**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.

OMB No 1545-0052 Open to Public Inspection

Fo Na J Nu 4	or calend me of four av & I		► Go to s 18 or tax year be	www.irs.gov/Form990PF fo ainnina	r instructions				on.	pen to Public Inspection
Na J Nu 4	me of four		18 or tax year be	ainnina						
J Nu	ay & E	ndation		<u> </u>		, 2018,	, and e			, 20
Nu 4	ay & I				TV	NΛ		A Employe	r identification nu	mber
Nu 4		Phylli <u>s</u> (	Conrad Famil	y Foundation, Inc	JH	14			399472	
4 Cr	mber and	street (or P O. I	box number if mail is no	ot delivered to street address)		Room/s	suite	<b>B</b> Telephon	e number (see insti	ructions)
Cı	00 S.	Harrison	n St.					(260)	589-2864	
-"	y or town,	state or provin	ce, country, and ZIP or	foreign postal code				C If exempt	ion application is p	ending, check here ►
В	erne 1	IN 46711								
_		all that app	ly:   Initial retu	urn     Initial return	of a former	public o	charity	D 1. Foreigi	n organizations, chi	eck here ▶ □
_	Oncon	an anarapp	☐ Final retu					,	· ,	
			☐ Address		nge				n organizations med here and attach co	eting the 85% test, imputation · ▶ □
н	Check	type of org		ection 501(c)(3) exempt p		ation 🚜	7.7	E If private	foundation status v	was terminated under
ترد				table trust				section 5	07(b)(1)(A), check h	nere . ▶
1 <b>d</b> 5			of all assets at							
岩			Part II, col. (c),	Other (specify)					ndation is in a 60-m ction 507(b)(1)(B), c	
12	line 16	•	3,649,462.	(Part I, column (d) must be	on cash basi	s.)			,,,,,,	
L.	Part I	·								(d) Disbursements
7-	arti	amounts in or	i nevenue and E)	kpenses (The total of may not necessarily equal	(a) Revenue expenses p			investment	(c) Adjusted ne	t for charitable
CT			ın column (a) (see ınstı		books	-	ın	come	income	purposes (cash basis only)
6	T 4				140 (	100				<del></del>
ىما	1			received (attach schedule)	140,0	,00.		- · · · -		
JENVELOPE	2			not required to attach Sch. B	1 -	735.				
유즈	3		•	orary cash investments				26 401	_	
필	4			securities	136,4	191.		36,491.		
	5a									<del></del>
_)Š	i b		ncome or (loss)						1	
4	6a	•	•	f assets not on line 10	_				*	ived In Corres
2	b		price for all assets or						<u>Rece</u>	s Osc 03
2	7			n Part IV, line 2)					I IK	ו יין הַּ
α	8   3									OC 21 2019
	9	Income mo							- C	CALL
	10a		less returns and allo							
	b	Less: Cost	of goods sold .							Oyden, Utah
<b>=</b>	C	Gross profi	it or (loss) (attach :	schedule)						09-
2020	11	Other inco	me (attach schedu	ıle)					_	
	12	Total. Add	lines 1 through 11	<u> </u>	278,2	226.	1	36,491.		
• <u> </u>	13	Compensa	tion of officers, di	rectors, trustees, etc.						
	)   IT		loyee salaries and							
	15	Pension pla	ans, employee ber	nefits						
5	16a	Legal fees	(attach schedule)							
		Accounting	g fees (attach sche	edule) Ļ-1.6b. Sṭmṭ	8	375.				
Administrative	<u>@</u>	Other profe	essional fees (attac	ch schedule)						
: ?	170	Interest .								
: •	18,	Taxes (atta	ch schedule) (see	instructions e. Stmt.	1,0	36.		1,034.		
	i19 &	Depreciation	on (attach schedul	e) and depletion						
	20 >	- Occupancy	,							
<u>ع ر</u>	21 ⊆	Travel, con	ferences, and me	etings						
) [	22 a	Printing an	d publications .							
) ;	23 0			dule)						
	24 0			ninistrative expenses.						
<u> </u>	{  · ⊂				1,9	911.		1,034.		
۶ (	25 T			aid	150,5					150,510.
	26			nents. Add lines 24 and 25	152,4			1,034.		150,510.
-עי			ne 26 from line 12:					<u>·</u>		
( )	/ 8=	#Excess of r	evenue over expe	nses and disbursements	125,8	305.				
,				negative, enter -0-) .	225/			35,457.		10
				ative, enter -0-)				i		

