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

OMB No 1545-0052

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

For 6	calenc	dar year 2015 or tax year beginning , a	and ending						
Nar	ne of fou	undation			A Empl	oyer identification number			
C	ONTO:	RMON CHRISTIAN MINISTRIES			45	-4531530			
		d street (or P O box number if mail is not delivered to street address)		oom/suite		-4331330 hone number (see instructions			
		Westlake Road Unit 6	'"	oon a sano	l B relep	none number (see instructions	''		
		, state or province, country, and ZIP or foreign postal code							
F	aye	tteville NC 28314			C If exe	mption application is pending,	check here		
G C	heck a	all that apply 🔲 Initial return 🔲 Initial retui	rn of a former public c	harity	D 1 Fc	D 1 Foreign organizations, check here			
		Final return Amended	return	2 Foreign organizations meeting the					
		Address change Name cha	inge		85	85% test, check here and attach computation			
нс	heck t	type of organization X Section 501(c)(3) exempt private	foundation		E If priv	ate foundation status was term	ninated under		
			le private foundation		sectio	n 507(b)(1)(A), check here	▶ ∐		
l Fa	air mar	ket value of all assets at J Accounting method	X Cash Acc	rual	F If the	foundation is in a 60-month ter	mination		
er	nd of ye	ear (from Part II, col. (c), Other (specify)			under	section 507(b)(1)(B), check h	ere •		
lin	e 16) l	▶ \$ 24,478 (Part I, column (d) must	be on cash basis)						
Pa	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and	(b) Net inv	estment	(c) Adjusted net	(d) Disbursements for charitable		
		amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)	expenses per books	incol		income	purposes		
	1		57,817	 			(cash basis only)		
	2	Contributions, gifts, grants, etc , received (attach schedule) Check If the foundation is not required to attach Sch B	37,017						
	3	Interest on savings and temporary cash investments							
<u></u>	4	Dividends and interest from securities	· · · · · · · · · · · · · · · · · · ·						
	5a	Gross rents		 					
No.	b	Net rental income or (loss)		 					
⊒ĭ≡	6a	Net gain or (loss) from sale of assets not on line 10							
≅ <u>ē</u>	b	Gross sales price for all assets on line 6a							
ନ୍ଧୁପଞ୍ଜ ଅନ୍ଧ୍ର Revenue	7	Capital gain net income (from Part IV, line 2)			0				
_	8	Net short-term capital gain	2			0	***************************************		
(] 	9	Income modifications / Sol AUG 10 77 00	181						
	10a	Income modifications Gross sales less returns and allowances AUG 0 1 2016	 						
<i>\}</i> {	b	Less Cost of goods sold	181						
ก็	С	Gross profit or (loss) (attach schedule)	72						
	11	Other income (attach schedule)							
	12	Total. Add lines 1 through 11	57,817		0	0			
Ś	13	Compensation of officers, directors, trustees, etc	1,000			·			
penses	14	Other employee salaries and wages							
e e	15	Pension plans, employee benefits	77						
EX	16a	Legal fees (attach schedule)							
و	Ь	Accounting fees (attach schedule)	100	ļ		-			
¥;	C	Other professional fees (attach schedule) Stmt 1	103	+					
štr	17	Interest Towas (attach achadula) (aca instructions)	68			-	· · · · · · · · · · · · · · · · · · ·		
ij	18	Taxes (attach schedule) (see instructions)							
Ē	19	Depreciation (attach schedule) and depletion Occupancy				 			
Ac	20	Travel, conferences, and meetings	2,572				2,572		
pu	21	Printing and publications	2,3/2				2/3/2		
ē	23	Other expenses (att sch) Stmt 2	8,111	 			644		
ij	24	Total operating and administrative expenses.	3,322						
ī		Add lines 13 through 23	11,931		0	o	3,216		
Operating and Administrative	25	Contributions, gifts, grants paid	23,350				23,350		
0	26	Total expenses and disbursements. Add lines 24 and 25	35,281	÷····	0	0	26,566		
	27	Subtract line 26 from line 12					· · · · · · · · · · · · · · · · · · ·		
	а	Excess of revenue over expenses and disbursements	22,536						
	b	Net investment income (if negative, enter -0-)			0				
	С	Adjusted net income (if negative, enter -0-)			<u></u>	0			
For	Paper	work Reduction Act Notice, see instructions.					Form 990-PF (2015)		
DAA							<i>ጎ</i>		

