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Form 990-PF

Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

of Section 4347(a)(1) Trust Treated as Fittate Foundation

2018

Department of the Treasury Internal Revenue Service ▶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.

Open to Public Inspection

FOR	calend	ar year 2018 or tax year beginning , a	and ending				·
Nar	ne of fou	ndation			A Emplo	yer identification number	
C	ON(O)	RMON CHRISTIAN MINISTRIES			45.	4531530	
		street (or P O box number if mail is not delivered to street address)	l R	loom/suite		one number (see instructions)	
		WESTLAKE ROAD UNIT 6			,		•
City	or town	, state or province, country, and ZIP or foreign postal code	•	<u> </u>	C If exem	iption application is pending,	chack hara
F	AYE'	TTEVILLE NC 28314			C II exem	ption application is periolity, o	Aleck Hele
G C	heck a	all that apply Initial return Initial retur	rn of a former public of	charity	D 1. For	eign organizations, check her	e ▶ ∐
		Final return Amended	return		l	eign organizations meeting th	
		Address change Name cha	inge		859	6 test, check here and attach	computation
H C	heck t	ype of organization \mathbf{X} Section 501(c)(3) exempt private	foundation	$\cup II$		te foundation status was term	nated under
	Section	n 4947(a)(1) nonexempt charitable trust Other taxable	le private foundation	<u> </u>	section	507(b)(1)(A), check here	▶ []
l Fa	ır mar	ket value of all assets at J Accounting method	X Cash Ac	crual	l	oundation is in a 60-month ten	
	•	ear (from Part II, col (c), Other (specify)			under:	section 507(b)(1)(B), check he	re 🕨 📙
	e 16) l	\$ 122,236 (Part I, column (d) must	be on cash basis)		<u> </u>		
Pa	irt E	Analysis of Revenue and Expenses (The total of	(a) Revenue and expenses per	(b) Net inv	restment	(c) Adjusted net	(d) Disbursements for charitable
1		amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	books	inco	me	ıncome	purposes (cash basis only)
/ 	1	Contributions, gifts, grants, etc., received (attach schedule)	14,500				
4	2	Check ▶ ☐ if the foundation is not required to attach Sch B					
1	3	Interest on savings and temporary cash investments	7,116	5	7,116	7,116	
	4	Dividends and interest from securities					
	5a	Gross rents					······································
<u>o</u>	b	Net rental income or (loss)					
Ĭ	6a	Net gain or (loss) from sale of assets not on line 10					
š	b	Gross sales price for all assets on line 6a					
2019 Revenue	7	Capital gain net income (from Part IV, line 2)			0	_	······
5	8	Net short-term capital gain				0	·····
7	9	Income modifications					
8	10a	Gross sales less returns and allowances					<u></u>
0	b	Less Cost of goods sold		-		-	
MAY	C	Gross profit or (loss) (attach schedule) Other income rattach schedule) STMT 1	12	<u> </u>		12	·····
Σ	11 12	Other Income (attach schedule) STMT 1 Total, Add lines Himough 4	21,628	-	7,116	7,128	
DESERVATION	13	Compensation of officers, directors, diustees, etc	1,000		,,	,,	
(0)	14	Other mplayers and the state of			<u> </u>		
	15	Double plane ampleure hangeted ()	77	,	-		
Š	16a	Legal fees (attach schedule)		1			
	b	Accounting tees (attach schedule)					
Operating and Administrative	С	Other professional fees (attach schedule) STMT 2	750				
rat	17	Interest	101	L			
ist	18	Taxes (attach schedule) (see instructions)					
Ē	19	Depreciation (attach schedule) and depletion		1			
Þ	20	Occupancy					
γp	21	Travel, conferences, and meetings	3,257	<u>'</u>			3,257
an	22	Printing and publications					7 200
g	23	Other expenses (att sch) STMT 3	10,021	<u> </u>			7,329
atii	24	Total operating and administrative expenses.	15 200			o	10,586
)er		Add lines 13 through 23	15,206		0	U	12,995
ŏ	25	Contributions, gifts, grants paid	28,201		0	0	23,581
	26	Total expenses and disbursements. Add lines 24 and 25	20,201		<u>`</u>		23,301
	27	Subtract line 26 from line 12 Excess of revenue over expenses and disbursements	-6,573	3			
	a b	Net investment income (if negative, enter -0-)		 	7,116	1.111	
	C	Adjusted net income (if negative, enter -0-)		1		7,128	
	<u></u>	Adjusted net meetine (ii negative, enter -0-)	h				