Pa	art II	Ralance Sheets Attached schedules and amounts in the description column			End o	f year
		should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Valu	ıe .	(c) Fair Market Value
	1'	Cash-non-interest-bearing	10,388.	21,3	33.	21,333.
	2	Savings and temporary cash investments	1,763,300.	465,0	34.	465,034.
	3	Accounts receivable ▶				
		Less: allowance for doubtful accounts ▶				
	4	Pledges receivable ▶				
		Less: allowance for doubtful accounts ▶				
	5	Grants receivable				· -
	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons (attach schedule) (see instructions)L-6. Stmt	46,337.	42,4	28.	46,337.
	7	Other notes and loans receivable (attach schedule) ► 3, 116, 758.				
	ļ	Less. allowance for doubtful accounts ▶ 0.		3,116,7	58.	3,116,758.
S	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges				
As	10a	Investments—U.S. and state government obligations (attach schedule)				
•	ь	Investments—corporate stock (attach schedule)			-	
	c	Investments—corporate bonds (attach schedule)				
	11	Investments —land, buildings, and equipment. basis ▶				
	••	Less: accumulated depreciation (attach schedule)				
	12	Investments—mortgage loans				
	13	Investments—other (attach schedule)				
	14		-			
	'*	Land, buildings, and equipment: basis ►  Less accumulated depreciation (attach schedule) ►				
	45	Other seems (describe >				
	15	Other assets (describe )				
	16	Total assets (to be completed by all filers—see the	2 510 740	2 645 5	٠. ا	2 640 460
	47	instructions. Also, see page 1, item I)	3,519,748.	3,645,5	53.	3,649,462.
	17	Accounts payable and accrued expenses				
S	18	Grants payable				
Liabilities	19	Deferred revenue				
<u>=</u>	20	Loans from officers, directors, trustees, and other disqualified persons				
===	21	Mortgages and other notes payable (attach schedule)				
	22	Other liabilities (describe		• • • • • • • • • • • • • • • • • • • •		
	23	Total liabilities (add lines 17 through 22)		<del></del> -		· <u> </u>
Ś		Foundations that follow SFAS 117, check here ▶ □				
alances		and complete lines 24 through 26, and lines 30 and 31.				
a	24	Unrestricted				
	25	Temporarily restricted				
<b>P</b>	26	Permanently restricted				
5		Foundations that do not follow SFAS 117, check here ▶ ⊠			- 1	
Ē		and complete lines 27 through 31.				
Net Assets or Fund B	27	Capital stock, trust principal, or current funds				
ets	28	Paid-in or capital surplus, or land, bldg., and equipment fund			,	
SS	29	Retained earnings, accumulated income, endowment, or other funds	3,519,748.	3,645,5	53.	
¥.	30	Total net assets or fund balances (see instructions)	3,519,748.	3,645,5	53.	
ē	31	Total liabilities and net assets/fund balances (see				
_		ınstructions)	3,519,748.	3,645,5	53.	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances				
		I net assets or fund balances at beginning of year-Part II, colu	mn (a), line 30 (must	agree with		
_		of-year figure reported on prior year's return)			1	3,519,748.
2		r amount from Part I, line 27a			2	125,805.
3				ľ	3	
4		lines 1, 2, and 3			4	3,645,553.
5		reases not included in line 2 (itemize) ▶		ſ	5	
6	Tota	I net assets or fund balances at end of year (line 4 minus line 5)—	Part II, column (b), lin	e 30	6	3,645,553.

-	Oversial Opinion and I		-A In			
Part	Çapital Gains and L	osses for Tax on Investmen	nt income	(h) How poqueed		
		<ul> <li>s) of property sold (for example, real estat or common stock, 200 shs MLC Co.)</li> </ul>	e,	(b) How acquired P—Purchase	(c) Date acqu (mo , day, y	
	2 Story blick Walterloads,	C. COMMICH Stock, 200 SHO INCO CO.,		D—Donation	( , day, y	(ino., day, yr )
<u>1a</u> b						
<u>D</u>		<del></del>				
<u>d</u>						
— <u> </u>						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	107	other basis nse of sale		h) Gain or (loss) plus (f) minus (g))
a						
b						
c						
<u>d</u>					<del></del>	
<u>       e                             </u>	0		46 - 6	10/01/00		
	Complete only for assets snowl	ng gain in column (h) and owned by		<del></del>		ns (Col. (h) gain minus out not less than -0-) <b>or</b>
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		s of col (i) (j), if any		sses (from col (h))
<u>a</u>						
<u>b</u>						
<u>c</u>				1		
— <u>-</u>	<del></del>	<del>-</del>				<del> </del>
		( If gain, als	o enter in Pai	rt I. line 7		
2	Capital gain net income or (r		nter -0- ın Par		2	
3	If gain, also enter in Part I,	or (loss) as defined in sections 12 fine 8, column (c). See instruction				
	Part I, line 8	<del> </del>	<del></del>	<u> </u>	3	
Part		Section 4940(e) for Reduce				······································
(For o	ptional use by domestic private	te foundations subject to the sec	ction 4940(a)	tax on net invest	ment income	.)
If sect	tion 4940(d)(2) applies, leave the	his part blank.				
\^/^~ +	he foundation liable for the se	ction 4942 tax on the distributab	lo amount of	any year in the h	ass period?	☐ Yes ⊠ No
		llify under section 4940(e). Do no			ase periou?	L les Mino
1		nt in each column for each year;			akıng anv ent	ries.
	(a)	(b)		(c)	<u> </u>	(d)
Cale	Base period years endar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of	noncharitable-use as	ssets (co	Distribution ratio of (b) divided by col (c))
	2017	147,259			0.	0.000000
	2016	151,551			0.	0.000000
	2015	155,168			0	0.000000
	2014	168,149			0.	0.000000
	2013	162,600	<u>. ]</u>	3,036,6	86.	0.053545
_						
2					<del></del>	0.053545
3		r the 5-year base period—divide idation has been in existence if l				0.010709
4	Enter the net value of noncha	arıtable-use assets for 2018 from	n Part X, line !	5	. 4	0.
5	Multiply line 4 by line 3 .				. 5	
	, ,					
6		ncome (1% of Part I, line 27b)			. 6	1,355.
7	Add lines 5 and 6				. 7	1,355.
8		from Part XII, line 4 r than line 7, check the box in Pa				150,510.
	Part VI instructions.	man line 7, check the box in Pa	ait VI, IIII E ID	, and complete t	nat part usin(	y a 170 tax rate. See the

ゥ

Part	VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see	instr	uctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ □ and enter "N/A" on line 1.			
	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	<u>1,3</u>	355.	ļ
	here ► 🗵 and enter 1% of Part I, line 27b			
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of			
	Part I, line 12, col. (b).			İ
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		0.	ļ
3	Add lines 1 and 2	<u> </u>	<u> 355.</u>	<b>├</b>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		0.	ļ
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	1,3	355.	ļ
6	Credits/Payments:  2018 estimated tax payments and 2017 overpayment credited to 2018   6a   1,468.			
a	2018 estimated tax payments and 2017 overpayment credited to 2018			] ;
b	Tax paid with application for extension of time to file (Form 8868) . 6c 0.			
c d	Backup withholding erroneously withheld 6d			
7	Total credits and payments. Add lines 6a through 6d	1 (	68.	<del>                                     </del>
8	Enter any penalty for underpayment of estimated tax. Check here  if Form 2220 is attached 8			<u> </u>
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9			-
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid > 10	1	13.	
11	Enter the amount of line 10 to be: Credited to 2019 estimated tax ▶ 113. Refunded ▶ 11			
	VII-A Statements Regarding Activities			
1a		I	Yes	No
	participate or intervene in any political campaign?	1a		×
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			
	instructions for the definition	1b		×
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities.			
С	Did the foundation file Form 1120-POL for this year? . '	1c		×
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. ► \$ (2) On foundation managers. ► \$	ľ	İ	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
_	on foundation managers. ▶ \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	ļ	×
_	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 instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes.	3	<del> </del>	<b> </b> -
40	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	<del> </del>	×
4a b	If "Yes," has it filed a tax return on Form 990-T for this year?	4a 4b	<del> </del>	<del>  ^-</del> -
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	<del>                                     </del>	×
•	If "Yes," attach the statement required by General Instruction T.	\ <u> </u>	$\vdash$	<del>  ^  </del>
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
-	By language in the governing instrument, or		ĺ	
	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?	6	×	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	×	-
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. ▶			ī
	·			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	×	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
-	4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes,"			
	complete Part XIV	9		×
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses	140		~

