDUCTIONS EOF CHARITABLE 2 REWRITE LIFE FO BOX 104 GRANDVILLE, MI 49468 1 SPRING HILL CAMPS 739 E BELILLINE AVE NE STE 3 | | | EOF | CHARITABLE | |
| NCS GRAND RAPIDS 4079 PARK EAST CT SE STE 102 GRAND RAPIDS, MI 49546 2 NEW CANAAN SOCIETY 45 ROCKEPELLER PLAZA STE 2000 NEW YORK, NY 10111 PARADISE BOUND MINISTRIES 425 CENTERSTONE CT ZEELAND, MI 49464 PARTNERS RELIEF & DEVELOPMENT FO BOX 912418 DENVER, CO 80291-2418 2 PASSTHROUGH CHARITABLE DEDUCTIONS EOF CHARITABLE 2 REWRITE LIFE FO BOX 104 GRANDVILLE, MI 49468 1 SPRING HILL CAMPS 739 E BELTLINE AVE NE STE 3 | | | | | 250. |
| A079 PARK EAST CT SE STE 102 GRAND RAPIDS, MI 49546 NEW CANAAN SOCIETY 45 ROCKEFELLER PLAZA STE 2000 NEW YORK, NY 10111 PARADISE BOUND MINISTRIES 425 CENTERSTONE CT ZEELAND, MI 49464 PARTNERS RELIEF & DEVELOPMENT PO BOX 912418 PASSTHROUGH CHARITABLE DEDUCTIONS EOF CHARITABLE PASSTHROUGH CHARITABLE DEDUCTIONS EOF CHARITABLE 2 REWRITE LIFE PO BOX 104 GRANDVILLE, MI 49468 1 SPRING HILL CAMPS 739 E BELTLINE AVE NE STE 3 | GRAND RAPIDS, MI 49503 | · · · | | | 230. |
| GRAND RAPIDS, MI 49546 REW CANAAN SOCIETY 45 ROCKEPELLER PLAZA STE 2000 NEW YORK, NY 10111 PARADISE BOUND MINISTRIES 425 CENTERSTONE CT ZEELAND, MI 49464 PARTNERS RELIEF & DEVELOPMENT PO BOX 912418 DENVER, CO 80291-2418 PASSTHROUGH CHARITABLE DEDUCTIONS EOF CHARITABLE PASSTHROUGH CHARITABLE DEDUCTIONS EOF CHARITABLE 2 REWRITE LIFE PO BOX 104 GRANDVILLE, MI 49468 SPRING HILL CAMPS 739 E BELTLINE AVE NE STE 3 | NGC CRAND BARING | | FOR | CHARITARLE | |
| GRAND RAPIDS, MI 49546 NEW CANAAN SOCIETY 45 ROCKEFELLER PLAZA STE 2000 NEW YORK, NY 10111 PARADISE BOUND MINISTRIES 425 CENTERSTONE CT ZEELAND, MI 49464 PARTNERS RELIEF & DEVELOPMENT PO BOX 912418 DENVER, CO 80291-2418 PASSTHROUGH CHARITABLE DEDUCTIONS EOF CHARITABLE 2 REWRITE LIFE PO BOX 104 GRANDVILLE, MI 49468 1 SPRING HILL CAMPS 739 E BELTLINE AVE NE STE 3 | | | | | |
| 45 ROCKEPELLER PLAZA STE 2000 NEW YORK, NY 10111 PARADISE BOUND MINISTRIES 425 CENTERSTONE CT ZEELAND, MI 49464 PARTNERS RELIEF & DEVELOPMENT PO BOX 912418 PASSTHROUGH CHARITABLE DEDUCTIONS EOF CHARITABLE PASSTHROUGH CHARITABLE DEDUCTIONS EOF CHARITABLE 2 REWRITE LIFE PO BOX 104 GRANDVILLE, MI 49468 1 SPRING HILL CAMPS 739 E BELTLINE AVE NE STE 3 | | | | | 2,250. |
| 45 ROCKEFELLER PLAZA STE 2000 NEW YORK, NY 10111 PARADISE BOUND MINISTRIES 425 CENTERSTONE CT ZEELAND, MI 49464 PARTNERS RELIEF & DEVELOPMENT FO BOX 912418 DENVER, CO 80291-2418 2 PASSTHROUGH CHARITABLE DEDUCTIONS EOF CHARITABLE 2 REWRITE LIFE FO BOX 104 GRANDVILLE, MI 49468 1 SPRING HILL CAMPS 739 E BELTLINE AVE NE STE 3 | | | | | |
| 45 ROCKEFELLER PLAZA STE 2000 NEW YORK, NY 10111 PARADISE BOUND MINISTRIES 425 CENTERSTONE CT ZEELAND, MI 49464 PARTNERS RELIEF & DEVELOPMENT PO BOX 912418 PASSTHROUGH CHARITABLE DEDUCTIONS EOF CHARITABLE PASSTHROUGH CHARITABLE DEDUCTIONS EOF CHARITABLE 2 REWRITE LIFE PO BOX 104 GRANDVILLE, MI 49468 1 SPRING HILL CAMPS 739 E BELTLINE AVE NE STE 3 | NEW CANAAN SOCIETY | | EOF | RELIGIOUS | |
| NEW YORK, NY 10111 PARADISE BOUND MINISTRIES 425 CENTERSTONE CT ZEELAND, MI 49464 PARTNERS RELIEF & DEVELOPMENT FO BOX 912418 DENVER, CO 80291-2418 PASSTHROUGH CHARITABLE DEDUCTIONS EOF CHARITABLE 2 REWRITE LIFE FO BOX 104 GRANDVILLE, MI 49468 1 SPRING HILL CAMPS 739 E BELTLINE AVE NE STE 3 | | | | | |