	Part II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End of	f year
	ran i	should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash – non-interest-bearing	18,430	14,035	14,035
	2	Savings and temporary cash investments	-		
	3	Accounts receivable ▶ 29			
		Less allowance for doubtful accounts ▶	29	29	29
	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			
	ŀ	instructions)			
	7	Other notes and loans receivable (att schedule) SEE WRK 108,172			
		Less allowance for doubtful accounts ▶ 0	113,056	108,172	108,172
s	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Asi	10a	Investments – U.S. and state government obligations (attach schedule)			
	b	Investments – corporate stock (attach schedule)			
	c	Investments – corporate bonds (attach schedule)			
	11	Investments – land, buildings, and equipment basis	****		
	' '	Less accumulated depreciation (attach sch)	ĺ	Ì	
	12	Investments – mortgage loans			
	13	Investments – other (attach schedule)			-
	14	Land, buildings, and equipment basis			
	''	Less accumulated depreciation (attach sch.)	[
	15	Other assets (describe ▶)			
	16	Total assets (to be completed by all filers – see the			
		instructions Also, see page 1, item I)	131,515	122,236	122,236
_	17	Accounts payable and accrued expenses	681	390	, ,
	18	Grants payable	-		
S		Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ä	21	Mortgages and other notes payable (attach schedule)			
Ï	22	Other liabilities (describe >)			
	23	Total liabilities (add lines 17 through 22)	681	390	
_		Foundations that follow SFAS 117, check here			
ý		and complete lines 24 through 26, and lines 30 and 31.			
Š	24	Unrestricted	130,834	121,846	
<u>a</u>	25	Temporarily restricted			
8	26	Permanently restricted			
Б		Foundations that do not follow SFAS 117, check here			
교		and complete lines 27 through 31.			
ō	27	Capital stock, trust principal, or current funds			
ste	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
SS	29	Retained earnings, accumulated income, endowment, or other funds			
Net Assets or Fund Balances	30	Total net assets or fund balances (see instructions)	130,834	121,846	
ž	31	Total liabilities and net assets/fund balances (see			
	•	instructions)	131,515	122,236	
_	Part I	· · · · · · · · · · · · · · · · · · ·			
1		net assets or fund balances at beginning of year – Part II, column (a), line 30 (mu	st agree with		
,		of-year figure reported on prior year's return)	•	1	130,834
2		amount from Part I, line 27a		2	-6,573
		increases not included in line 2 (itemize)		3	
		ines 1, 2, and 3		4	124,261
		eases not included in line 2 (itemize) SEE STATEMENT 4		5	2,415
		net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 30	6	121,846
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Form 990-PF (2018)

Part IV Capital Gains a	nd Losses for Tax on Investme	ent Income				
	the kind(s) of property sold (for example, real estate, arehouse, or common stock, 200 shs MLC Co)		(b) How acquired P – Purchase D – Donation	(c) Date acq (mo , day,	· I	(d) Date sold (mo , day, yr)
1a N/A						
b						_
С						
d			-			
<u>e</u>						
(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis nse of sale	((h) Gain (e) plus (f)	or (loss) minus (g))
<u>a</u>						
<u>b</u>						
С						
d	10					
Complete only for constant phone	Land owned by the fe	 	20			
Complete only for assets snowin	g gain in column (h) and owned by the fo	I				(h) gain minus ess than -0-) or
(i) FMV as of 12/31/69	(J) Adjusted basis as of 12/31/69		is of col (i) (j), if any			im col (h))
_a						
ь						
С						
_d						
е						
2 Capital gain net income or (net o	eapital loss) If gain, also enter in If (loss), enter -0- in	Part I, line 7 Part I, line 7		2		
3 Net short-term capital gain or (lo	ss) as defined in sections 1222(5) and (6	6)				
If gain, also enter in Part I, line 8	i, column (c) See instructions If (loss), e	enter -0- in				
Part I, line 8				3		
	nder Section 4940(e) for Reduc		***	ne		
(For optional use by domestic private	e foundations subject to the section 4940)(a) tax on net invest	tment income)			
If section 4940(d)(2) applies, leave the	his part blank					
	ction 4942 tax on the distributable amoun	at of any year in the l	hasa nariad?			Yes X No
	fy under section 4940(e). Do not complete		base period?			res 21 140
			ng ony ontrop			
	each column for each year, see the instr	uctions before maki		- 		(d)
(a) Base period years	(b) Adjusted qualifying distributions	Net value	(c) e of noncharitable-use assets			ibution ratio
Calendar year (or tax year beginning in	0 1	,884	65,1	08	(ω) (ω)	0.443632
2017		,512	19,5			1.511266
2016		,566	11,8			2.242992
2015		,005	2,1			5.101994
2014 2013		,200	2,2			4.571941
2015		7200		- 		
2 Total of line 1, column (d)				2		13.871825
	5-year base period – divide the total on	line 2 by 5 0 or by		-		
	ion has been in existence if less than 5 y			3		2.774365
the number of years the loundar	ion has been in existence in less than 5 y	Caro				
4 Enter the net value of noncharita	able-use assets for 2018 from Part X, line	e 5		4		123,781
				_		2/2 /1/
5 Multiply line 4 by line 3				5		343,414
6 Enter 1% of net investment inco	me (1% of Part I, line 27h)			6		71
Cinter 170 of flet investment inco	mo (170 of Fart I, line 270)					
7 Add lines 5 and 6				7		343,485
r ridu iiiles o ailu u						
8 Enter qualifying distributions from	m Part XII, line 4			8		23,581
	in line 7, check the box in Part VI, line 1b	, and complete that	part using a 1% tax ra	te See the		
Part VI instructions						