Par	VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		×
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions	12		×
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	×	
	Website address ► N/A			
14	The books are in care of ▶ Jean Conrad Telephone no. ▶ (219) Located at ▶ 400 S. Harrison St., Berne, IN ZIP+4 ▶ 46711	89-	2151	<u> </u>
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here		<del>-</del>	<b>▶</b> [
	and enter the amount of tax-exempt interest received or accrued during the year		·	_
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		×
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶			
Pari	VII-B Statements Regarding Activities for Which Form 4720 May Be Required	L	L	<u> </u>
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly or indirectly):			1
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?   Yes  No			
	(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  No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available 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.)			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in			<u></u>
	Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions .	1b		ļ
_	Organizations relying on a current notice regarding disaster assistance, check here			
С	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 2018?		—	
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)):			
а	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2018?			1
	If "Yes," list the years ▶ 20 , 20 , 20 , 20			
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)			
	(relating to incorrect 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.)			
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	2b		ļ.,
Ü	<b>▶</b> 20 , 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
b	If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or			
	disqualified persons after 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 of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
	foundation had excess business holdings in 2018.)	3b		$\stackrel{\smile}{\scriptscriptstyle{x}}$
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	-	×
b	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 2018?	4h		<del></del>

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Form 990-PF (2018)

Part	VII-B Statements Regarding Activities	s for W	/hich Form	4720	May Be R	equire	d (contir	nued)			
5a	During the year, did the foundation pay or incur									Yes	No
	(1) Carry on propaganda, or otherwise attempt						☐ Yes	<b>⊠</b> No			Ī
	(2) Influence the outcome of any specific publi		on (see secti	on 495	5); or to ca	arry on,					
	directly or indirectly, any voter registration di						Yes	⊠ No			
	(3) Provide a grant to an individual for travel, stu							<b>⊠</b> No			
	(4) Provide a grant to an organization other than			_							
	section 4945(d)(4)(A)? See instructions							⊠ No		•	
	(5) Provide for any purpose other than religious							_			
	purposes, or for the prevention of cruelty to						□Yes	⊠ No			
b	If any answer is "Yes" to 5a(1)-(5), did any of the	ne trans	actions fail t	o qualif	y under th	e excep	otions des	scribed			
	in Regulations section 53.4945 or in a current no								5b		
	Organizations relying on a current notice regard							▶□			
С	If the answer is "Yes" to question 5a(4), does to because it maintained expenditure responsibility								-		
	·					• •	☐ Yes	∐ No			
6-	If "Yes," attach the statement required by Regul Did the foundation, during the year, receive any					muime					ŀ
6a	on a personal benefit contract?		-	-			☐Yes	⊠ No			
<b>.</b>	Did the foundation, during the year, pay premiur					henefit	_		6b		 X
b	If "Yes" to 6b, file Form 8870.	, un <del>c</del>	Jay or manet	,y, Oil	a porsona	55116111	Jonada		100		$\widehat{}$
7a	At any time during the tax year, was the foundation	a partv	to a prohibited	l tax she	elter transad	ction?	☐ Yes	⊠ No			
b	If "Yes," did the foundation receive any proceed						_	 ո? .	7b		
8	Is the foundation subject to the section 4960 ta										$\overline{}$
	remuneration or excess parachute payment(s) d	uring th	e year?				☐ Yes	☐ No			
Part	VIII Information About Officers, Direct	tors, 1	rustees, Fo	ounda	tion Man	agers,	Highly F	Paid E	mploy	ees,	-
	and Contractors					_					
1	List all officers, directors, trustees, and found	lation r	nanagers an	d their	compens	ation. S	iee instru	uctions	<b>.</b>		
	(a) Name and address	(b) Title	e, and average rs per week ed to position	(c) Cor (If n	mpensation iot paid, ter -0-)	(d) ( emplo	Contribution yee benefit erred compe	s to plans	(e) Expe	nse acc allowan	
Jear		(b) Title hou devot	e, and average rs per week	(c) Cor (If n	mpensation iot paid, ter -0-)	(d) ( emplo	Contribution yee benefit	s to plans ensation	(e) Expe		ces
	(a) Name and address	(b) Title hou devote Trea:	e, and average rs per week ed to position surer	(c) Cor (If n	mpensation ot paid,	(d) ( emplo	Contribution yee benefit	s to plans	(e) Expe		
400 Arl	(a) Name and address  n Conrad  Harrison St Berne IN 46711 een Conrad	(b) Title hou devote Trea:	a, and average rs per week ed to position surer	(c) Cor (If n	mpensation lot paid, ter -0-)	(d) ( emplo	Contribution yee benefit	s to plans ensation	(e) Expe		O.
400 Arle	(a) Name and address  n. Conrad  Harrison St Berne IN 46711  een Conrad 7 Shorewood Dr Berne IN 46711	(b) Title hou devote Treas	e, and average rs per week ed to position  surer  1.00  ident  1.00	(c) Cor (If n	mpensation iot paid, ter -0-)	(d) ( emplo	Contribution yee benefit	s to plans ensation	(e) Expe		ces
400 Arle 150 Betl	(a) Name and address  n. Conrad  Harrison St Berne IN 46711  een Conrad  7 Shorewood Dr Berne IN 46711  n. Conrad	(b) Title hou devote Treas	e, and average rs per week ed to position surer 1.00 adent 1.00 etary	(c) Cor (If n	opensation of paid, ter -0-)	(d) ( emplo	Contribution yee benefit	s to plans ensation 0.	(e) Expe		0. 0.
400 Arle 150 Betl	(a) Name and address  n. Conrad  Harrison St Berne IN 46711  een Conrad 7 Shorewood Dr Berne IN 46711	(b) Title hou devote Treas	e, and average rs per week ed to position  surer  1.00  ident  1.00	(c) Cor (If n	mpensation lot paid, ter -0-)	(d) ( emplo	Contribution yee benefit	s to plans ensation	(e) Expe		O.
400 Arle 150 Betl	(a) Name and address  n. Conrad  Harrison St Berne IN 46711  een Conrad  7 Shorewood Dr Berne IN 46711  n. Conrad	(b) Title hou devote Treas	e, and average rs per week ed to position surer 1.00 adent 1.00 etary	(c) Cor (If n	opensation of paid, ter -0-)	(d) ( emplo	Contribution yee benefit	s to plans ensation 0.	(e) Expe		0. 0.
400 Arle 150 Beth 400	(a) Name and address  n Conrad  Harrison St Berne IN 46711 een Conrad 7 Shorewood Dr Berne IN 46711 n Conrad Harrison St Berne IN 46711	(b) Title hou devot Treas Press	e, and average rs per week ed to position surer 1.00 adent 1.00 etary 1.00	(c) Cor (If n en	opensation of paid, ter -0-)  O.  O.	(d) (emplo and defi	Contribution yee benefit erred compe	s to plans ensation  0.	(e) Expe other	allowan	0. 0.