| 425 CENTERSTONE CT ZEELAND, MI 49464 PARTNERS RELIEF & DEVELOPMENT PO BOX 912418 DENVER, CO 80291-2418 2 PASSTHROUGH CHARITABLE DEDUCTIONS EOF CHARITABLE 2 REWRITE LIFE PO BOX 104 GRANDVILLE, MI 49468 SPRING HILL CAMPS 739 E BELTLINE AVE NE STE 3 | | | | | 500. |
| 425 CENTERSTONE CT ZEELAND, MI 49464 PARTNERS RELIEF & DEVELOPMENT PO BOX 912418 DENVER, CO 80291-2418 2 PASSTHROUGH CHARITABLE DEDUCTIONS EOF CHARITABLE 2 REWRITE LIFE PO BOX 104 GRANDVILLE, MI 49468 SPRING HILL CAMPS 739 E BELTLINE AVE NE STE 3 | | | | | |
| 425 CENTERSTONE CT ZEELAND, MI 49464 PARTNERS RELIEF & DEVELOPMENT PO BOX 912418 DENVER, CO 80291-2418 2 PASSTHROUGH CHARITABLE DEDUCTIONS EOF CHARITABLE 2 REWRITE LIFE PO BOX 104 GRANDVILLE, MI 49468 SPRING HILL CAMPS 739 E BELTLINE AVE NE STE 3 | DIDIDIOS DOUND WINIGHDING | | FOR | DEL LCTOUS | |
| PARTNERS RELIEF & DEVELOPMENT PO BOX 912418 DENVER, CO 80291-2418 PASSTHROUGH CHARITABLE DEDUCTIONS EOF CHARITABLE 2 REWRITE LIFE PO BOX 104 GRANDVILLE, MI 49468 SPRING HILL CAMPS 739 E BELTLINE AVE NE STE 3 | | | EOF | RELIGIOUS | |
| PARTNERS RELIEF & DEVELOPMENT PO BOX 912418 DENVER, CO 80291-2418 PASSTHROUGH CHARITABLE DEDUCTIONS EOF CHARITABLE 2 REWRITE LIFE PO BOX 104 GRANDVILLE, MI 49468 SPRING HILL CAMPS 739 E BELTLINE AVE NE STE 3 | | | | | 150. |
| PO BOX 912418 DENVER, CO 80291-2418 2 PASSTHROUGH CHARITABLE DEDUCTIONS EOF CHARITABLE 2 REWRITE LIFE PO BOX 104 GRANDVILLE, MI 49468 SPRING HILL CAMPS 739 E BELTLINE AVE NE STE 3 | 33333 | | | · · · · · · · · · · · · · · · · · · · | |
| PO BOX 912418 DENVER, CO 80291-2418 2 PASSTHROUGH CHARITABLE DEDUCTIONS EOF CHARITABLE 2 REWRITE LIFE PO BOX 104 GRANDVILLE, MI 49468 SPRING HILL CAMPS 739 E BELTLINE AVE NE STE 3 | | | l | | |
| DENVER, CO 80291-2418 PASSTHROUGH CHARITABLE DEDUCTIONS EOF CHARITABLE 2 REWRITE LIFE PO BOX 104 GRANDVILLE, MI 49468 EOF EOF RELIGIOUS SPRING HILL CAMPS 739 E BELTLINE AVE NE STE 3 | | | EOF | CHARITABLE | |
| PASSTHROUGH CHARITABLE DEDUCTIONS EOF CHARITABLE 2 REWRITE LIFE PO BOX 104 GRANDVILLE, MI 49468 1 SPRING HILL CAMPS 739 E BELTLINE AVE NE STE 3 | | | | | 2,000. |
| REWRITE LIFE PO BOX 104 GRANDVILLE, MI 49468 SPRING HILL CAMPS 739 E BELTLINE AVE NE STE 3 | DENVER, CO 60291-2416 | | | | 2,0001 |
| REWRITE LIFE PO BOX 104 GRANDVILLE, MI 49468 SPRING HILL CAMPS 739 E BELTLINE AVE NE STE 3 | | | | | |
| REWRITE LIFE PO BOX 104 GRANDVILLE, MI 49468 SPRING HILL CAMPS 739 E BELTLINE AVE NE STE 3 | PASSTHROUGH CHARITABLE DEDUCTIONS | | EOF | CHARITABLE | |
| PO BOX 104 GRANDVILLE, MI 49468 SPRING HILL CAMPS 739 E BELTLINE AVE NE STE 3 | | | | | 2,893. |
| PO BOX 104 GRANDVILLE, MI 49468 SPRING HILL CAMPS 739 E BELTLINE AVE NE STE 3 | | | | | |
| SPRING HILL CAMPS 739 E BELTLINE AVE NE STE 3 | REWRITE LIFE | | EOF | CHARITABLE | |
| SPRING HILL CAMPS 739 E BELTLINE AVE NE STE 3 | | | | | |
| 739 E BELTLINE AVE NE STE 3 | GRANDVILLE, MI 49468 | | | | 1,000. |
| 739 E BELTLINE AVE NE STE 3 | | | | | |
| | SPRING HILL CAMPS | | EOF | RELIGIOUS | |
| GRAND RAPIDS, MI 49525 | | | | | 7.500 |
| | GRAND RAPIDS, MI 49525 | | - | | 7,500. |
| | | | | | |
| TRAILBLAZE NOW EOF CHARITABLE | | | EOF | CHARITABLE | |
| 400 CASEY DRIVE MAUMELLE, AR 72113 | | | | | 3,400. |
| Total from continuation sheets | | <u> </u> | L | <u></u> | 7,230 |