7 7 1-	990-PF (2018) CONORMON CHRISTIAN MINISTRIES 45-4531530			P	age 4	
Pa	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)	····				
1a						
	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	1			<u> 142</u>	
	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)	ł			_	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	2			0	
3	Add lines 1 and 2	3			142	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	4			0	
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5			142	
6	Credits/Payments					
а	2018 estimated tax payments and 2017 overpayment credited to 2018 6a 6a					
b	Exempt foreign organizations – tax withheld at source					
C	Tax paid with application for extension of time to file (Form 8868) 6c					
d	Backup withholding erroneously withheld 6d					
7 .	Total credits and payments Add lines 6a through 6d	7				
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached.	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			<u> 142</u>	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
11	Enter the amount of line 10 to be Credited to 2019 estimated tax ▶ Refunded ▶	11				
Pa	rt VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			Yes	No	
	participate or intervene in any political campaign?		1a		X	
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the					
	instructions for the definition		1b		X	
	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				İ	
С	Did the foundation file Form 1120-POL for this year?	N/A	1c			
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	·			·	
ŭ	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$				į	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	•			ĺ	
·	on foundation managers > \$				ĺ	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		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 instrument, articles of		-		ĺ	
•	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		х	
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4b			
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	,	5		x	
•	If "Yes," attach the statement required by General Instruction T		۲		_ _	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either					
Ü	By language in the governing instrument, or				ĺ	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that				ĺ	
			6	x	ĺ	
-	conflict with the state law remain in the governing instrument? 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	ΧV	7	X		
7			<u> </u>			
8a	Enter the states to which the foundation reports or with which it is registered. See instructions					
L	NC If the angular is "Yee" to line 7, her the foundation furnished a copy of Form 990-PF to the Attorney General					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		8b	$ \mathbf{x} $; 	
	(or designate) of each state as required by General Instruction G? If "No," attach explanation		100			/
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or		1		İ	•
	4942(j)(5) for calendar year 2018 or the taxable year beginning in 2018? See instructions for Part XIV If "Yes,"				x	/
	complete Part XIV		9	\vdash		L
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their		40		x	
	names and addresses		10 Form 99	10-DE		
			roim 🗗	/V-1 1	(£U10)	

P:	art 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		X
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		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ▶ TODD CONORMON Telephone no ▶			
	120 WESTLAKE ROAD, UNIT 6			
	Located at ▶ FAYETTEVILLE NC ZIP+4 ▶ 283	L 4		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – check here			▶ ∟
	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	J	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
	the foreign country ▶	<u> </u>		
P	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required		1	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a				
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X 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 X No			
	(a) a service de service de la consecutiva della			
	(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)? Yes \overline{X} No			
	(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 Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		
	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? N/A	1c		
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?			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20			
b				
	(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.)	2b		
_	•	, <u> </u>		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20 . 20 . 20 . 20			
3a				
Ja	at any time during the year? Yes X No			
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) N/Z	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
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?	4b		X
		Ear. 90	an DE	