400 Arle 150 Betl	(a) Name and address  n. Conrad  Harrison St Berne IN 46711  een Conrad  7 Shorewood Dr Berne IN 46711  n. Conrad	(b) Title hou devot Treas Press	e, and average rs per week ed to position surer 1.00 adent 1.00 etary 1.00	(c) Cor (If n en	opensation of paid, ter -0-)  O.  O.	(d) (emplo and defi	Contribution yee benefit erred compe	s to plans ensation  0.	(e) Expe other	allowan	0. 0.
400 Arle 150 Beth 400	(a) Name and address  n Conrad  Harrison St Berne IN 46711  een Conrad  7 Shorewood Dr Berne IN 46711  n Conrad  Harrison St Berne IN 46711  Compensation of five highest-paid employe	(b) Title hou devot Treas Press	e, and average rs per week ed to position surer  1.00 ident 1.00 etary 1.00 er than thos	(c) Cor (lf r en	opensation of paid, ter -0-)  O.  O.	(d) (emplo and defi	Contribution yee benefit erred compe	s to plans ensation  O.  O.  uctions	(e) Experience other:	one, (	0. 0.
400 Arle 150 Beth 400	(a) Name and address  n Conrad  Harrison St Berne IN 46711  een Conrad  7 Shorewood Dr Berne IN 46711  n Conrad  Harrison St Berne IN 46711  Compensation of five highest-paid employe	(b) Title hou devot Treas: Press Secre	e, and average rs per week ed to position surer 1.00 ident 1.00 etary 1.00 etary 1.00	(c) Cor (lf r en	opensation of paid, ter -0-)  O.  O.	(d) (emplo and defe	Contribution yee benefit erred compe	s to plans ensation  0.  0.  uctions	(e) Experience other:	one, (	0. 0. 0. enter
400 Arle 150 Beth 400	(a) Name and address  n Conrad  Harrison St Berne IN 46711 een Conrad 7 Shorewood Dr Berne IN 46711 n Conrad Harrison St Berne IN 46711  Compensation of five highest-paid employe "NONE."	(b) Title hou devot Treas: Press Secre	e, and average rs per week ed to position surer  1.00 ident 1.00 etary 1.00 er than thos	(c) Cor (lf r en	0. 0. uded on li	(d) (emplo and defe	Contribution: yee benefit erred compe  see instr  (d) Contribut employee	s to plans ensation  O.  O.  uction:	(e) Experience other:	one, e	0. 0. 0. enter
400 Arle 150 Beth 400	(a) Name and address  n Conrad  Harrison St Berne IN 46711  een Conrad  7 Shorewood Dr Berne IN 46711  n Conrad  Harrison St Berne IN 46711  Compensation of five highest-paid employe  "NONE."	(b) Title hou devot Treas: Press Secre	e, and average rs per week ed to position surer 1.00 ident 1.00 etary 1.00 etary 1.00	(c) Cor (lf r en	0. 0. uded on li	(d) (emplo and defe	See instr  (d) Contributemployee plans and of	s to plans ensation  O.  O.  uction:	(e) Experience other:	one, e	0. 0. 0. enter
400 Arle 150 Beth 400	(a) Name and address  n Conrad  Harrison St Berne IN 46711  een Conrad  7 Shorewood Dr Berne IN 46711  n Conrad  Harrison St Berne IN 46711  Compensation of five highest-paid employe  "NONE."	(b) Title hou devot Treas: Press Secre	e, and average rs per week ed to position surer 1.00 ident 1.00 etary 1.00 etary 1.00	(c) Cor (lf r en	0. 0. uded on li	(d) (emplo and defe	See instr  (d) Contributemployee plans and of	s to plans ensation  O.  O.  uction:	(e) Experience other:	one, e	0. 0. 0. enter
400 Arle 150 Beth 400	(a) Name and address  n Conrad  Harrison St Berne IN 46711  een Conrad  7 Shorewood Dr Berne IN 46711  n Conrad  Harrison St Berne IN 46711  Compensation of five highest-paid employe  "NONE."	(b) Title hou devot Treas: Press Secre	e, and average rs per week ed to position surer 1.00 ident 1.00 etary 1.00 etary 1.00	(c) Cor (lf r en	0. 0. uded on li	(d) (emplo and defe	See instr  (d) Contributemployee plans and of	s to plans ensation  O.  O.  uction:	(e) Experience other:	one, e	0. 0. 0. enter
400 Arle 150 Beth 400	(a) Name and address  n Conrad  Harrison St Berne IN 46711  een Conrad  7 Shorewood Dr Berne IN 46711  n Conrad  Harrison St Berne IN 46711  Compensation of five highest-paid employe  "NONE."	(b) Title hou devot Treas: Press Secre	e, and average rs per week ed to position surer 1.00 ident 1.00 etary 1.00 etary 1.00	(c) Cor (lf r en	0. 0. uded on li	(d) (emplo and defe	See instr  (d) Contributemployee plans and of	s to plans ensation  O.  O.  uction:	(e) Experience other:	one, e	0. 0. 0. enter
400 Arle 150 Beth 400	(a) Name and address  n Conrad  Harrison St Berne IN 46711  een Conrad  7 Shorewood Dr Berne IN 46711  n Conrad  Harrison St Berne IN 46711  Compensation of five highest-paid employe  "NONE."	(b) Title hou devot Treas: Press Secre	e, and average rs per week ed to position surer 1.00 ident 1.00 etary 1.00 etary 1.00	(c) Cor (lf r en	0. 0. uded on li	(d) (emplo and defe	See instr  (d) Contributemployee plans and of	s to plans ensation  O.  O.  uction:	(e) Experience other:	one, e	0. 0. 0. enter
400 Arle 150 Beth 400	(a) Name and address  n Conrad  Harrison St Berne IN 46711  een Conrad  7 Shorewood Dr Berne IN 46711  n Conrad  Harrison St Berne IN 46711  Compensation of five highest-paid employe  "NONE."	(b) Title hou devot Treas: Press Secre	e, and average rs per week ed to position surer 1.00 ident 1.00 etary 1.00 etary 1.00	(c) Cor (lf r en	0. 0. uded on li	(d) (emplo and defe	See instr  (d) Contributemployee plans and of	s to plans ensation  O.  O.  uction:	(e) Experience other:	one, e	0. 0. 0. enter
400 Arle 150 Beth 400	(a) Name and address  n Conrad  Harrison St Berne IN 46711  een Conrad  7 Shorewood Dr Berne IN 46711  n Conrad  Harrison St Berne IN 46711  Compensation of five highest-paid employe  "NONE."	(b) Title hou devot Treas: Press Secre	e, and average rs per week ed to position surer 1.00 ident 1.00 etary 1.00 etary 1.00	(c) Cor (lf r en	0. 0. uded on li	(d) (emplo and defe	See instr  (d) Contributemployee plans and of	s to plans ensation  O.  O.  uction:	(e) Experience other:	one, e	0. 0. 0. enter
400 Arle 150 Beth 400	(a) Name and address  n Conrad  Harrison St Berne IN 46711  een Conrad  7 Shorewood Dr Berne IN 46711  n Conrad  Harrison St Berne IN 46711  Compensation of five highest-paid employe  "NONE."	(b) Title hou devot Treas: Press Secre	e, and average rs per week ed to position surer 1.00 ident 1.00 etary 1.00 etary 1.00	(c) Cor (lf r en	0. 0. uded on li	(d) (emplo and defe	See instr  (d) Contributemployee plans and of	s to plans ensation  O.  O.  uction:	(e) Experience other:	one, e	0. 0. 0. enter
400 Arle 150 Beth 400	(a) Name and address  n Conrad  Harrison St Berne IN 46711  een Conrad  7 Shorewood Dr Berne IN 46711  n Conrad  Harrison St Berne IN 46711  Compensation of five highest-paid employe  "NONE."	(b) Title hou devot Treas: Press Secre	e, and average rs per week ed to position surer 1.00 ident 1.00 etary 1.00 etary 1.00	(c) Cor (lf r en	0. 0. uded on li	(d) (emplo and defe	See instr  (d) Contributemployee plans and of	s to plans ensation  0.  0.  uction:	(e) Experience other:	one, e	0. 0. 0. enter
400 Arle 150 Beth 400	(a) Name and address  n Conrad  Harrison St Berne IN 46711  een Conrad  7 Shorewood Dr Berne IN 46711  n Conrad  Harrison St Berne IN 46711  Compensation of five highest-paid employe  "NONE."	(b) Title hou devot Treas: Press Secre	e, and average rs per week ed to position surer 1.00 ident 1.00 etary 1.00 etary 1.00	(c) Cor (lf r en	0. 0. uded on li	(d) (emplo and defe	See instr  (d) Contributemployee plans and of	s to plans ensation  0.  0.  uction:	(e) Experience other:	one, e	0. 0. o.