| 3 Grants and Contributions Paid During the | | | | |
|--|--|----------------------|----------------------------------|-------------|
| Recipient | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | | |
| | | | | |
| TWO FISH FOUNDATION | | EOF | RELIGIOUS | |
| 1771 GRAND RIVER DR NE ADA, MI 49301 | | | | 250 |
| nDA, 11 43301 | | | | 230 |
| WEST MICHIGAN COMMUNITY TENNIS, INC | | EOF | CHARITABLE | |
| 7659 KRAFT AVE | | | CIMCIADD | |
| CALEDONIA, MI 49316 | | | | 10,000 |
| | | | | |
| WEST MICHIGAN FRIENDSHIP CENTER | | EOF | CHARITABLE | |
| 3665 29TH ST SE #1811 | | | | |
| KENTWOOD, MI 49512 | | | | 5,000 |
| | | | | |
| WORLD VISION PO BOX 9716 | | EOF | CHARITABLE | |
| FEDERAL WAY, WA 98063 | | • | | 385 |
| | | | | |
| YOUNG LIFE | | EOF | RELIGIOUS | |
| РО ВОХ 70065 | | | | |
| PRESCOTT, AZ 86304-7065 | | | | 1,000 |
| | | | | |
| YOUTH FOR CHRIST | | EOF | RELIGIOUS | |
| 7670 S VAUGHN CT ENGLEWOOD, CO 80112 | | ļ | | 13,000 |
| | | | | |
| YOUTH UNLIMITED | | EOF | RELIGIOUS | |
| 333 ALGER ST SE | | | | |
| GRAND RAPIDS, MI 49507 | | | ļ | 5,000 |
| | | | | |
| COUTH WITH A MISSION | | EOF | RELIGIOUS | |
| L2750 WEST 63RD AVE DENVER, CO 80004 | | | | 1,500 |
| | | | | <u> </u> |
| | | | | |
| | | | | |
| | | <u></u> | | |
| | | | | |
| | | I | | |
| | | | | <u>.</u> |
| Total from continuation sheets | | _ :: - | | |