		arding Activities for Which For	m 4720 May Be R	equired (cont	inued)			
5a	- 1						Yes	No
	• •	ise attempt to influence legislation (secti	on 4945(e))?		es X No			
		ecific public election (see section 4955),			ليسا			
	directly or indirectly, any voter re	,		es X No				
	•	for travel, study, or other similar purpose	s?	 - 	es 🗓 No			
	•	on other than a charitable, etc , organiza						
	section 4945(d)(4)(A)? See insti				es X No			
		nan religious, charitable, scientific, literar	v. or educational					
		of cruelty to children or animals?	,.		es X No			
b	• • •	did any of the transactions fail to qualify	under the exceptions de					
		current notice regarding disaster assista			N/A	5b		'
		otice regarding disaster assistance, chec			▶ 🗍			
С	* -	(4), does the foundation claim exemption			_			
	because it maintained expenditure r			N/A 🗌 Y	'es No			
	If "Yes," attach the statement require	ed by Regulations section 53 4945-5(d)		_				
6a	Did the foundation, during the year,	receive any funds, directly or indirectly, t	o pay premiums					
	on a personal benefit contract?			_ Y	'es 🛚 X No			
b	Did the foundation, during the year,	pay premiums, directly or indirectly, on a	personal benefit contr	act?		6b		X
	If "Yes" to 6b, file Form 8870							
7a	At any time during the tax year, was	the foundation a party to a prohibited ta	x shelter transaction?	Y	'es 🗓 No			
b	If "Yes," did the foundation receive a	any proceeds or have any net income att	ributable to the transac	tion?	N/A	7b		
8	Is the foundation subject to the sect	ion 4960 tax on payment(s) of more than	1 \$1,000,000 in	Ò				
	remuneration or excess parachute p				es X No			
Pa	art Ⅷ Information Abou	t Officers, Directors, Trustees,	Foundation Mana	agers, Highly	Paid Employ	ees,		
	and Contractors							
<u> 1 I</u>	ist all officers, directors, trustees,	and foundation managers and their c	omnonestion. See inc	tructions.				
	List all officers, affectors, trastees,	and roundation managers and their o	ompensation. dec ms			1		
			(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit	(e) Ex	pense ac	count.
		and address	(b) Title, and average hours per week		employee benefit plans and deferred		pense ad er allowar	
	(a) Name	and address	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid,	employee benefit			
	(a) Name	and address FAYETTEVILLE	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	employee benefit plans and deferred compensation	othe		nces
60	(a) Name ODD CONORMON 03 ARGYLL ROAD	and address FAYETTEVILLE NC 28355	(b) Title, and average hours per week devoted to position PRESIDENT 0.00	(c) Compensation (if not paid,	employee benefit plans and deferred	othe		
60	(a) Name DDD CONORMON B ARGYLL ROAD CANINE CONORMON	and address FAYETTEVILLE NC 28355 FAYETTEVILLE	(b) Title, and average hours per week devoted to position PRESIDENT 0.00 SECRETARY/TR	(c) Compensation (If not paid, enter -0-)	employee benefit plans and deferred compensation	othe		o o
60	(a) Name ODD CONORMON 03 ARGYLL ROAD	and address FAYETTEVILLE NC 28355	(b) Title, and average hours per week devoted to position PRESIDENT 0.00	(c) Compensation (If not paid, enter -0-)	employee benefit plans and deferred compensation	othe		nces
60	(a) Name DDD CONORMON B ARGYLL ROAD CANINE CONORMON	and address FAYETTEVILLE NC 28355 FAYETTEVILLE	(b) Title, and average hours per week devoted to position PRESIDENT 0.00 SECRETARY/TR	(c) Compensation (If not paid, enter -0-)	employee benefit plans and deferred compensation	othe		o o
60	(a) Name DDD CONORMON B ARGYLL ROAD CANINE CONORMON	and address FAYETTEVILLE NC 28355 FAYETTEVILLE	(b) Title, and average hours per week devoted to position PRESIDENT 0.00 SECRETARY/TR	(c) Compensation (If not paid, enter -0-)	employee benefit plans and deferred compensation	othe		o o
60	(a) Name DDD CONORMON B ARGYLL ROAD CANINE CONORMON	and address FAYETTEVILLE NC 28355 FAYETTEVILLE	(b) Title, and average hours per week devoted to position PRESIDENT 0.00 SECRETARY/TR	(c) Compensation (If not paid, enter -0-)	employee benefit plans and deferred compensation	othe		o o
6(JI 6((a) Name ODD CONORMON 3 ARGYLL ROAD CANINE CONORMON 3 ARGYLL ROAD	and address FAYETTEVILLE NC 28355 FAYETTEVILLE NC 28355	(b) Title, and average hours per week devoted to position PRESIDENT 0.00 SECRETARY/TR 0.00	(c) Compensation (If not paid, enter -0-)	employee benefit plans and deferred compensation	othe		o o
60	(a) Name ODD CONORMON 3 ARGYLL ROAD CANINE CONORMON 3 ARGYLL ROAD	and address FAYETTEVILLE NC 28355 FAYETTEVILLE	(b) Title, and average hours per week devoted to position PRESIDENT 0.00 SECRETARY/TR 0.00	(c) Compensation (If not paid, enter -0-)	employee benefit plans and deferred compensation	othe		o o
6(JI 6((a) Name ODD CONORMON 03 ARGYLL ROAD 03 ARGYLL ROAD 03 ARGYLL ROAD COMPENSATION OF five highest-pai	and address FAYETTEVILLE NC 28355 FAYETTEVILLE NC 28355	(b) Title, and average hours per week devoted to position PRESIDENT 0.00 SECRETARY/TR 0.00 ed on line 1 – see inst	(c) Compensation (If not paid, enter -0-)	employee benefit plans and deferred compensation	othe		o o
6(JI 6((a) Name ODD CONORMON 03 ARGYLL ROAD 03 ARGYLL ROAD 03 ARGYLL ROAD COMPENSATION OF five highest-pai	FAYETTEVILLE NC 28355 FAYETTEVILLE NC 28355 Output Output Description (b) Title, and average hours per week devoted to position PRESIDENT 0.00 SECRETARY/TR 0.00 ed on line 1 – see inst	(c) Compensation (If not paid, enter -0-)	employee benefit plans and deferred compensation 0 0 e, enter (d) Contributions to employee benefit	(e) Ex	pense ac	0 0	