	art I	Balance Sheets Attached schedules and amounts in the description column	าก	Beginning of year	End of	f year
	art F	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		2,244	24,478	24,478
	2	Savings and temporary cash investments				
	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)				
-	7	Other notes and loans receivable (att. schedule)				
		Less allowance for doubtful accounts ▶	0			
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)				
	b	Investments – corporate stock (attach schedule)				
	С	Investments – corporate bonds (attach schedule)				
	11	Investments – land, buildings, and equipment basis				
		Less accumulated depreciation (attach sch.) ▶				
	12	Investments - mortgage loans				
	13	Investments – other (attach schedule)				
	14	Land, buildings, and equipment basis				
		Less accumulated depreciation (attach sch) ▶				
	15	Other assets (describe ▶)			
İ	16	Total assets (to be completed by all filers – see the				
\perp		instructions Also, see page 1, item I)		2,244	24,478	24,478
	17	Accounts payable and accrued expenses		9	162	
	18	Grants payable				
es	19	Deferred revenue				
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons				
힐	21	Mortgages and other notes payable (attach schedule)				
ᅦ	22	Other liabilities (describe ▶)			
\perp	23	Total liabilities (add lines 17 through 22)		9	162	
		Foundations that follow SFAS 117, check here	► X			
ces		and complete lines 24 through 26 and lines 30 and 31.				
일	24	Unrestricted		2,235	24,316	
Net Assets or Fund Balan	25	Temporarily restricted				
밁	26	Permanently restricted				
S		Foundations that do not follow SFAS 117, check here				
띱		and complete lines 27 through 31.				
S	27	Capital stock, trust principal, or current funds				
Set	28	Paid-in or capital surplus, or land, bldg, and equipment fund				
AS	29	Retained earnings, accumulated income, endowment, or other funds				
e	30	Total net assets or fund balances (see instructions)		2,235	24,316	
Z	31	Total liabilities and net assets/fund balances (see				
\perp		instructions)		2,244	24,478	
_	Part I					
1		net assets or fund balances at beginning of year Part II, column (a), lin	ne 30 (mu	ist agree with		
		of-year figure reported on prior year's return)			1	2,235
		amount from Part I, line 27a			2	22,536
		r increases not included in line 2 (itemize)			3	
		ines 1, 2, and 3			4	24,771
		eases not included in line 2 (itemize) See Statement 3		// \	5	455
_6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II,	column (b), line 30		24,316

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Part IV Capital Gains an	d Losses for Tax on Investmen	t income	\			<u>, </u>
2-story brick war	pe the kind(s) of property sold (e.g., real estate, ehouse, or common stock, 200 shs MLC Co.)		(b) How acquired P – Purchase D – Donation	(c) Date a (mo , da		(d) Date sold (mo , day, yr)
1a N/A						
b						
d						
<u>e</u>			<u> </u>			L
(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis ense of sale			or (loss)) minus (g)
a .					 	
b			-			
d		·				
e						
	gain in column (h) and owned by the foun	idation on 12/31/6	 39			4.3
(I) F M V as of 12/31/69	(i) Adjusted basis		s of col (i) (j), if any		(I) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))	
a						
b					•	
c						
d						
e						
2 Capital gain net income or (net ca	pital loss) If gain, also enter in Pa			2		
3 Net short-term capital gain or (loss	s) as defined in sections 1222(5) and (6)					
_	column (c) (see instructions) If (loss), ent	er -0- in				
Part V Qualification Un	der Section 4940(e) for Reduced	<u> </u>	 	3		
	s part blank on 4942 tax on the distributable amount of y under section 4940(e). Do not complete	• •	pase period?			Yes X No
<u>.</u>	ach column for each year, see the instruct	 	ng anv entries		=	
(a)	(b)		(c)			(d)
Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value	of noncharitable-use asse	ts		ribution ratio divided by col. (c))
2014	11,0	005	2,	157		5.101994
2013	10,2	200		231		4.571941
2012	4,5	500	'	796		5.653266
2011						
2010					1	
2 Total of line 1, column (d)				2		15.327201
<u> </u>	-year base period – divide the total on line	2 by 5, or by the				F 10006F
number of years the foundation ha	is been in existence if less than 5 years			3	+	5.109067
4 Enter the net value of noncharitab	le-use assets for 2015 from Part X, line 5			4		11,844
5 Multiply line 4 by line 3				5		60,512
6 Enter 1% of net investment incom	e (1% of Part I, line 27b)			6	-	- ·-
7 Add lines 5 and 6				7	ļ	60,512
8 Enter qualifying distributions from				8		26,566
If line 8 is equal to or greater than Part VI instructions	line 7, check the box in Part VI, line 1b, a	na complete that	part using a 1% tax i	ate See th	ie	

