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Form 990-PF

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0052

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

Fore	calend	iar year 2012 or tax year beginning , a	and ending					
Nar	ne of fou	ndation			A Emplo	oyer identification number		
C	ONO	RMON CHRISTIAN MINISTRIES			45.	-4531530		
		street (or P O box number if mail is not delivered to street address)		none number (see instructions)				
		WESTLAKE ROAD UNIT 6	6			10110 Maillion (000 B102 000101)		
City	or town,	state, and ZIP code		C If exemption application is pending, check here				
		TTEVILLE NC 28314				ripuori application is pending, c		
GC	heck a		n of a former public ch	anty	D 1. Fo	reign organizations, check her	• ▶ ∐	
		Final return Amended	return		1	reign organizations meeting th		
		Address change Name cha			85	% test, check here and attach	computation	
		ype of organization: X Section 501(c)(3) exempt private			1	ate foundation status was term	nated under	
			e private foundation		section	n 507(b)(1)(A), check here	▶ [_]	
		ket value of all assets at J Accounting method	X Cash Acc	rual		oundation is in a 60-month ten		
	· .	ear (from Part II, col. (c), Other (specify)			under	section 507(b)(1)(B), check he	re L	
	e 16) J				<u> </u>		(d) Diebumemente	
Pä	art l	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per	(b) Net inv		(c) Adjusted net	(d) Disbursements for chantable	
		the amounts in column (a) (see instructions))	books	inco	me	income	purposes (cash basis only)	
	1	Contributions, gifts, grants, etc., received (attach schedule)	8,500					
	2	Check ▶ ☐ if the foundation is not required to attach Sch B						
	3	Interest on savings and temporary cash investments						
	4	Dividends and interest from securities						
	5a	Gross rents						
ē	b	Net rental income or (loss)						
∰ <u>₹</u>	6a	Net gain or (loss) from sale of assets not on line 10						
. 2013 Revenue	b	Gross sales price for all assets on line 6a						
<u>_</u> æ	7	Capital gain net income (from Part IV, line 2)			0			
	8	Net short-term capital gain				0		
MAR	9	Income modifications		<u> </u>				
	10a	Gross sales less returns and allowances						
	b	Less. Cost of goods sold					***************************************	
	11	Gross profit or (loss) (attach schedule) Other income (attach schedule)		 			,	
<u></u>	12	Total. Add lines 1 through 11	8,500		0	0		
SCANNED served	13	Compensation of officers, directors, trustees, etc	1,000			Ť	<u></u>	
©8	14	Other employee salaries and wages						
∞ ₹	15	Pension plans, employee benefits	77			,		
g	16a	Legal fees (attach schedule)						
	ь	Accounting fees (attach schedule)						
<u>ĕ</u> .	С	Other professional fees (attach schedule) Stmt 1	2,366					
at	17							
ist	18	nterest (attach-schedule) (see instructions)						
흪	19	Depreciation (attach schedule) and debletion						
퉏	20	9864 pahtAR 0 4 2013 O						
V	21	Travel, conferences, and meetings						
an(22	Printing and publications Other expenses at son, N,						
g	23							
Operating and Administrative E	24	Total operating and administrative expenses.						
ēŗ		Add lines 13 through 23	3,443	***************************************	0	0	0	
Ö	25	Contributions, grifts, grants paid	4,500			-	4,500	
_	26	Total expenses and disbursements. Add lines 24 and 25	7,943	ļ	0	0	4,500	
	27	Subtract line 26 from line 12:		1				
	a	Excess of revenue over expenses and disbursements	557	-				
	b	Net investment income (if negative, enter -0-)		 	0			
	<u> </u>	Adjusted net income (if negative, enter -0-)	<u> </u>	<u> </u>		0	<u> </u>	

