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990-PF

Return of Private Foundation

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

2015

OMB No 1545-0052

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection Internal Revenue Service ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. For calendar year 2015 or tax year beginning . 2015, and ending . 20 Name of foundation A Employer identification number Covenant Stand Ministries, Inc. 56-2279528 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number (see instructions) PO Box 2477 (828) 264 - 0850 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here Boone, NC 28607 G Check all that apply Initial return Initial return of a former public charity D 1. Foreign organizations, check here . Final return Amended return 2. Foreign organizations meeting the 85% test, Address change Name change check here and attach computation · · X Section 501(c)(3) exempt private foundation H Check type of organization E If private foundation status was terminated under Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation section 507(b)(1)(A), check here X Cash I Fair market value of all assets at J Accounting method Accrual F If the foundation is in a 60-month termination end of year (from Part II, col (c). Other (specify) under section 507(b)(1)(B), check here line 16) ▶ \$ (Part I, column (d) must be on cash basis) 3,942 Part 1 Analysis of Revenue and Expenses (The total of (d) Disbursements (a) Revenue and (b) Net investment for charitable amounts in columns (b), (c), and (d) may not necessarily equal (c) Adjusted net expenses per purposes income income books the amounts in column (a) (see instructions)) (cash basis only) Contributions, gifts, grants, etc., received (attach schedule) 17,145 Check ▶ I I if the foundation is **not** required to attach Sch B 2 3 Interest on savings and temporary cash investments CO 4 Dividends and interest from securities Gross rents د: Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a WW 2 9 2016 Capital gain net income (from Part IV, line 2) . . . Net short-term capital gain 9 Income modifications . 10a Gross sales less returns and allowances b Less Cost of goods sold Gross profit or (loss) (attach schedule) C 11 Other income (attach schedule) STM106 12 Total. Add lines 1 through 11 . . . 17,352 13 Compensation of officers, directors, trustees, etc... Operating and Administrative Expenses 14 Other employee salaries and wages 15 Pension plans, employee benefits Legal fees (attach schedule) Accounting fees (attach schedule) 17 Interest Taxes (attach schedule) (see instructions) 19 Depreciation (attach schedule) and depletion Occupancy . . 21 Travel, conferences, and meetings . Printing and publications 23 248 Other expenses (attach schedule) . STM103 . 248 24 Total operating and administrative expenses. Add lines 13 through 23 248 248 25 16,780 Contributions, gifts, grants paid 16,78d 26 Total expenses and disbursements. Add lines 24 and 25 17,028 17,028 27 Subtract line 26 from line 12 Excess of revenue over expenses and disbursements 324 **Net investment income** (if negative, enter -0-) Adjusted net income (if negative, enter -0-)

For Paperwork Reduction Act Notice, see instructions.

Form 990-PF (2015)