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	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instruc	tions)					
la							
_	Date of ruling or determination letter (attach copy of letter if necessary—see instructions	s) [_				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	•	_1_	-			
	here ▶ ☐ and enter 1% of Part I, line 27b						
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of	_					
_	Part I, line 12, col (b)		_				^
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	}					0
3	Add lines 1 and 2	}		-			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	ŀ	4	 			0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	-	5	ļ			
5	Credits/Payments						
a	2015 estimated tax payments and 2014 overpayment credited to 2015						
b	Exempt foreign organizations – tax withheld at source						
C	Tax paid with application for extension of time to file (Form 8868) 6c						
ď	Backup withholding erroneously withheld 6d		_				
7	Total credits and payments Add lines 6a through 6d			-			
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				
0	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	▗▝▘	10	-			
1	Enter the amount of line 10 to be Credited to 2016 estimated tax Refunded		11				
	rt VII-A Statements Regarding Activities					Vaa	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it				10	Yes	No X
	participate or intervene in any political campaign?				1a		
b					46		x
	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			N/A	4.		
C	Did the foundation file Form 1120-POL for this year?			H/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 > \$ (5) The start was a second three two parts of a residue to the second three two parts of the second		_				
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
2							
•	If "Yes," attach a detailed description of the activities Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of						
3					3		х
40	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes. Did the foundation have unrelated business gross income of \$1,000 or more during the year?				4a		X
4a 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
3	If "Yes," attach the statement required by General Instruction T						<u> </u>
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), a	nd Par	rt XV		7	Х	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)						
ou.	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				8b	X	
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 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes,"						
	complete Part XIV				9		X
0	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their						
-		mt	4		10	X_	
				F	om 99	0-PI	(2015)

Pa	rt VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the		Yes	No
	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 ▶ 2831	4		ا
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 2015, 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		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
Da	the foreign country ► Left VII-B Statements Regarding Activities for Which Form 4720 May Be Required	<u> </u>	············	L
<u> </u>	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	1	Yes	No
1a	During the year did the foundation (either directly or indirectly)		163	110
ıa	(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 Yes X 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 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 2015? 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)) At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and			
а	6e, Part XIII) for tax year(s) beginning before 2015? Yes X No			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
-	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement – see instructions) N/A	2b		
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	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 2015 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			1
	foundation had excess business holdings in 2015) N/A	3b		 v
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	4b	1	x
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	Form 9 5	0-PI	