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

6

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the

Part VI instructions

8 Enter qualifying distributions from Part XII, line 4

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	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)					
1a		I				
	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				
	here and enter 1% of Part I, line 27b	I				
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of	Ŧ				
_	Part I, line 12, col. (b).					_
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				
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			•	<u>U</u>
6	Credits/Payments:	ı				
a	2012 estimated tax payments and 2011 overpayment credited to 2012 Example foreign account to a second to the control of the c	ı				
b	Exempt foreign organizations – tax withheld at source Toy poid with continuous for extension of time to file (Form 8868)	I				
C C	Tax paid with application for extension of time to file (Form 8868) Backup withholding agreement withhold	ı				
d 7	Backup withholding erroneously withheld Total gradity and normanty. Add lines for through 6d	_ †				
8	Total credits and payments. Add lines 6a through 6d Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	7				
9	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				
9 10	· · · · · · · · · · · · · · · · · · ·					
11	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Enter the amount of line 10 to be. Credited to 2013 estimated tax Refunded	10				
	Enter the amount of line 10 to be. Credited to 2013 estimated tax ► Refunded ► Int VII-A Statements Regarding Activities	11				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		-		Yes	No
10	participate or intervene in any political campaign?			40	Tes	No X
b			1	_1a		
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?					х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			1b		
	published or distributed by the foundation in connection with the activities					
С	Did the foundation file Form 1120-POL for this year?	N	I/A	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 ▶ \$					
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		х
_	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		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N	A\I	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		-	5		Х
	If "Yes," attach the statement required by General Instruction T					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that					
	conflict with the state law remain in the governing instrument?			6	X	
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	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶					
	NC					
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	N	I/A	8b		<u> </u>
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 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes,"					
	complete Part XIV			9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their					
	names and addresses	Ŋ	I/A	10		<u> </u>
			-	QC	N-PI	(2012)

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Part VII		RISTIAN MINISTRIES ding Activities for Which Fo		531530	nued)		P	age 6
	the year did the foundation pay		THE TIEU WILLY DO KE	equireu (contif	iueu)			Ι
		attempt to influence legislation (section	nn 4945(e))?	□ v	es X No			
		ific public election (see section 4955),	, ,,	□.	30 [23] 110			
	rectly or indirectly, any voter regis		,,	□ Y	es X No			
		travel, study, or other similar purposes	s?		es X No			
		other than a charitable, etc , organizat						
		ction 4940(d)(2)? (see instructions)		□ Y	es X No			
		religious, chantable, scientific, literary	, or educational					
	urposes, or for the prevention of o	-	,		es X No			
b If any	answer is "Yes" to 5a(1)-(5), did	any of the transactions fail to qualify u	inder the exceptions desc					
		rrent notice regarding disaster assistar	· ·		N/A	5b		Ī
		e regarding disaster assistance check	•		▶ 🗀			
		, does the foundation claim exemption						
becau	se it maintained expenditure resp	oonsibility for the grant?		N/A 🗌 Y	es No			
		by Regulations section 53.4945-5(d).			<u> </u>			1
6a Did th	e foundation, during the year, rec	eive any funds, directly or indirectly, to	pay premiums					I
on a p	ersonal benefit contract?	•			'es X No			I
b Did th	e foundation, during the year, pay	premiums, directly or indirectly, on a	personal benefit contract	?		6b		X
If "Yes	s" to 6b, file Form 8870.							
7a At any	time during the tax year, was the	e foundation a party to a prohibited tax	shelter transaction?	Y	'es 🏻 No			I
b If "Yes	s," did the foundation receive any	proceeds or have any net income attr	ibutable to the transaction	1?	N/A	7b		<u>[</u>
Part VII		Officers, Directors, Trustees	, Foundation Mana	gers, Highly F	Paid Employed	es,		
	and Contractors							
1 List all	officers, directors, trustees, fo	undation managers and their comp	ensation (see instruction	ons).		,		
	(a) Name a	nd address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		oense a r allowa	account, ances
TODD CO	NORMON	FAYETTEVILLE	PRESIDENT		·			
603 ARG	YLL ROAD	NC 28355	1.00	1,000				0
JEANINE	CONORMON	FAYETTEVILLE	SECRETARY/TR					
603 ARG	YLL ROAD	NC 28355	1.00	0	0			C
	·							
2 Comp		employees (other than those includ	ed on line 1 – see instru	uctions). If none,	enter	<u>L</u>		
1401	· · · · · · · · · · · · · · · · · · ·				An Contribution 1	I		
	(a) Name and address of each employe	e paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation		pense a r allowa	account, ances
NONE					·			
					<u> </u>	 		
						-		
otal numbe	er of other employees paid over \$	550,000					T-	0
	Taller broken being and					om 99	0-P	F (2012