| Pa | rt II | Balance Sheets Attached schedules and amounts in the description column | Beginning of year | | or year |
|------------------|--------|---|-----------------------|--|---------------------------|
| | | Should be for end-or-year amounts only (occ instructions) | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | | Cash - non-interest-bearing | 3,618 | 3,942 | 3,942 |
| | 2, | Savings and temporary cash investments | | - 1 | |
| | 3 | Accounts receivable | | | |
| - 1 | | 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) | | | |
| | | Other notes and loans receivable (attach schedule) | | | |
| | | Less allowance for doubtful accounts | | | |
| ş | 8 | Inventories for sale or use | | | |
| ssets | 9 | Prepaid expenses and deferred charges | | | |
| ğ | 10a | Investments - U S and state government obligations (attach schedule) | | | |
| | | Investments - corporate stock (attach schedule) | | | |
| | | Investments - corporate bonds (attach schedule) | | ······································ | |
| ļ | 11 | Investments - land, buildings, and equipment basis | | | |
| | '' | Investments - land, buildings, and equipment basis Less accumulated depreciation (attach schedule) | | | |
| | 12 | | | | |
| | 13 | | | | |
| | 14 | Investments - other (attach schedule) | | | |
| | 14 | | | | |
| | 45 | Less accumulated depreciation (attach schedule) Other assets (describe | | | |
| | 15 | | | | |
| | 16 | Total assets (to be completed by all filers - see the | 3,618 | 3,94 | 3,942 |
| | 47 | Instructions Also, see page 1, item I) | 3,010 | 3,752 | 3, |
| | 17 | Accounts payable and accrued expenses | | · · · · · · · · · · · · · · · · · · · | |
| S | 18 | Grants payable | | | |
| Liabilities | 19 | Deferred revenue | | | |
| Ē | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | |
| Ë | 21 | Mortgages and other notes payable (attach schedule) | | | |
| | 22 | Other liabilities (describe >) | 0 | | |
| — | 23 | Total liabilities (add lines 17 through 22) | | | * |
| es | | Foundations that follow SFAS 117, check here | | | |
| ũ | 24 | Unrestricted | | | |
| ala | 25 | Temporarily restricted | | | _ |
| B | 26 | Permanently restricted | | | _ |
| or Fund Balances | | Foundations that do not follow SFAS 117, check here . ▶ X | | | |
| Ē | | and complete lines 27 through 31. | | | |
| | 27 | Capital stock, trust principal, or current funds | | | |
| Assets | 28 | Paid-in or capital surplus, or land, bldg , and equipment fund | | | _ |
| \ss | 29 | Retained earnings, accumulated income, endowment, or other funds | 3,618 | 3,94 | |
| ¥, | 30 | Total net assets or fund balances (see instructions) | 3,618 | 3,94 | 2 |
| Net | 31 | Total liabilities and net assets/fund balances (see | | | |
| _ | | instructions) | 3,618 | 3,94 | 2 |
| | art II | | | | |
| 1 | | net assets or fund balances at beginning of year - Part II, column (a), line | e 30 (must agree with | | |
| | | of-year figure reported on prior year's return) | | · · · — | 3,618 |
| | | | • • • • • • | · · · · · · | 324 |
| | | r increases not included in line 2 (itemize) | | | 3 2 242 |
| | | lines 1, 2, and 3 | | · · · · · ⊢ | 3,942 |
| | | eases not included in line 2 (itemize) | | | 5 3 942 |
| 6 | Tota | net assets or fund balances at end of year (line 4 minus line 5) - Part II, o | column (b), line 30 | · · · · | 6 3,942 |
| FFA | | | | | Form 990-PF (2015) |

| Form 990-PF (2015) Cover | ant Stand Ministries, Inc | • | | 56-22 | 79528 | Page 3 | |
|--|--|--|----------------------------------|----------------------|---|---------------|--|
| Part IV Capital Gains ar | nd Losses for Tax on Investm | | How acquired | | | | |
| (a) List and describe 2-story brick wareho | (c) Date acquired (mo , day, yr) | (d) Dat (mo , | e sold day, yr) | | | | |
| 1a | | | D-Donation (mo , day, yr) (mo , | | | | |
| b | | | | | | | |
| C | | | | | | | |
| d | | | | | | - | |
| e (e) Gross sales price | (f) Depreciation allowed | (g) Cost or other b | | (h) Ga | in or (loss) (f) minus (g) | | |
| | (or allowable) | plus expense of | Sale | (e) plus | (1) Militus (g) | | |
| a b | | | | | | | |
| C | | | | | | | |
| d | | | | | | | |
| e | | | | | | | |
| Complete only for assets showing | ng gain in column (h) and owned by the fo | oundation on 12/31/ | /69 | (I) Gains (C | ol (h) gain m | nus | |
| (i) F M V as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of co over col (j), if a | | col (k), but no | | | |
| a | | | | | | | |
| b | | | | | | | |
| С | | | | | | | |
| d | | | | | | | |
| <u>e</u> | ≠ If gain, also ent | ter in Part I, line 7 | | | | | |
| 2 Capital gain net income or (net o | | 0- in Part I, line 7 | } | 2 | | | |
| 3 Net short-term capital gain or (lo | oss) as defined in sections 1222(5) and (| | | | | | |
| | 3, column (c) (see instructions) If (loss), | | ٦ | | | | |
| Part I, line 8 | | | . \$ | 3 | | | |
| Part V Qualification Un | der Section 4940(e) for Reduc | ed Tax on Ne | t Investm | ent Income | | | |
| (For optional use by domestic privat | e foundations subject to the section 4940 | O(a) tax on net inves | stment incom | e) | | | |
| If section 4940(d)(2) applies, leave t | his part blank. | | | | | | |
| Was the foundation liable for the see | ction 4942 tax on the distributable amoun | t of any year in the | hase period? |) | □ ves | X No | |
| | alify under section 4940(e) Do not complete | | base period: | | □ | <u> </u> | |
| | each column for each year; see the insti | | ung any entri | es. | | | |
| (a) Base period years Calendar year (or tax year beginning | (b) | 1 | | Dı | (d) stribution ratio) divided by c | ol (c)) | |
| 2014 | 8,613 | | | (32) | ,, | - (-// | |
| 2013 | 3,368 | | | | | | |
| 2012 | 6,092 | | | | | | |
| 2011 | 5,470 | | | | | | |
| 2010 | 4,527 | | | | | | |
| | | | | | | | |
| , , , | | | | . 2 0 | .0 | | |
| - | e 5-year base period - divide the total on l | | е | | | | |
| number of years the foundation | has been in existence if less than 5 year | 'S | | 3 0 | .0 | | |
| 4. Fatas the actual is af manchasite | abla usa assata far 2015 from Dort V. lin | • E | | . 4 | | | |
| 4 Enter the net value of noncharit | able-use assets for 2015 from Part X, line | е э | | • • | | | |
| 5 Multiply line 4 by line 3 . | | | | . 5 | | 0 | |
| 6 Enter 1% of net investment inco | ome (1% of Part I, line 27b) | | | . 6 | | | |
| 7 Add lines 5 and 6 | | | | 7 | | 0 | |
| Enter qualifying distributions for | m Part VII. line 4 | | | 8 | | 17,028 | |
| 8 Enter qualifying distributions fro | m Part XII, line 4 an line 7, check the box in Part VI, line 1t | and complete the | t nart ueina a | | e | 11,020 | |
| Part VI instructions | an line r, check the box in Fait VI, lifte It | o, and complete tha | part using a | 1 /V WA Tale, See II | | | |