om	990-PF (2015) CONORMON	CHRISTIAN MINISTRIE	<u> 45-4</u>	531530			Page 6
Pŧ	ırt VII-B Statements Reg	arding Activities for Which F	orm 4720 May Be R	equired (conti	nued)		
5a	During the year did the foundation p	pay or incur any amount to					
	(1) Carry on propaganda, or otherw	vise attempt to influence legislation (se	ection 4945(e))?	Y	es X No		
	(2) Influence the outcome of any sp	pecific public election (see section 495	5), or to carry on,				
	directly or indirectly, any voter r	egistration drive?		<u> </u>	es X No		
	(3) Provide a grant to an individual	for travel, study, or other similar purpo	ses?	Y	es 🗓 No		
	(4) Provide a grant to an organizati	on other than a charitable, etc , organi	zation described in		_		
	section 4945(d)(4)(A)? (see ins	tructions)		Y	es X No		
	(5) Provide for any purpose other to	han religious, charitable, scientific, liter	rary, or educational				
	purposes, or for the prevention	of cruelty to children or animals?		Y	es X No		
b	If any answer is "Yes" to 5a(1)–(5),	did any of the transactions fail to quali	fy under the exceptions d	escribed in	,_		
	•	current notice regarding disaster assis		•	N/A	5b	_
	• • •	otice regarding disaster assistance ch			▶ 📙		
С	•	a(4), does the foundation claim exemp	tion from the tax	/- □			
	because it maintained expenditure			N/A 🗌 Y	es ∐ No ∣		
	•	red by Regulations section 53 4945–5(•				
6a		receive any funds, directly or indirectly	y, to pay premiums				
	on a personal benefit contract?				es 🏻 No		.,
Ь		pay premiums, directly or indirectly, o	n a personal benefit contr	act?		6b	X
_	If "Yes" to 6b, file Form 8870			П.,	. .		
	, , ,	s the foundation a party to a prohibited			es X No		
		any proceeds or have any net income t Officers, Directors, Trustee			N/A	7b	
F	art V間 Information Abou and Contractors	t Officers, Directors, Trustee	5, Foundation Mane	agers, mgmy	raid Ellipioy	, co	
1 1		, foundation managers and their cor	npensation (see instruc	tions).			
					(d) Contributions to	· · · · · ·	
	(a) Name	e and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	employee benefit		nse account,
	• •		devoted to position	enter -0-)	plans and deferred compensation	other	allowances
TC	DDD CONORMON	FAYETTEVILLE	PRESIDENT				
	3 ARGYLL ROAD	NC 28355	5.00	1,000	0		0
	ANINE CONORMON	PAYETTEVILLE	SECRETARY/TR				_
60	3 ARGYLL ROAD	NC 28355	5.00	o	0		0
		· · ·					
2		id employees (other than those incl	uded on line 1 - see inst	tructions). If non	e, enter		
	"NONE."					1	
			(b) Title, and average		(d) Contributions to employee benefit	(e) Expe	ense account,
	(a) Name and address of each emp	oloyee paid more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred		allowances
					compensation		
NC	ONE						
						 	
						 	
				-		†	
ota	I number of other employees paid ov	ver \$50 000				<u> </u>	0

	5) CONORMON CHRISTIAN MINISTRIES	45-4531530	Page I
	Information About Officers, Directors, Trustees, Found and Contractors (continued)	lation Managers, Highly Paid E	mployees,
	t-paid independent contractors for professional services (see instru	uctions). If none, enter "NONE."	
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
	·		
* . 4 . 1	Share and the Co.	,	
otal number of ot	thers receiving over \$50,000 for professional services		
Part IX-A	Summary of Direct Charitable Activities		
	our largest direct charitable activities during the tax year. Include relevant statistical information ser beneficiaries served, conferences convened, research papers produced, etc.	such as the number of	Expenses
1 N/A			
•			
2			
-			
			İ
3			
3			
4			
Part IX-B	Summary of Program-Related Investments (see instru	ictions)	
Describe the two large	est program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 N/A			
2			
_			
, •	ited investments. See instructions		
3			
			
Total Add lines 1	through 3	•	

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

Form	1 990-PF (2015) CONORMON CHRISTIAN MINISTRIES 43-4531530		Page 8
Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign	n foundat	ions,
	see instructions)	γ	
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	0
b	Average of monthly cash balances	1b	12,024
С	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	12,024
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0	4	
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	12,024
4	Cash deemed held for charitable activities Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	180
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	11,844
6	Minimum investment return. Enter 5% of line 5	6	592
Pa	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating	foundatio	ns
	and certain foreign organizations check here ▶ and do not complete this part)		
1	Minimum investment return from Part X, line 6	1	592
2a	Tax on investment income for 2015 from Part VI, line 5		
b	Income tax for 2015 (This does not include the tax from Part VI)		
С	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	592
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	592
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	592
Pi	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	26,566
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	
ь	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	26,566
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	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	26,566
-	Note: The amount on line 6 will be used in Part V. column (b), in subsequent years when calculating whether the found	ation	