6(JI 6((a) Name ODD CONORMON OB ARGYLL ROAD CANINE CONORMON OB ARGYLL ROAD COMpensation of five highest-pai	FAYETTEVILLE NC 28355 FAYETTEVILLE NC 28355 Output Output Description (b) Title, and average hours per week devoted to position PRESIDENT 0.00 SECRETARY/TR 0.00 (b) Title, and average	(c) Compensation (If not paid, enter -0-) 1,000 0 cructions). If none	employee benefit plans and deferred compensation 0 0 e, enter	(e) Ex	er allowar	0 0	
60 JE 60	(a) Name ODD CONORMON OB ARGYLL ROAD OB ARGYLL ROAD CANINE CONORMON OB ARGYLL ROAD COmpensation of five highest-pai	FAYETTEVILLE NC 28355 FAYETTEVILLE NC 28355 Output Output Description (b) Title, and average hours per week devoted to position PRESIDENT 0.00 SECRETARY/TR 0.00 ed on line 1 – see inst	(c) Compensation (If not paid, enter -0-) 1,000 0 cructions). If none	employee benefit plans and deferred compensation 0 0 (d) Contributions to employee benefit plans and deferred	(e) Ex	pense ac	0 0	
60 JE 60	(a) Name ODD CONORMON 03 ARGYLL ROAD 03 ARGYLL ROAD 03 ARGYLL ROAD 04 Compensation of five highest-pai "NONE."	FAYETTEVILLE NC 28355 FAYETTEVILLE NC 28355 Output Output Description (b) Title, and average hours per week devoted to position PRESIDENT 0.00 SECRETARY/TR 0.00 ed on line 1 – see inst	(c) Compensation (If not paid, enter -0-) 1,000 0 cructions). If none	employee benefit plans and deferred compensation 0 0 (d) Contributions to employee benefit plans and deferred	(e) Ex	pense ac	0 0	
60 JE 60	(a) Name ODD CONORMON 03 ARGYLL ROAD 03 ARGYLL ROAD 03 ARGYLL ROAD 04 Compensation of five highest-pai "NONE."	FAYETTEVILLE NC 28355 FAYETTEVILLE NC 28355 Output Output Description (b) Title, and average hours per week devoted to position PRESIDENT 0.00 SECRETARY/TR 0.00 ed on line 1 – see inst	(c) Compensation (If not paid, enter -0-) 1,000 0 cructions). If none	employee benefit plans and deferred compensation 0 0 (d) Contributions to employee benefit plans and deferred	(e) Ex	pense ac	0 0	
60 JE 60	(a) Name ODD CONORMON 03 ARGYLL ROAD 03 ARGYLL ROAD 03 ARGYLL ROAD 04 Compensation of five highest-pai "NONE."	FAYETTEVILLE NC 28355 FAYETTEVILLE NC 28355 Output Output Description (b) Title, and average hours per week devoted to position PRESIDENT 0.00 SECRETARY/TR 0.00 ed on line 1 – see inst	(c) Compensation (If not paid, enter -0-) 1,000 0 cructions). If none	employee benefit plans and deferred compensation 0 0 (d) Contributions to employee benefit plans and deferred	(e) Ex	pense ac	0 0	
60 JE 60	(a) Name ODD CONORMON 03 ARGYLL ROAD 03 ARGYLL ROAD 03 ARGYLL ROAD 04 Compensation of five highest-pai "NONE."	FAYETTEVILLE NC 28355 FAYETTEVILLE NC 28355 Output Output Description (b) Title, and average hours per week devoted to position PRESIDENT 0.00 SECRETARY/TR 0.00 ed on line 1 – see inst	(c) Compensation (If not paid, enter -0-) 1,000 0 cructions). If none	employee benefit plans and deferred compensation 0 0 (d) Contributions to employee benefit plans and deferred	(e) Ex	pense ac	0 0	
60 JE 60	(a) Name ODD CONORMON 03 ARGYLL ROAD 03 ARGYLL ROAD 03 ARGYLL ROAD 04 Compensation of five highest-pai "NONE."	FAYETTEVILLE NC 28355 FAYETTEVILLE NC 28355 Output Output Description (b) Title, and average hours per week devoted to position PRESIDENT 0.00 SECRETARY/TR 0.00 ed on line 1 – see inst	(c) Compensation (If not paid, enter -0-) 1,000 0 cructions). If none	employee benefit plans and deferred compensation 0 0 (d) Contributions to employee benefit plans and deferred	(e) Ex	pense ac	0 0	
60 JE 60	(a) Name ODD CONORMON 03 ARGYLL ROAD 03 ARGYLL ROAD 03 ARGYLL ROAD 04 Compensation of five highest-pai "NONE."	FAYETTEVILLE NC 28355 FAYETTEVILLE NC 28355 Output Output Description (b) Title, and average hours per week devoted to position PRESIDENT 0.00 SECRETARY/TR 0.00 ed on line 1 – see inst	(c) Compensation (If not paid, enter -0-) 1,000 0 cructions). If none	employee benefit plans and deferred compensation 0 0 (d) Contributions to employee benefit plans and deferred	(e) Ex	pense ac	0 0	
60 JE 60	(a) Name ODD CONORMON 03 ARGYLL ROAD 03 ARGYLL ROAD 03 ARGYLL ROAD 04 Compensation of five highest-pai "NONE."	FAYETTEVILLE NC 28355 FAYETTEVILLE NC 28355 Output Output Description (b) Title, and average hours per week devoted to position PRESIDENT 0.00 SECRETARY/TR 0.00 ed on line 1 – see inst	(c) Compensation (If not paid, enter -0-) 1,000 0 cructions). If none	employee benefit plans and deferred compensation 0 0 (d) Contributions to employee benefit plans and deferred	(e) Ex	pense ac	0 0	
60 JE 60	(a) Name ODD CONORMON 03 ARGYLL ROAD 03 ARGYLL ROAD 03 ARGYLL ROAD 04 Compensation of five highest-pai "NONE."	FAYETTEVILLE NC 28355 FAYETTEVILLE NC 28355 Output Output Description (b) Title, and average hours per week devoted to position PRESIDENT 0.00 SECRETARY/TR 0.00 ed on line 1 – see inst	(c) Compensation (If not paid, enter -0-) 1,000 0 cructions). If none	employee benefit plans and deferred compensation 0 0 (d) Contributions to employee benefit plans and deferred	(e) Ex	pense ac	0 0	
60 JE 60	(a) Name ODD CONORMON 03 ARGYLL ROAD 03 ARGYLL ROAD 03 ARGYLL ROAD 04 Compensation of five highest-pai "NONE."	FAYETTEVILLE NC 28355 FAYETTEVILLE NC 28355 Output Output Description (b) Title, and average hours per week devoted to position PRESIDENT 0.00 SECRETARY/TR 0.00 ed on line 1 – see inst	(c) Compensation (If not paid, enter -0-) 1,000 0 cructions). If none	employee benefit plans and deferred compensation 0 0 (d) Contributions to employee benefit plans and deferred	(e) Ex	pense ac	0 0	