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No 1545-0047

2019

Employer identification number Name of the organization WORD INVESTMENTS, INC. 38-2470907 Organization type (check one) Filers of: Section: Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions Special Rules 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 or 990-EZ), 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 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, II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization

Employer identification number

WORD INVESTMENTS, INC.

38-2470907

| Part I | Contributors (see instructions) Use duplicate copies of Part I if additional | I space is needed | |
|------------|--|----------------------------|-----------------------------|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | THE JONES-JOHNSON FAMILY MINISTRY 5270 NORTHLAND DR, NE GRAND RAPIDS, MI 49525 | \$17,700. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | CHURCH PLANTERS TRAINING INTERNATIONAL 4079 PARK EAST COURT SE STE 102 GRAND RAPIDS, MI 49546 | \$7,500. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | GRANT ELLIS C/O NCF 4670 E FULTON ST STE 204 ADA, MI 49301 | \$12,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | BRIAN SIKMA C/O NCF 4670 E FULTON ST STE 204 ADA, MI 49301 | \$7,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | CHRIS & CATHY EVANS C/O ETON ADVISORS GROUP LLC 5915 FARRINGTON RD STE 202 CHAPEL HILL, NC 27517 | \$5,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 6 | JERRY & MARCIA TUBERGEN 126 OTTAWA AVE NW STE 500 GRAND RAPIDS, MI 49503 | \$50,000. | Person X Payroll |

| | B (Form 990, 990-EZ, or 990-PF) (2019) | | Page |
|------------|---|----------------------------|--|
| Name of | organization | | Employer identification number |
| WORD | INVESTMENTS, INC. | | 38-2470907 |
| Part I | Contributors (see instructions) Use duplicate copies of Part I if | additional space is needed | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributio | (d) ns Type of contribution |
| 7 | LUKE TUBERGEN | | Person X |
| | 85 N 3RD ST APT 208 | \$ 24,0 | 00. Payroll |
| | BROOKLYN, NY 11249 | | (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contribution | (d) ns Type of contribution |
| 8 | SHAYNE UNDERWOOD | | Person X |
| | 2945 OVERLOOK SUMMITT | \$10,0 | 00. Payroll |
| | GRAND RAPIDS, MI 49546 | | (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contribution | (d) ns Type of contribution |
| <u>_</u> 9 | SIDNEY & SHARIN JANSMA III | | Person X |
| <u>_</u> | ONE RIVERFRONT PLAZA | \$ 5,0 | Payroll |
| | GRAND RAPIDS, MI 49503 | | (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contribution | (d) Type of contribution |
| 10 | TAILORED INNOVATION INC | | Person X |
| | 6425 W GRAND RIVER AVE | \$ 8,0 | Payroll OO. Noncash |
| | SARANAC, MI 48881 | | (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contribution | (d) Type of contribution |
| 11 | MR & MRS.JERRY KONKER C/O NCF | | Person X |
| | 3355 EGYPT VALLEY AVE NE | 7,0 | Payroll OO. Noncash |
| | ADA, MI 49301 | | (Complete Part II for noncash contributions) |
| (a) | (b) | (c) Total contribution | (d) |
| No. | Name, address, and ZIP + 4 | Total Contribution | (TE) |
| 12 | MR & MRS JORDAN UNDERWOOD | | Person 👗 |
| | EAA CADMOTTONTO ATO CO | 1 10 0 | OO Noncash |