Part	VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emand Contractors (continued)	ployees,
3	Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE	"
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
none		
		<del></del>
		0
	IX-A Summary of Direct Charitable Activities	
	the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of nizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	Gideons International P.O. Box 140800 Nashville, TN 37214	
-		
	Cl. 1.1 T	100,260.
<b>2</b> .	Child Evangelism Fellowship 17482 State Highway M Warrenton, MO 63383	
-	· · · · · · · · · · · · · · · · · · ·	10,000.
3	World Gospel Mission PO Box 948 Marion, IN 46952	
-		
_		6,500.
4 _	World Partners P.O. Box 9127 Fort Wayne, IN 46899	
-		6,000.
Part	IX-B Summary of Program-Related Investments (see instructions)	
	cribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1		
-		
_		
2 _		
-		
All o	ther program-related investments. See instructions.	
3		
-		
Total.	Add lines 1 through 3	
	F.	orm <b>990-PF</b> (2018)

Part	<b>X Minimum Investment Return</b> (All domestic foundations must complete this part. Foreign see instructions.)	ign tou	indations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	1	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	0.
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	0.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	0.
6	Minimum investment return. Enter 5% of line 5	6	0.
Part		ounda	
1	Minimum investment return from Part X, line 6	1	0.
2a	Tax on investment income for 2018 from Part VI, line 5		
b	Income tax for 2018. (This does not include the tax from Part VI.)	1	
С	Add lines 2a and 2b	2c	1,355.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	0.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	0.
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	0.
Part	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	150,510.
b	Program-related investments—total from Part IX-B	1b	
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	150,510.
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. See instructions	5	1,355.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	149,155.
_	<b>Note:</b> The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	g whet	her the foundation
			- 000 DE