Form 990-PF (2018) CONORMON CHRISTIAN	N MINISTRIES	45-4531530	Page 7
		ndation Managers, Highly Paid E	
3 Five highest-paid independent contractors for pro	ofessional services. See in	structions. If none, enter "NONE."	
(a) Name and address of each person pa		(b) Type of service	(c) Compensation
NONE			
Total number of others receiving over \$50,000 for profession	onal services		▶
Part IX-A Summary of Direct Charitable	e Activities		•
List the foundation's four largest direct charitable activities during the tax ye organizations and other beneficiaries served, conferences convened, resea		ion such as the number of	Expenses
1 N/A			
2			1
3			
4	., ··		
Part IX-B Summary of Program-Related	d Investments (see ins	structions)	<u> </u>
Describe the two largest program-related investments made by the foundati			Amount
1 N/A			
2			
All other program-related investments. See instructions	· 		
3			

▶

Total. Add lines 1 through 3

Form 990-PF (2018)

23,581

23,581

3a

3b

4

5

6

3

5

Amounts set aside for specific charitable projects that satisfy the

Adjusted qualifying distributions. Subtract line 5 from line 4

qualifies for the section 4940(e) reduction of tax in those years

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income

Suitability test (prior IRS approval required)

Enter 1% of Part I, line 27b See instructions

Cash distribution test (attach the required schedule)

Pa	rt XIII Undistributed Income	(see instructions)				
•	•		(a)	(b)	(c)	(d)
1	Distributable amount for 2018 from Part X	α,	Corpus	Years prior to 2017	2017	2018
	line 7			••••••••••••••••••••••••••••••		6,047
2	Undistributed income, if any, as of the end	d of 2018				
а	Enter amount for 2017 only					
b	Total for prior years 20, 20	, 20		······································	,	
3	Excess distributions carryover, if any, to 2	.018				
а	From 2013	10,088				
b	From 2014	10,897				
C	From 2015	25,974				
d	From 2016	28,536				
е	From 2017	27,708				
f	Total of lines 3a through e		103,203			
4	Qualifying distributions for 2018 from Part	: XII,				
	line 4 ▶ \$ 23,581					
а	Applied to 2017, but not more than line 2a	1				
þ	Applied to undistributed income of prior ye	ears				
	(Election required – see instructions)					
С	Treated as distributions out of corpus (Ele	ection				,
	required - see instructions)	j	-::			
d	Applied to 2018 distributable amount					6,047
е	Remaining amount distributed out of corp	us	17,534			
5	Excess distributions carryover applied to	2018				
	(If an amount appears in column (d), the s	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 Subtrac	t line 5	120,737			
b	Prior years' undistributed income Subtract	et				
	line 4b from line 2b					
C	Enter the amount of prior years' undistribu	uted				
	income for which a notice of deficiency ha	as				
	been issued, or on which the section 4942	2(a)				
	tax has been previously assessed					
d	Subtract line 6c from line 6b Taxable					
	amount - see instructions				↓	
е	Undistributed income for 2017. Subtract le	ine				
	4a from line 2a Taxable amount – see					
	instructions					
f	Undistributed income for 2018 Subtract li	ines				
	4d and 5 from line 1 This amount must b	e				
	distributed in 2019					0
7	Amounts treated as distributions out of co	orpus				
	to satisfy requirements imposed by section					
	170(b)(1)(F) or 4942(g)(3) (Election may t	pe				
	required—see instructions)					
8	Excess distributions carryover from 2013	not				
	applied on line 5 or line 7 (see instruction:	·	10,088	•		
9	Excess distributions carryover to 2019	•				
	Subtract lines 7 and 8 from line 6a		110,649		ļ	
10	Analysis of line 9					
а	Excess from 2014	10,897				
b	Excess from 2015	25,974				
С	Excess from 2016	28,536				
d	Excess from 2017	27,708				
е	Excess from 2018	17,534			1	I

Page	<u>10</u>

1a	If the foundation has received a ruling or			ting		
•	foundation, and the ruling is effective for		-	_		
b	Check box to indicate whether the founda	ition is a private opera	ating foundation descri		1942(j)(3) or 494	2(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
	investment return from Part X for					
	each year listed					
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	_				
u	for active conduct of exempt activities					
_	Qualifying distributions made directly		——————————————————————————————————————	 		
е						
	for active conduct of exempt activities					
	Subtract line 2d from line 2c			<u> </u>		
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					
	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		4"			
	and 5 or more exempt					
	organizations as provided in					
	section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from					
	an exempt organization					
	(4) Gross investment income					
P	ert XV Supplementary Inform			the foundation h	nad \$5,000 or mor	e in assets at
	any time during the ye	<u>ear – see instruc</u>	tions.)			
1	Information Regarding Foundation Ma	nagers:				
а	List any managers of the foundation who	have contributed mor	re than 2% of the total	contributions received	by the foundation	
	before the close of any tax year (but only	if they have contribut	ed more than \$5,000)	(See section 507(d)(2	2))	
	TODD AND JEANINE CON					\$10,500
b	List any managers of the foundation who	own 10% or more of	the stock of a corpora	tion (or an equally larg	e portion of the	
-	ownership of a partnership or other entity				-	
	N/A	,	· ·			
2	Information Regarding Contribution, G	Frant, Gift, Loan, Sch	nolarship, etc., Progr	ams:		
-	<u> </u>			ble organizations and	does not accept	
	unsolicited requests for funds. If the found					
	•		ants, etc., to mulvidua	is or organizations un	der other conditions,	
	complete items 2a, b, c, and d See instru		of the market to the con-	opphostone about	addressed	
а	The name, address, and telephone numb		or the person to whom	applications should be	addressed	
	TODD C CONORMON 910-		MMM117777	. 20214		
	120 WESTLAKE ROAD, U					
b	The form in which applications should be	submitted and inform	nation and materials th	ey should include		•
	IN WRITING.					
С	Any submission deadlines					
	NONE					
d	Any restrictions or limitations on awards,	such as by geograph	ical areas, charitable f	ields, kinds of institution	ons, or other	
	factors					
	NONE					
DAA				· ·	·	Form 990-PF (2018)