Pa	rt X間 Undistributed Income	(see instructions)				
			(a)	(b)	(c)	(d)
1	Distributable amount for 2015 from Part	×ι,	Corpus	Years prior to 2014	2014	2015
2	line 7 Undistributed income, if any, as of the er	od of 2015				592
	Enter amount for 2014 only	10 0. 2010				
	Total for prior years 20 , 20	20				
3	Excess distributions carryover, if any, to	r				
	From 2010					
_	From 2011					
	From 2012	4,460				
	From 2013	10,088				
е	From 2014	10,897				
f	Total of lines 3a through e		25,445			
4	Qualifying distributions for 2015 from Pa	t XII,				
	line 4 > \$ 26,566					
а	Applied to 2014, but not more than line 2	a				
b	Applied to undistributed income of prior	rears				
	(Election required – see instructions)					
С	Treated as distributions out of corpus (E	ection				
	required - see instructions)	L				
d	Applied to 2015 distributable amount					592
е	Remaining amount distributed out of cor	ous	25,974			
5	Excess distributions carryover applied to	2015				
	(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			1		
	indicated below:					
а	Corpus Add lines 3f, 4c, and 4e Subtra	ct line 5	51,419			
þ	Prior years' undistributed income Subtra	ct				
	line 4b from line 2b	į			······································	
С	Enter the amount of prior years' undistrib	1				
	income for which a notice of deficiency h					
	been issued, or on which the section 494	12(a)				
	tax has been previously assessed	 				
d	Subtract line 6c from line 6b Taxable					
	amount – see instructions					
е	Undistributed income for 2014 Subtract	line				
	4a from line 2a Taxable amount – see					
	Instructions Undistributed income for 2015 Subtract	lunos				
ı	4d and 5 from line 1. This amount must					
	distributed in 2016	Je				0
7	Amounts treated as distributions out of c	omus	·			
•	to satisfy requirements imposed by secti	·				
	170(b)(1)(F) or 4942(g)(3) (Election may					
	required—see instructions)					
8	Excess distributions carryover from 2010) not				
•	applied on line 5 or line 7 (see instruction	1				
9	Excess distributions carryover to 201	· · · · · · · · · · · · · · · · · · ·				
•	Subtract lines 7 and 8 from line 6a		51,419			
10	Analysis of line 9					
а	Excess from 2011					
b	Excess from 2012	4,460				
c	Excess from 2013	10,088				
d	Excess from 2014	10,897	\$			
е	Excess from 2015	25,974				<u> </u>

unsolicited requests for funds if the foundation makes girts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed Todd C Conormon 910-826-8855
120 Westlake Road, Unit 6 Fayetteville NC 28314

b The form in which applications should be submitted and information and materials they should include In writing.

c Any submission deadlines
None

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors
None

Form 990-PF (2015)

DAA

Part XV Supplementary Information (continued)

Grants and Contributions Paid During th	If recipient is an individual,			
Recipient	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
The Capital Church		F01 (-) (2)		
1308 U.S. 70	none	501(c)(3)		
Garner NC 27529			Religious	5,500
Northwood Temple				
4250 Ramsey Street	none	church		
Fayetteville NC 28311			religious	9,400
Designing Station				
201 McDuffie Street	none	501(c)(3)		
Fayetteville NC 28301			charitable	100
_				
Reid Satterfield Ministry P O Box 5625	none	ministry		
Charlotte NC 28299	none	miniscry	missions	500
Charlotte NC 20299			INITESTORIS	300
Falcon Childrens Home				
P O Box 39	none	501(c)(3)		5 500
Falcon NC 28342			orphan home	7,500
Doug Crandall Ministry				
84 Hammond Street	none	minister		
Seekonk MA 02771			religious	350
		j		
	<u> </u>		▶ 3a	23,350
Total b Approved for future payment	T		- Ja	23,330
N/A				
21/22				
Total			▶ 3b	