<sup>2</sup> art	VIII Undistributed Income (see instruction				
		(a) Corpus	(b) Years prior to 2017	( <b>c</b> ) 2017	(d) 2018
1	Distributable amount for 2018 from Part XI, line 7				0.
2	Undistributed income, if any, as of the end of 2018.	·			
а	Enter amount for 2017 only				
b	Total for prior years: 20 , 20 , 20				
3	Excess distributions carryover, if any, to 2018:				
a	From 2013 162,600.				
b	From 2014 169, 350.				
C	From 2015 156, 300.				
đ	From 2016 152,850.				
е	From 2017 148,125.				
f	Total of lines 3a through e	789,225.			
4	Qualifying distributions for 2018 from Part XII, line 4: ► \$150,510.				
а	Applied to 2017, but not more than line 2a .				
b	Applied to undistributed income of prior years				
С	(Election required—see instructions) Treated as distributions out of corpus (Election				
_	required—see instructions)				
d	Applied to 2018 distributable amount				
е _	Remaining amount distributed out of corpus	150,510.			
5	Excess distributions carryover applied to 2018 (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:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	939,735.			
b	Prior years' undistributed income. Subtract line 4b from line 2b		0.		
С	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 assessed				į
d	Subtract line 6c from line 6b. Taxable amount—see instructions		0.		
е	Undistributed income for 2017. Subtract line				
-	4a from line 2a. Taxable amount-see				
	instructions			0,	
f	Undistributed income for 2018. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019.				0
_		·			0.
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)				
8	Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions)	162,600.			
9	Excess distributions carryover to 2019.				
•	Subtract lines 7 and 8 from line 6a	777,135.			
10	Analysis of line 9:	, 200.	-		
a	Excess from 2014 169, 350.				
b	Excess from 2015 156, 300.				
c	Excess from 2016 152, 850.				
d	Excess from 2017 148, 125.				
е	Excess from 2018 150, 510.				

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	XIV Private Operating Founda	<u> </u>		<del></del>	9)	N/A
1a	If the foundation has received a ruling					
	foundation, and the ruling is effective fo				10400	(a) F) 10 10 (v)
b	Check box to indicate whether the fou		e operating tounda		ection [] 4942(j)	(3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year	010047	Prior 3 years	4 0 0045	(e) Total
	investment return from Part X for	(a) 2018	<b>(b)</b> 2017	(c) 2016	(d) 2015	<u> </u>
	each year listed			<del></del>		
b	85% of line 2a					
С	Qualifying distributions from Part XII, line 4 for each year listed					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon:					
а	"Assets" alternative test—enter			/		
-	(1) Value of all assets					
	(2) Value of assets qualifying under		<del>                                     </del>	<del>/</del>	<del>  -</del>	
	section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed	, , , , , , , , , , , , , , , , , , , ,				
С	"Support" alternative test-enter					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from an exempt organization					
	• •		-			<del></del>
<sup>2</sup> art	(4) Gross investment income XV Supplementary Information	n (Complete t	his part only if t	he foundation b	ad \$5 000 or m	oro in accete at
arı	any time during the year-		•	ne ioundation i	iau \$5,000 oi in	ore iii assets at
_			113./		<del>_</del>	
1	Information Regarding Foundation List any managers of the foundation		utad mara than 20	6 of the total cent	ributions received	by the foundation
а	before the close of any tax year (but of					by the foundation
	• • •	nily ii they have c	onthibuted more ti	iaii \$5,000). (See s	ection 507 (a)(2).)	
	none	b. a 100/ a		-lf	- /	
D	List any managers of the foundation ownership of a partnership or other er					irge portion of the
	·	inty) or writer the	iouridation nas a	10% or greater int	erest.	
	none	<del></del>				
2	Information Regarding Contribution		• •			
	Check here ► 🗵 if the foundation	•	•		•	•
	unsolicited requests for funds. If the formal statement is a second of Second		girts, grants, etc.,	to individuals or o	rganizations unde	r other conditions,
	complete items 2a, b, c, and d. See in					
а	The name, address, and telephone nu	ımber or emaıl ad	dress of the perso	n to whom applica	ations should be ac	ddressed:
	The form in which applications should	l be submitted an	d information and	materials they sho	uld include:	
•	,,			,		
	<del></del>					
С	Any submission deadlines:					
d	Any restrictions or limitations on aw	ards, such as h	y geographical ar	reas, charitable fie	elds, kinds of ins	titutions, or other
	· · · · · · · · · · · · · · · · · · ·	,	, , , , , , , , , , , , , , , , , , , ,		,	,

factors:

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation show any relationship to any foundation manager Purpose of grant or status of Amount contribution recipient Name and address (home or business) or substantial contributor a Paid during the year charitable Fort Wayne Rescue Mission 301 W Superior St none none 3,000. Fort Wayne IN 46855 charitable World Partners P.O. Box 9127 none none 6,000. Fort Wayne IN 46899 charitable SIM P.O. Box 7900 none none 500. Charlotte NC 28241 charitable Billy Graham Association none none 1 Billy Graham Parkway 2,000. Charlotte NC 28201 charitable National Day of Prayer none P.O. Box 15616 none 0. Colorado Springs CO 80935 Samaritan Purse charitable P.O. Box 3000 none none 6,000. Boone NC 28607 charitable Salvation Army none none P.O. Box 88517 1,000. Indianapolis IN 46208 Alliance Defending Freedom 15100 N 90th St 2,000. Scottsdale AZ 85260 none charitable 1515 Sutton Circle Bluffton IN 46714 none charitable 0. See Statement 130,010. 150,510. **b** Approved for future payment