Form 990-PF (2018) CONORMON CHRISTIAN MINISTRIES

Part XV Supplementary Information (continued)

.3 Grants and Contributions Paid During	' '	or Future Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	- Toolpion		
a Paid during the year THE CAPITAL CHURCH 1308 U.S. 70 GARNER NC 27529	NONE	501(C)(3)	RELIGIOUS	3,500
CCBS 817 MCPHERSON CH ROAD FAYETTEVILLE NC 28303	NONE	C COLLEGE	EDUCATION	2,500
ST JUDE CHILDREN'S RESEARO 262 DANNY THOMAS PL MEMPHIS TN 38105	CH HOSP NONE	501(C)(3)	HOSPITAL	1,000
YOUTH FOR CHRIST P O BOX 35102 FAYETTEVILLE NC 28303	NONE	501(C)(3)	RELIGIOUS	1,000
MORNINGSTAR 375 STAR LIGHT DRIVE FT MILL SC 29715	NONE	501(C)(3)	RELIGIOUS	1,300
NCIPHC EAST ST FALCON NC 28342	NONE	501(C)(3)	RELIGIOUS	3,000
KIDS DOMINION DAYCARE 903 BRANSON ST FAYETTEVILLE NC 28305	NONE	SCHOOL	GENERAL	150
ALL NATIONS CHURCH 360 HAMMOND RD FORT MILL SC 29715	NONE	CHURCH	GENERAL	500
FALCON CHILDRENS HOME 7569 N WEST ST FALCON NC 28342	NONE	501(C)(3)	GENERAL	45
Total			▶ 3a	12,995
b Approved for future payment N/A				,-,-
Total			▶ 3b	

Ę	art XVI-A	Analysis of Income-Producing Acti	vities				
		unts unless otherwise indicated		ad business income	Exclude	d by section 512, 513, or 514	
	_		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions)
1	Program ser	vice revenue			1	-	(555 (115) (515) (515)
					-		
					+		
	c				 		
					 		
			ļ		+		
	f				 		
_	_	d contracts from government agencies			+		
		dues and assessments	<u> </u>	·	1	7,116	
		avings and temporary cash investments				7,110	
		nd interest from securities					
5		come or (loss) from real estate anced property	 		1		
		anced property t-financed property			1		
_		come or (loss) from personal property			 		
	Other invest				 		
		s) from sales of assets other than inventory			 -		
	•	or (loss) from special events			†		
		or (loss) from sales of inventory					
	Other reven				<u> </u>		
• •		NSE REFUND			1	12	
					1		
	е						
12		d columns (b), (d), and (e)		C)	7,128	
		ne 12, columns (b), (d), and (e)				13	7,128
Se	ee worksheet	in line 13 instructions to verify calculations)					·
	Part XVI-B	Relationship of Activities to the Ac	complishm	ent of Exempt P	urpose	es	
	Line No. ▼	Explain below how each activity for which income accomplishment of the foundation's exempt purpor					
	N/A						
	•						
				•			
							····
						 	
							····
						 -	····
							
							
				 			
			···				
		<u> </u>					
_				=			
						 	

DAA

Part XVII	Information Reg	arding Tra	ansfers To and	d Transactio	ns and Relationship	s With No	ncharitable Ex	empt	
1 Did the or		irectly engac	e in any of the foll	owing with any	other organization describe	 ed		Yes	No
ın section	501(c) (other than sect		•		*				
organizati	from the reporting found	tation to a no	ncharitable evemn	nt organization o	f				
(1) Cash	morn the reporting round	ation to a no	monantable exemp	n organization o	'		1a(1)		x
(2) Other	assets						1a(2)		X
b Other tran							1		
	of assets to a noncharit	able exempt	organization				16(1)		x
	ases of assets from a ne			on			1b(2)		X
(3) Renta	il of facilities, equipment	, or other ass	sets				1b(3)		X
(4) Reimi	bursement arrangements	S					1b(4)		X
• •	s or loan guarantees						1b(5)		X
	rmance of services or m						1b(6)		X
_	f facilities, equipment, m	_							<u> </u>
					mn (b) should always show				
					the foundation received le				
(a) Line no	(b) Amount involved	1	e of noncharitable exemp		the goods, other assets, o		erveu s, and sharing arrangem	ents	—
V/A	(2)/100200	(0)			(4) 2 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		.,		
		1							
		<u> </u>							
		ļ							
		 	,						
		 							