GRAND RAPIDS, MI 49546

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

(Complete Part II for

noncash contributions)

Name of organization

Employer identification number

| WORD | INVESTMENTS, | INC |
|------|--------------|-----|
|------|--------------|-----|

| | tributors (see instructions) Use duplicate copies of Part I if addit | tional space is needed | |
|------------|--|----------------------------|---|
| (a) | (h) | | |
| (a) No. | Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 586 | & MRS NICOLAS J UNDERWOOD (NCF) 0 RYAN VALLEY CT MONT, MI 49306 | \$33,700. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Oncash Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | | Person Payroll Noncash (Complete Part II for noncash contributions) |

Name of organization

Employer identification number

WORD INVESTMENTS. INC.

38-2470907

| | THE DITTERNIES, THE CO | ~ | 21/030/ |
|------------------------------|---|---|---------------------------|
| Part II | Noncash Property (see instructions) Use duplicate copies of Part II r | f additional space is needed | |
| (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 |
| <u>.</u> . | | - - - \$ | |
| (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 |
| | | - - - \$ | |
| | | 0.1.1.0/5 | 000 000 E7 000 DE) (0040) |

14340618 759240 WO209

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

| FORM 990-PF INTEREST ON SAV | INGS AND T | EMPORARY | CASH | INVESTMENTS | STATEMENT 1 |
|---|------------------------------|--------------------------|------------------------|-----------------------------------|---------------------------------|
| SOURCE | RE | (A) VENUE BOOKS | NET | (B) INVESTMENT INCOME | (C) ADJUSTED NET INCOME |
| CHECKING NOTES | | 1. | | 1. | 20,000. |
| TOTAL TO PART I, LINE 3 | | 20,001. | | 20,001. | 20,001. |
| FORM 990-PF | RENTAL : | INCOME | | | STATEMENT 2 |
| KIND AND LOCATION OF PROPERTY | Y | | | ACTIVITY NUMBER | GROSS RENTAL INCOME |
| | _ | | | 1 | 9,000. |
| TOTAL TO FORM 990-PF, PART I | , LINE 5A | | | | 9,000. |
| FORM 990-PF | OTHER | INCOME | : | | STATEMENT 3 |
| DESCRIPTION | | (A) REVENU PER BOO | | (B) NET INVEST- MENT INCOME | |
| INCOME FROM NONDEBT FINANCED REALESTATE K-1 OTHER REVENUE | - | | 5,763. 1,950. | | |
| TOTAL TO FORM 990-PF, PART I | , LINE 11 = | 271 | 713. | 266,763 | 271,713. |
| FORM 990-PF | LEGA | AL FEES | | | STATEMENT 4 |
| DESCRIPTION | (A) EXPENSES PER BOOKS | | 3) IVEST- INCOME | (C) ADJUSTED NET INCOM | (D) CHARITABLE E PURPOSES |
| LEGAL | 19,555 | | 3,502 | . 11,52 | 0. 8,035. |
| —— * | | | | | |
| TO FM 990-PF, PG 1, LN 16A | 19,555 | · · | 3,502 | . 11,52 | 8,035 |