nter gross amo	ounts unless otherwise indicated	Unrelate	ed business income	Exclude	d by section 512, 513, or 514	(e)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
1 Program ser						(000 1100 001010)
a	 ,	-				
		-				
		-				
	···	-		-		
f	 	-				· · · · · · · · · · · · · · · · · · ·
·	d contracts from government agencies	-				
-	dues and assessments					
	savings and temporary cash investments					
	nd interest from securities					
	come or (loss) from real estate					
a Debt-fin	anced property					
b Not deb	t-financed property					
6 Net rental in	come or (loss) from personal property					
7 Other invest	ment income					
8 Gain or (loss	s) from sales of assets other than inventory					
9 Net income	or (loss) from special events		· · · · · · · · · · · · · · · · · · ·	ļ		·
	or (loss) from sales of inventory			ļ		
11 Other reven	ue a	-		. .		
		- }		- 		
		- }		<u> </u>		
		- }		 		
e	(a) (d) calling (b)	-		1	0	0
ız Şubtotal Ad	ld columns (b), (d), and (e)		<u></u>	<u> </u>	1	
	ine 12 columns (h) (d) and (e)				12	0
13 Total. Add I	ine 12, columns (b), (d), and (e)				13 _	0
3 Total. Add I	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations) Relationship of Activities to the A	Accomplishm	ent of Exempt P	urpose		0
3 Total. Add I See worksheet	n line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activities to the Activity for which income	e is reported in o	column (e) of Part XVI	-A contril	es buted importantly to the	
3 Total. Add I See worksheet Part XVI-B Line No.	in line 13 instructions to verify calculations) Relationship of Activities to the A	e is reported in o	column (e) of Part XVI	-A contril	es buted importantly to the	
3 Total. Add I See worksheet Part XVI-B Line No.	n line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activities to the Activity for which income	e is reported in o	column (e) of Part XVI	-A contril	es buted importantly to the	
3 Total. Add I See worksheet Part XVI-B Line No.	n line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activities to the Activity for which income	e is reported in o	column (e) of Part XVI	-A contril	es buted importantly to the	
3 Total. Add I See worksheet Part XVI-B Line No.	n line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activities to the Activity for which income	e is reported in o	column (e) of Part XVI	-A contril	es buted importantly to the	
3 Total. Add I See worksheet Part XVI-B Line No.	n line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activities to the Activity for which income	e is reported in o	column (e) of Part XVI	-A contril	es buted importantly to the	
3 Total. Add I See worksheet Part XVI-B Line No.	n line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activities to the Activity for which income	e is reported in o	column (e) of Part XVI	-A contril	es buted importantly to the	
3 Total. Add I See worksheet Part XVI-B Line No.	n line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activities to the Activity for which income	e is reported in o	column (e) of Part XVI	-A contril	es buted importantly to the	
3 Total. Add I See worksheet Part XVI-B Line No.	n line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activities to the Activity for which income	e is reported in o	column (e) of Part XVI	-A contril	es buted importantly to the	
3 Total. Add I See worksheet Part XVI-B Line No.	n line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activities to the Activity for which income	e is reported in o	column (e) of Part XVI	-A contril	es buted importantly to the	
3 Total. Add I See worksheet Part XVI-B Line No.	n line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activities to the Activity for which income	e is reported in o	column (e) of Part XVI	-A contril	es buted importantly to the	
3 Total. Add I See worksheet Part XVI-B Line No.	n line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activities to the Activity for which income	e is reported in o	column (e) of Part XVI	-A contril	es buted importantly to the	
3 Total. Add I See worksheet Part XVI-B Line No.	n line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activities to the Activity for which income	e is reported in o	column (e) of Part XVI	-A contril	es buted importantly to the	
3 Total. Add I See worksheet Part XVI-B Line No.	n line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activities to the Activity for which income	e is reported in o	column (e) of Part XVI	-A contril	es buted importantly to the	
3 Total. Add I See worksheet Part XVI-B Line No.	n line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activities to the Activity for which income	e is reported in o	column (e) of Part XVI	-A contril	es buted importantly to the	
3 Total. Add I See worksheet Part XVI-B Line No.	n line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activities to the Activity for which income	e is reported in o	column (e) of Part XVI	-A contril	es buted importantly to the	
3 Total. Add I See worksheet Part XVI-B Line No.	n line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activities to the Activity for which income	e is reported in o	column (e) of Part XVI	-A contril	es buted importantly to the	
3 Total. Add I See worksheet Part XVI-B Line No.	n line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activities to the Activity for which income	e is reported in o	column (e) of Part XVI	-A contril	es buted importantly to the	
3 Total. Add I See worksheet Part XVI-B Line No.	n line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activities to the Activity for which income	e is reported in o	column (e) of Part XVI	-A contril	es buted importantly to the	
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3 Total. Add I See worksheet Part XVI-B Line No.	n line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activities to the Activity for which income	e is reported in o	column (e) of Part XVI	-A contril	es buted importantly to the	9
3 Total. Add I See worksheet Part XVI-B Line No.	n line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activities to the Activity for which income	e is reported in o	column (e) of Part XVI	-A contril	es buted importantly to the	9