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	Information About Officers, Directors, Trustees, Found and Contractors (continued)	ation Managers, Highly Paid En	
	st-paid independent contractors for professional services (see instruc	ctions). If none, enter "NONE."	
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
Total number of of	thers receiving over \$50,000 for professional services		•
Part IX-A	Summary of Direct Charitable Activities		<u>* 1</u>
	our largest direct chantable activities during the tax year. Include relevant statistical information such er beneficianes served, conferences convened, research papers produced, etc	n as the number of	Expenses
1 N/A			
2			
3		·	
4			
Daw IV D	Commence of Browners Boleta Live Advantage (as in the	-4:	
Part IX-B	Summary of Program-Related Investments (see instru- est program-related investments made by the foundation during the tax year on lines 1 and 2	cuons)	A
1 N/A	on programmolated investments made by the foundation during the tax year on lines 1 and 2		Amount
2			
All other program-rela	ted investments. See instructions		_
Total. Add lines 1	through 3		

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4,500

4,500

3a

3b

4

5

6

3

h

Amounts set aside for specific chantable 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)

4,460

4,460

10

d

Analysis of line 9: Excess from 2008 Excess from 2009 Excess from 2010

Excess from 2011
Excess from 2012

applied on line 5 or line 7 (see instructions) Excess distributions carryover to 2013. Subtract lines 7 and 8 from line 6a

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Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual. Recipient show any relationship to Purpose of grant or status of any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year Falcon's Childrens Home 7569 N W Street 501(c)(3) none Falcon NC 28342 drphanage 2,250 Carolina Bible College 8175 S McPherson Church R none 501 (c)(3) Fayetteville NC 28303 Religious Education 2,250 Total 4,500 ▶ 3a Approved for future payment N/A Total **▶** 3b

	art XVI-A	Analysis of Income-Producing Acti	vities				
		unts unless otherwise indicated.		ed business income	Excluded (c)	d by section 512, 513, or 514	(e) Related or exempt
1	Program ser		Business code	Amount	Exclusion code	Amount	function income (See instructions)
	.a				ļ		
	D				ļi		
	·				ļ		
	d			_	ļ		
	e				1		· · · · · · · · · · · · · · · · · · ·
	f						
_		d contracts from government agencies					
		dues and assessments	 		ļ		,
		avings and temporary cash investments			-		-
		nd interest from securities					
o		come or (loss) from real estate:					
		anced property			 		
_		-financed property come or (loss) from personal property					
	Other invest				+		
) from sales of assets other than inventory					<u> </u>
		or (loss) from special events					
		or (loss) from sales of inventory					
		De: a			+		<u> </u>
• •	h				 		
	c				<u> </u>		
	d				 		
	е				1		
12		d columns (b), (d), and (e)				0	0
		ne 12, columns (b), (d), and (e)			<u> </u>	13	0
		n line 13 instructions to verify calculations)					
	art XVI-B	Relationship of Activities to the Ac	complishme	ent of Exempt Pu	irposes	<u> </u>	
	Line No. ▼	Explain below how each activity for which income is accomplishment of the foundation's exempt purpose	reported in col	umn (e) of Part XVI-A	contribute	ed importantly to the	.)
	N/A		(y providing failed for a	uun puipi	, (CCC IIICII GCIICII G	· · · · · · · · · · · · · · · · · · ·
						•	
							