Total

	rt X\						
Ente	r gro	ss amounts unless otherwise indicated.	Unrelated bu	isiness income	Excluded by secti	on 512, 513, or 514	(e)
	•		(a)	(b)	(c)	(d)	Related or exempt function income
1	Pro	gram service revenue.	Business code	Amount	Exclusion code	Amount	(See instructions.)
•	a	grant service revenue.			<del> </del>	<del></del>	
	b.						
	c .				1		-
	ď						
	e .					<del></del>	
	f				<del> </del>		
	g i	Fees and contracts from government agencies					
2	_	mbership dues and assessments			<del>                                     </del>		
3		rest on savings and temporary cash investments			<u> </u>		1,735.
4		dends and interest from securities					136,491.
5		rental income or (loss) from real estate:	및가 <del>,</del> 과			sur grand unascului	App. F
		Debt-financed property					_
		Not debt-financed property					
6	Net	rental income or (loss) from personal property					
7	Oth	er investment income					_
8	Gair	or (loss) from sales of assets other than inventory					
9	Net	income or (loss) from special events					
10	Gro	ss profit or (loss) from sales of inventory					
11	Oth	er revenue: a					
	b						
	c						
	d						
	е						
12	Sub	total. Add columns (b), (d), and (e)					138,226.
13	Tota	al. Add line 12, columns (b), (d), and (e)				13	138,226.
See	work	sheet in line 13 instructions to verify calculation					
See Pa	work	Asheet in line 13 instructions to verify calculation  (I-B Relationship of Activities to the A	ccomplishm	<u>-</u>	<del></del>		
See Pa Lin	work	<ul> <li>Asheet in line 13 instructions to verify calculation</li> <li>Relationship of Activities to the A</li> </ul>	ccomplishm	<u>-</u>	<del></del>	-A contributed in oses). (See instruc	nportantly to the
See Pa Lin	work t XV e No.	Asheet in line 13 instructions to verify calculation  (I-B Relationship of Activities to the A	ccomplishm income is repo poses (other than	orted in column in by providing fur	(e) of Part XVI- nds for such purpo	-A contributed in oses). (See instruc	nportantly to the
See Pa Lin	work t XV e No.	Asheet in line 13 instructions to verify calculation  All Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt purpose.	ccomplishm Income is repoposes (other than	orted in column n by providing fur are to be :	(e) of Part XVI ads for such purpo invested.	-A contributed in oses). (See instruc	nportantly to the tions.)
See Pa Lin	work t XV e No.	Asheet in line 13 instructions to verify calculation  (I-B Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pur  Per governing instrument, excess	ccomplishm Income is repoposes (other than	orted in column n by providing fur are to be :	(e) of Part XVI ads for such purpo invested.	-A contributed in oses). (See instruc	nportantly to the tions.)
See Pa Lin	work t XV e No.	Asheet in line 13 instructions to verify calculation  (I-B Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pur  Per governing instrument, excess	ccomplishm Income is repoposes (other than	orted in column n by providing fur are to be :	(e) of Part XVI ads for such purpo invested.	-A contributed in oses). (See instruc	nportantly to the tions.)
See Pa Lin	work t XV e No.	Asheet in line 13 instructions to verify calculation  (I-B Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pur  Per governing instrument, excess	ccomplishm Income is repoposes (other than	orted in column n by providing fur are to be :	(e) of Part XVI ads for such purpo invested.	-A contributed in oses). (See instruc	nportantly to the
See Pa Lin	work t XV e No.	Asheet in line 13 instructions to verify calculation  (I-B Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pur  Per governing instrument, excess	ccomplishm Income is repoposes (other than	orted in column n by providing fur are to be :	(e) of Part XVI ads for such purpo invested.	-A contributed in oses). (See instruc	nportantly to the
See Pa Lin	work t XV e No.	Asheet in line 13 instructions to verify calculation  (I-B Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pur  Per governing instrument, excess	ccomplishm Income is repoposes (other than	orted in column n by providing fur are to be :	(e) of Part XVI ads for such purpo invested.	-A contributed in oses). (See instruc	nportantly to the
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		Organizati	ons								
1	in se			engage in any of the fol 501(c)(3) organization						Yes	No
a	Trans	fers from the re	porting foundation to	o a noncharitable exem	ot organization	of:					
			· -		-				1a(1)		
	• •	ther assets .						, , , , , , , , , , , , , , , , , , ,	1a(2)		×
ь		r transactions:									
~			a noncharitable eve	empt organization .				f	1b(1)	—	×
	• •			able exempt organization							
	• •								1b(2)		<u></u>
			• •	er assets				<b>}</b>	1b(3)		X
			-					-	1b(4)		_×
		-						-	1b(5)		×
				nip or fundraising solicit				-	1b(6)		_ <u>×</u>
C		-		sts, other assets, or paid				L	1c_		_ <u>×</u>
þ				s," complete the follow							
				ces given by the report							
	value	in any transacti		ement, show in column	(d) the value o	f the goods,	other asse	ets, or ser	vices	recei	ved.
(a) Line	no (	b) Amount involved	(c) Name of nonch	naritable exempt organization	(d) Descr	iption of transfer	rs, transaction	ns, and shari	ng arra	ingeme	nts
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	desci	ribed in section tes," complete the	501(c) (other than se e following schedule		etion 527? .	· · · · ·	·	• • [		s 🗵	No
		(a) Name of organ	nization	(b) Type of organi	zation		c) Descriptio	n of relations	nıp		
				<del></del>							
		<del> </del>									
				ed this return, including accompa an taxpayer) is based on all infor				my knowledg	e and b	elief, it i	ıs true,
Sign	Corre	ct, and complete. Deci	laration of preparer (other tha	an taxpayer) is based on all inform	nation of which prep	arer nas any know	vieage	May the IRS	discu	s this r	return
Here	<b>)</b> /	X ( )00	Consail	05/07/2019	Treasurer	:		with the pre			
		ature of officer or tru	stee	Date	Title			See instructi	ons b	K∐ Tes[	סאן
Joi -		Print/Type preparer	's name	Preparer's signature		Date	Chest	( <b>X</b> ) if P	ΠN		
Paid		Randall L	Reer	Randall L Beer		10/03/20		mployed p	າດຂາ	8226	á
repa				ng Center, Inc.			Firm's EIN ▶				<del></del>
Jse (	חונ	Firm's name	PO Box 190	ing contect, the.				(260) 58	_		
BAA		Firm's address ▶	Berne		IN 46711		r none no (			)-PF	(2019)
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Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt

# Form 990-PF: Return of Private Foundation Part XV, Line 3a: Grants and Contributions Paid During the Year

## **Continuation Statement**

If recipient is an									
Recipient name and address (home business)	individual, show any	Foundation status of recipient	Purpose of grant or contribution	Amount					
a Paid during the year		·							
Turning Point Ministries		none	charitable	0.					
P.O. Box 3838									
San Diego, CA 92163									
The Hope Clinic		none	charitable	2,000.					
165 W Water St									
Berne, IN 46711			, , , ,	1 000					
Miracle Hill Ministries		none	charitable	1,000.					
PO Box 2546									
Greenville, SC 29602 World Gospel Mission		none	charitable	6,500.					
PO Box 948		lione	Charicabic	0,500.					
Marion, IN 46952									
Focus on the Family	-	none	charitable	3,000.					
8605 Explorer Dr				.,					
Colorado Springs, CO 80995	· .								
Child Evangelism		none	charitable	10,000.					
17482 State Highway M		,		,					
Warrenton, MO 63383									
Taylor University		none	educational	2,000.					
236 W Reade Ave				•					
Upland, IN 46989									
CRU		none	charitable	5,000.					
100 Lake Hart Dr									
Orlando, FL 32832									
Gideons International		none	charitable	100,260.					
PO Box 140800									
Nashville, TN 37214	<u> </u>	ļ							
First Missionary Church		none	charitable	250.					
850 US Highway 27									
Berne, IN 46711									
				120 010					

130,010.

# Additional information from your Form 990-PF: Return of Private Foundation

## Form 990-PF: Return of Private Foundation

**Taxes** 

**Continuation Statement** 

Description	Revenue and Expense per Book	Net Investment Income	Adjusted Net Income	Disbursement for charitable purpose
Federal	1,034.	1,034.		
Office	2.			
Tota	1,036.	1,034.		<del></del>

Name .	Employer Identification No
Jay & Phyllis Conrad Family Foundation, Inc.	35-1899472

## Line 16a - Legal Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
al to Form 990	-PF, Part I, Line 16a				

# Line 16b - Accounting Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Randall L. Beer	Trial balance, tax return	875.	:		
Total to Form 990-	PF, Part I, Line 16b	875.			

#### Line 16c - Other Professional Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
	_		<u> </u>		
	-				
<u>.                                    </u>	_				
otal to Form 990	)-PF, Part I, Line 16c				

# Receivables

me	Employer Identification No
y & Phyllis Conrad Family Foundation	n, Inc 35-1899472
Landau Information	
Lender Information:	
Loan Receivable Type 5	
Borrowers Name Randall L Beer	
Borrower's Title Accountant	
Check Box, if Borrower is a Business .	
Relationship of Borrower (Other loans only)	
Repayment Terms Matures 06-01-2027	<del></del>
Borrower's Security Real Estate	<del></del>
Purpose of Loan Mortgage	2
Description of Consideration Commercial Bui	lding
Original Amount 65,000.	V 5 18 1
Beginning Year Balance 46,337.	Year End Balance 42,428.
FMV at Year End 46,337.	FMV of Consideration 65,000.
Allowance for Doubtful Accounts(other loans only)	
Date of Note 06/01/12 Maturity Date	06/01/27 Interest Rate 5.00
Loan Receivable Type 3	
Borrowers Name Eric & Adam Salsbery/Jessic	<u>a Matos</u>
Borrower's Title Farm Operators	
Check Box, if Borrower is a Business . X	
Relationship of Borrower (Other loans only) <u>none</u>	
Repayment Terms Principal plus Annual	Interest
Borrower's Security Farm Ground	
Purpose of Loan Agricultural	
Description of Consideration Indiana Farm Gi	round
Original Amount 380,000.	
Beginning Year Balance 361,002.	Year End Balance 341, 286.
FMV at Year End 341, 286.	FMV of Consideration 380,000.
Allowance for Doubtful Accounts(other loans only)	0.
Date of Note 12/30/10 Maturity Date	10/01/30 Interest Rate 4.00
Loan Receivable Type	
Borrowers Name	
Borrower's Title	
Check Box, if Borrower is a Business .	
* * * * * * * * * * * * * * * * * * * *	Receivables
Repayment Terms	
Borrower's Security	
Purpose of Loan	
Description of Consideration	
Original Amount	
Beginning Year Balance	Year End Balance
FMV at Year End	FMV of Consideration
Allowance for Doubtful Accounts(other loans only)	
Allowance for Doubtidi Accounts(other loans only)	

# Additional information from your 2018 Federal Exempt Tax Return

### Form 990-PF Part II Lines 6 and 7 Receivables

# Receivables

#### **Continuation Statement**

Loan Recei vable Type	Borrow ers Name	Borro wers Title	B or rower Business	Relations hip of Borrower	Repaym ent Terms	Borrow ers Securit y	Purpose of Loan	Description of Considerati on	Origi nal Amo unt	Begi nnin g Year Amo unt	Year End Bala nce	of Year	FMV of Con sider ation	Allo wan ce for Dou btful Acc ount s	Dat e of Not e	Mat urit y Dat e	Inte rest Rat e
3	LLC	Richa rd's Farm	х	None	\$87,397 .39 Annuall Y	Indiana Farm Ground	Agricul tural	Richar d's Farm Ground	846,825	773,7v1	732,726	732,726	848,825	0.	04/01/1 S	04/01/3 0	6.0
3	Solanco LLC	Zimme rman Farm	Х	None	Interes t Only	Indiana Farm Ground	Agricul tural	Zimmer man Farm	500,000	265,000	265,000	265,000	600,000	0.	09/12/1 3	09/12/1 9	6.0
3	Solanco LLC	Ripbe rgr Farm	Х	None	Princip al & Interes t	Farm Ground	Agricul tural	Indian a Farm Ground	1,500,60 0	0.	1,177,14 6.	1,477,74 6.	1,500,09 0.	0.	Λ1/30/1 9	01/30/3 8	5.0
3	Bob Cotant	Owner		None	Interes t Only on Demand	Real Estate	Commerc ial	Real Estate	300,000	300,000	300,000	300,000	300,000	0.	12/16/0 5	12/15/2 1	5.0

,