									
		†							
			s						
		<u> </u>					·		
		<u> </u>							
	ndation directly or indired I in section 501(c) (other				e-exempt organizations		_ Y	es X	No
b If "Yes," c	complete the following so	hedule	#1. #		1		-1		
N/A	(a) Name of organization		(b) Type of o	rganization	(0	c) Description of rel	ationship		
H/A			-						
	- * *								
Under (penalties of perjury, I declare th , and complete Declaration of	iat I have examit preparer (other t	ned this return, including than taxpayer) is based	g accompanying sch on all information of	edules and statements, and to the which preparer has any knowledg)e _			
			, , ,				May the IRS discuss this i with the preparer shown b		
Sign	8	_						Yes	No
lere	June C	Oma	N115	ا <u>ک</u> ر۔	15-19	PRESIDE			
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	gnature of officer or trustee	<u> </u>	8 D	Date			N		
	/Type preparer's name			Preparer's signatu	re .		Date		$\overline{\Box}$
ł	, , , , , , , , , , , , , , , , , ,			Miller	Liple alley, CPS	A. PA		Check self-em	ا لــــا ployed
	LIAM TEMPLE AL	LEN, CP	A, PA			7177	03/05/19		
reparer Firm	s name > WILL		(PLE ALLE)		P.A.	PTIN	P0107		
Jse Only Firm			ENTER DR			Firm's I			
	FAYE	TEVILI	LE, NC 28	3304		Phone			
							Form 9 9	9U-Ph	' (2018)

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

Department of the Treasury Internal Revenue Service

Name of the organization

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

2018

Employer identification number

45-4531530 CONORMON CHRISTIAN MINISTRIES Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)() (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** X 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 331/3% 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 For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I (entering) "N/A" in column (b) instead of the contributor name and address), II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received

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)

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

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

totaling \$5,000 or more during the year

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

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Page 2

Name of organization
CONORMON CHRISTIAN MINISTRIES

Employer identification number 45-4531530

Part E Contributors (see instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	TODD AND JEANINE CONORMON 120 WESTLAKE ROAD, UNIT 6 FAYETTEVILLE NC 28314	\$ 10,500	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	TODD CONORMON ATTORNEY, PA 120 WESTLAKE ROAD, UNIT 6 FAYETTEVILLE NC 28314	\$ 4,000	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	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
į		\$	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)

<u> </u>		Othe	er Notes and Loa	ne Peceivable	
Form 990	-PF	Otne	FI NOTES AND LOAD	13 I/CUCIVANIC	2018
10,,,,		or calendar year 2018, or	tax year beginning	, and ending	1 2010
Name	<u></u>	or calcindar year 2010, or	tax year beginning		Employer Identification Number
CONORMO	N CHRIST	IAN MINISTRIE	ES	4	15-4531530
				•	
FORM 99	0-PF, PA	RT II, LINE 7	7 - ADDITIONAL	INFORMATION	
		Name of borrower		Relationship to disqua	lified person
(1) N/R J	IMMY CRU	Z - 703 PILOT	C AVE		
(2)					· · · · · · · · · · · · · · · · · · ·
(3)					
(4)					
(5)		- <i>n</i> -			
(6)					
(7)					
(8)					
(9)					
(10)					
	nal amount orrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)	onowed	Date of loan	date	Nepayment terms	1010
(2)	·				
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
		,			1 1 1 h 11 t h 11 t h 1 h 1 h 1 h 1 h 1
		.,			
	Security r	provided by borrower		Purpose of lo	an
(1)					
(2)			· · · ·		
(3)					
(4)					
(5)					
(6)				A selection of the sele	
(7)					
(8)					
(9)					
(10)					

beginning of year 113,056	108,172	100 100
	207172	108,172
		
112.056	100 170	108,172
	113,056	113,056 108,172

1.3 273 1,225 1,281 156 266 712 7,329 3,416 Adjusted Net Charitable Charitable Purpose Purpose Income Ś Net Investment Adjusted Adjusted Income Statement 2 - Form 990-PF, Part I, Line 16c - Other Professional Fees Net Set Statement 3 - Form 990-PF, Part I, Line 23 - Other Expenses Statement 1 - Form 990-PF, Part I, Line 11 - Other Income £Q. Revenue per Investment Investment **Federal Statements** Books 1,225 1,281 1,861 750 750 156 273 683 46 266 3,416 10,021 Total Total S 1293 CONORMON CHRISTIAN MINISTRIES Description MAINTENANCE AND REPAIR DUES AND SUBSCRIPTIONS SEMINARS AND TRAINING LEGAL AND PROFESSIONAL RESEARCH MATERIALS INSURANCE TAXES AND LICENSES Description **Description** MINISTRY SUPPLIES MISCELLANEOUS AUTO EXPENSE EXPENSE REFUND FYE: 12/31/2018 1/2 MEALS EDUCATION TOTAL TOTAL TOTAL 45-4531530 EXPENSES FEES

1293 CONORMON CHRISTIAN MINISTRIES
45-4531530 Federal Statements

45-4531530

FYE: 12/31/2018

Statement 4 - Form 990-PF, Part III, Line 5 - Other Decreases

Description	Amount
1/2 MEALS	\$ 273
2017 TAX PENALTIES	2,079 63
TOTAL	\$ 2,415
10181	<u> </u>
Form 990-PF, Part XV, Line 1a - Managers V	Vho Contributed Over 2% or \$5,000
Name of Manager	Amount
TODD AND JEANINE CONORMON	\$ 10,500
TOTAL	\$ 10,500
Form 990-PF, Part XV, Line 2b - Application	
Form 990-PF, Part XV, Line 2b - Application Description IN WRITING.	
Description	on Format and Required Contents
Description IN WRITING.	on Format and Required Contents
Description IN WRITING. Form 990-PF, Part XV, Line 2c -	on Format and Required Contents
Description IN WRITING. Form 990-PF, Part XV, Line 2c - Description	Submission Deadlines
Description IN WRITING. Form 990-PF, Part XV, Line 2c - Description NONE	Submission Deadlines