	· · · · · · · · · · · · · · · · · · ·						
	, <u>-</u>						
_							

r 4	at v'ait	Exempt Organiza	-	iisiers to and	Transactor	is anu Reiauonsi	nips with Noncharn	.aut o		
1	Did the orga	anization directly or indir		in any of the follow	ring with any other	er organization describe	ed	\neg	Yes	No
		01(c) of the Code (other		-	- •	-				
	organization	ns?							I	
а	Transfers fr	om the reporting founda	ition to a nonc	chantable exempt	organization of:				I	Ė
	(1) Cash							1a(1)		<u>x</u>
	(2) Other a							1a(2)	ļ	X
b	Other trans								- 1	
		f assets to a noncharita						1b(1)	-	X
		ses of assets from a not		. •				1b(2)		X
		of facilities, equipment, irsement arrangements	or other asset	S				1b(3)		X
	• •	or loan guarantees						1b(4) 1b(5)		X
		nance of services or me	mbership or fi	undraising solicitat	ions			1b(6)		x
С		acılities, equipment, ma	· ·	_				1c		X
	_	er to any of the above is	•	•		(b) should always sho	w the fair market	(···········	
	value of the	goods, other assets, or	services give	en by the reporting	foundation. If the	foundation received le	ess than fair market			
	value in any	transaction or sharing	arrangement,	show in column (c	i) the value of the	goods, other assets,	or services received.			
	(a) Line no	(b) Amount involved	(c) Name	of nonchantable exemp	t organization	(d) Description	of transfers, transactions, and sha	inng arrangement	ts	
N/Z	<u> </u>									
								. 		
		 								
		 	-							
		 							•	
			•	 	· ·					
					 					
										`
2a	Is the found	dation directly or indirect	ly affiliated wit	th, or related to, or	ne or more tax-ex	empt organizations		_		-
		n section 501(c) of the C	•	an section 501(c)(3)) or in section	527?		∐ Ye	s X	No
b	If "Yes," cor	mplete the following sch	edule				<u>. </u>	_		
		(a) Name of organization		(b) Type of o	rganization		(c) Description of relationship			
	A/N									
							 			
			-							
	Under pe	enalties of perjury, I declare that	at I have examine	d this return, including a	accompanying sched	lules and statements, and to	the best of my knowledge and be	elief, it is true,		
	correct, a	and complete Declaration of p	reparer (other tha	an taxpayer) is based or	n all information of w	nich preparer has any knowle	edge May the I	RS discuss this ref	tum	
Sigr	n						with the p	reparer shown bel	low _	
Her		, ^				_	(see instr	ructions)?	Yes	No
		all Low	min		12~	28-13	PRESIDENT			
	Sign	nature of officer or trustee			Date		Title			
	Pnnt/T	ype preparer's name			Preparer's signatur	9		Date	Check	
Paid					Briles	. 4 .1. 111	(0) ~			nployed
-aid -rep	Will	iam Temple Al) (TA) [A]	2/20/13		
Jse (i Firm's			ple Allen		A.	PTIN	P01071		
J36 (Firm's			enter Dri			Firm's EIN ▶	56-183	_	
		Fayet	tevill	e, NC 28	304		Phone no	910-32		
								Form 99	an_PI	E (2012)

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.

OMB No 1545-0047

Employer identification number

2012

CONORMON CHRISTIAN MINISTRIES 45-4531530 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 Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation 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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year \$ Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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

Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

age	1	of	1	of Part I

Name of organization CONORMON CHRISTIAN MINISTRIES

Employer identification number

45-4531530

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.							
(a) No.	(b) Name, address, and ZIP + 4							
1	Todd C Conormon Attorney PA 120 Westlake Road, Unit 6 FAYETTEVILLE NC 28314	\$ 8,500	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
	Name, address, and Em 1 4	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)					
(a) No.	(b) Name, address, and ZIP + 4	(c)	(d)					
	Hamo, address, and Elf 7 7	Total contributions	Type of contribution Person Payroll Noncash (Complete Part II if there is a noncash contribution.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)					
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)					

45-4531530	Federal Statements	
,		
<u>Form</u>	990-PF, Part XV, Line 2b - Application Format and Required Contents	
In writing.	Description	
	Form 990-PF, Part XV, Line 2c - Submission Deadlines	
	Description	
None		
<u></u>	Form 990-PF, Part XV, Line 2d - Award Restrictions or Limitations	
	Description	
None		