Form 99	90-PF (20 ⁻	15) CONORMON	CHRIST	INIM MAIT	STRIES	45-4	531530		Pa	ge 13
Part	XVII	Information Rega Exempt Organiza	_	ansfers To ar	d Transactio	ns and Relatio	nships With No	ncharitable		
1 D	id the orga	anization directly or indi		ge in any of the fo	llowing with any o	ther organization d	escribed		Yes	No
		01(c) of the Code (other								
Of	ganization	ns?								
a Ti	ransfers fr	om the reporting found	ation to a no	ncharitable exem	ipt organization o	f				
(1) Cash							1a(1	1	X
(2) Other a	ssets						1a(2		X
b 0	ther trans	actions								
(1) Sales o	f assets to a noncharita	able exempt	organization				1b(1)	X
(2	Purcha	ses of assets from a no	ncharitable	exempt organizat	ion			1b(2	1	X
(3) Rental	of facilities, equipment,	or other ass	sets				1b(3)	X
(4) Reimbu	rsement arrangements	•					1b(4)	X
-	•	or loan guarantees						1b(5)	X
(6) Perform	nance of services or me	embership oi	r fundraising solic	itations			1b(6)	X
	_	acilities, equipment, ma	-					1c		X
		er to any of the above is								
		goods, other assets, o	-		_					
		transaction or sharing				T				
	Line no	(b) Amount involved	(c) Name	e of noncharitable exer	npt organization	(d) Descript	ion of transfers, transaction	ns, and sharing arrangen	nents	
N/A								 .		
										
		 								
		 -								
		 								
			<u> </u>					 		
										
									-	
			<u>. </u>							
	_	 								
									···	
d	escribed ii	dation directly or indirectly or indirectly or section 501(c) of the mplete the following sci	Code (other				ons		Yes 🛚	No
		a) Name of organization		(b) Type of	organization		(c) Description of re	elationship		
N/	/A		·					-		
	Under pe	naities of perjury, I declare th	at I have exami	ned this return, includi	ng accompanying sch	edules and statements,	and to the best of my know	wledge and belief, it is tr	ue,	
Sign	correct, a	and complete Declaration of p	лерагег (отнег г	iliali (axpayer) is base	u on all illionnation of	willor preparer has any	Miomeage	May the IRS discuss this with the preparer shown	below	_
Here	. 4	.	1		<i>ب</i> اب	n-11	\	_	Yes	No
	Sign	nature of officer or trustee	CONDV	my	Date	4116	PRESIDE Title	INT'		
	' 	ype preparer's name			Preparer's signatu	re	·	Date	Check	c ıf
					ΙΛ ••	1			self-er	nployed

Miller Light alley, CPA, PA Paid William Temple Allen, CPA, PA

04/08/16

PTIN

P01071846 Firm's EIN > 56-1833865

Preparer Firm's name Use Only Firm's address ▶

William Temple Allen,

3620 Cape Center Drive Fayetteville, NC 28304

910-323-0191 Phone no Form 990-PF (2015) **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.

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs gov/form990.