| FORM 990-PF | ACCOUNTI | NG FEES | S: | STATEMENT 5 | | |
|---|---|-----------------------------------|--|---|--|--|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | | (D) CHARITABLE PURPOSES | | |
| ACCOUNTING | 10,655. | 0. | 10,655. | 0. | | |
| TO FORM 990-PF, PG 1, LN 16B | 10,655. | 0. | 10,655. | 0. | | |
| FORM 990-PF C | THER PROFES | SIONAL FEES | Si | PATEMENT 6 | | |
| DESCRIPTION | | (B) NET INVEST- MENT INCOME | | (D) CHARITABLE PURPOSES | | |
| ASSET ADVISORY FEES CONSULTING | 249. 8,550. | | 249. 4,522. | 4,028. | | |
| TO FORM 990-PF, PG 1, LN 16C | 8,799. | 751. | 4,771. | 4,028. | | |
| FORM 990-PF | TAX | ES | ST | ATEMENT 7 | | |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | | (D) CHARITABLE PURPOSES | | |
| EXCISE TAX PAYROLL | 546. 14,633. | 546. 860. | 546. 7,739. | | | |
| TO FORM 990-PF, PG 1, LN 18 | 15,179. | 1,406. | 8,285. | 6,894. | | |
| FORM 990-PF | OTHER E | XPENSES | ST | 'АТЕМЕНТ 8 | | |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES | | |
| PAYROLL PROCESSING FEES DUES & SUBSCRIPTIONS SUPPLIES POSTAGE MINISTRY EXPENSES | 2,150. 889. 5,896. 1,685. 48,568. | 126. 0. 346. 99. 0. | 1,137. 889. 3,118. 891. 0. | 1,013. 0. 2,778. 794. 48,568. | | |

| WORD INVESTMENTS, INC. | | | | 38-247090 |
|--|--|---|--|---|
| TELEPHONE (ADMIN) INSURANCE (ADMIN) CAM MAINTENANCE MISCELLANEOUS INTERNET WORKERS COMPENSATION BAD DEBT | 4,165. 4,332. 6,068. 630. 10,182. 799. 17,500. | 245. 255. 357. 536. 598. 47. 1,028. | 2,203, 2,291, 3,209, 536, 5,385, 423, 9,255, | 2,041 2,859 95 4,797 376 8,245 |
| TO FORM 990-PF, PG 1, LN 23 | 102,864. | 3,637. | 29,337. | 73,528 |
| FORM 990-PF OTHER INCREASES | IN NET ASSETS | OR FUND BALA | NCES S | STATEMENT ! |
| DESCRIPTION | | | | AMOUNT |
| UNREALIZED MARKET ADJUSTMENT DISTRIBUTION FROM COLLEGE HIL K-1 CHARITABLE DEDUCTION REPO | L LLC ON BOOKS | | | 485,589 333,913 2,893 |
| TOTAL TO FORM 990-PF, PART II | I, LINE 3 | | | 822,395 |
| FORM 990-PF OTHER DECREASE | S IN NET ASSETS | OR FUND BAL | ANCES S | STATEMENT 1 |
| DESCRIPTION | | | | AMOUNT |
| K-1 INCOME REPORTED ON 990-PF | , NOT BOOKS | | - | 266,763 |
| TOTAL TO FORM 990-PF, PART II | I, LINE 5 | | | 266,763 |
| FORM 990-PF | OTHER INVESTM | ENTS | S | STATEMENT 1 |
| DESCRIPTION | VALUAT METHO | | | AIR MARKET VALUE |
| CHARLES SCHWAB COLLEGE HILL LLC | COST FMV | | 19,597. 00,000. | 719,597 5,200,000 |
| TOTAL TO FORM 990-PF, PART II | , LINE 13 | 5,9 | 19,597. | 5,919,597 |
| | | | | |

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FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION STATEMENT PART XV, LINES 2A THROUGH 2D

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NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

CLARE DEGRAAF 4079 PARK EAST CT SE STE 2 GRAND RAPIDS, MI 49546

TELEPHONE NUMBER

616-942-0041

FORM AND CONTENT OF APPLICATIONS

PERSONAL LETTER STATING NEEDS, GOALS, FUNDING DESIRED AND NAME, ADDRESS AND TELEPHONE NUMBER OF CONTACT PERSON

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

LIMITED TO CHARITABLE & RELIGIOUS ORGANIZATION EXEMPT UNDER IRC SEC 501(C) (3) OR QUALIFIED TO RECEIVE DEDUCTIBLE CONTRIBUTIONS UNDER IRC SEC 170 (B)

(1) (I) - (VIII)