OMB No 1545-0047_

Employer identification number

2015

CONORMON CHI	RISTIAN 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 for	oundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundate	ation
	501(c)(3) taxable private foundation	
•	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule ar	nd a Special Rule See
General Rule		
X For an organization	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contrib	outions totaling \$5,000
	y or property) from any one contributor. Complete Parts I and II. See instruct	
Special Rules		
For an organization	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33^{1}	1/3 % support test of the
regulations under	sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 99	90 or 990-EZ), Part II, line
	ind that received from any one contributor, during the year, total contribution of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1	
For an organization	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that	received from any one
	g the year, total contributions of more than \$1,000 exclusively for religious, o	
literary, or educat	conal purposes, or for the prevention of cruelty to children or animals. Comp	plete Parts I, II, and III
	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that	
	g the year, contributions exclusively for religious, charitable, etc., purposes,	
	led more than \$1,000. If this box is checked, enter here the total contribution	
	or an exclusively religious, charitable, etc., purpose. Do not complete any of the plies to this organization because it received nonexclusively religious, charities.	
	more during the year	► \$
Caution. An organization	that is not covered by the General Rule and/or the Special Rules does not f	file Schedule B (Form 990,
	t must answer "No" on Part IV, line 2, of its Form 990, or check the box on li	
roim 990-PF, Part I, line	2, to certify that it does not meet the filing requirements of Schedule B (Forr	111 330, 330-LL, UI 330-FT)

Page 1 of 1

age 2

Name of organization
CONORMON CHRISTIAN MINISTRIES

Employer identification number

45	- 4	53	1	53	0

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is ne	eded
(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	\$ 6,917	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	\$ 50,900	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll 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)

1293 CONORMON CHRISTIAN MINISTRIES

Federal Statements

45-4531530 FYE: 12/31/2015

Stater	Statement 1 - Form 9	990-PF, Part	rm 990-PF, Part I, Line 16c - Other Professional Fee	Professional Fees	
Description		Total	Net Investment	Adjusted Net	Charitable Purpose
legal and Professional	 တ	103	\$	₹ V	w
Total	w.	103	w.	\$	ۍ ه

•			1														
Charitable Purpose	Φ	v.		Charitable Purpose	₩.							644				\$ 644	
Adjusted Net	₩.	\$	xpenses	Adjusted Net	₩											٠	
Net Investment	₩.	\$	t I, Line 23 - Other E	Net Investment	₩											\$	
Total	\$ 103	\$ 103	Statement 2 - Form 990-PF, Part I, Line 23 - Other Expenses	Total	٧٠		5,999	350	44	456	11	644	422	48	137	\$ 8,111	
Description	Legal and Professional	Total	Staten	Description		Expenses	Seminars and Training	Dues and Subscriptions	Fees	1/2 Meals	Telephone	Ministry Supplies	Education	MIscellaneous	Auto	Total	

4/8/2016 3:47 PM

1293 CONORMON CHRISTIAN MINISTRIES
45-4531530 Federal Statements

45-4531530

FYE: 12/31/2015

Statement 3 - Form 990-PF, Part III, Line 5 - Other Decreases

	Description	 Amount
1/2 meals		\$ 455
Total		\$ 455

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4

1293 CONORMON CHRISTIAN MINISTRIES

Federal Statements

FYE: 12/31/2015 45-4531530

Statement 4 - Form 990-PF, Part VII-A, Line 10 - Substantial Contributors

Name

Address

City, State, Zip

Todd Conormon Attorney, PA 120 Westlake Road Unit 6

Todd and Jeanine Conormon 603 Argyll Road

Fayetteville NC 28306

Fayetteville NC 28303

1293 CONORMON CHRISTIAN MINISTRIES

45-4531530

Federal Statements

4/8/2016 3:47 PM

FYE: 12/31/2015

Form 990-PF, Part XV, Line 1a - Managers Who Contributed Over 2% or \$5,000

Name of Manager	Amount
Todd and Jeanine Conormon	\$ 6,917
Total	\$ 6,917
Form 990-PF, Part XV, Line 2b - Applica	ation Format and Required Contents
Description	
In writing.	
Form 990-PF, Part XV, Line 2	c - Submission Deadlines
Description	
None	
Form 990-PF, Part XV, Line 2d - Av	vard Restrictions or Limitations
Description	
None	