| | t VI | Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see inst | ructio | ns) | |
|-----|----------|---|--------|-------|--------------|
| 1a | Exem | pt operating foundations described in section 4940(d)(2), check here ▶ and enter "N/A" on line 1. ¬ | | | |
| | Date | of ruling or determination letter (attach copy of letter if necessary-see instructions) | | | |
| b. | Dome | estic foundations that meet the section 4940(e) requirements in Part V, check | | | 0 |
| | here | ▶ X and enter 1% of Part I, line 27b | | | |
| С | All oth | ner domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of | | | |
| | Part I | , line 12, col. (b). | | | |
| 2 | Tax u | nder section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | | | 0 |
| 3 | Add I | nes 1 and 2 | | | |
| 4 | Subtit | tle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) | | | 0 |
| 5 | Tax b | assed on investment income. Subtract line 4 from line 3 If zero or less, enter -0 | | | 0 |
| 6 | Credi | ts/Payments. | | | |
| а | 2015 | estimated tax payments and 2014 overpayment credited to 2015 6a | | | |
| b | Exem | pt foreign organizations - tax withheld at source 6b | | | |
| C | Tax p | aid with application for extension of time to file (Form 8868) . 6c | | | |
| d | Back | up 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 c | lue. If the total of lines 5 and 8 is more than line 7, enter amount owed | | | |
| 10 | Over | payment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | | | |
| 11 | | the amount of line 10 to be Credited to 2016 estimated tax ▶ Refunded ▶ 11 | | | |
| Par | t VII | A Statements Regarding Activities | | | |
| 1a | Durin | g the tax year, did the foundation attempt to influence any national, state, or local legislation or did it | | Yes | No |
| | partic | ipate or intervene in any political campaign? | 1a | | <u>X</u> |
| b | Did it | spend more than \$100 during the year (either directly or indirectly) for political purposes (see |] ' | | |
| | | ctions 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 | | | |
| | - | shed or distributed by the foundation in connection with the activities | | | |
| С | Did th | ne foundation file Form 1120-POL for this year? | 1c | | <u>X</u> |
| d | Enter | the amount (if any) of tax on political expenditures (section 4955) imposed during the year | | | |
| | | n 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 fo | undation managers ► \$ | | | |
| 2 | | the foundation engaged in any activities that have not previously been reported to the IRS? | 2 | | X |
| | | s," attach a detailed description of the activities | | | |
| 3 | | the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of | _ | | 3.5 |
| | | poration, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | 3 | | X |
| 4a | | ne foundation have unrelated business gross income of \$1,000 or more during the year? | 4a | | X |
| b | | es," has it filed a tax return on Form 990-T for this year? | 4b | | X |
| 5 | | there a liquidation, termination, dissolution, or substantial contraction during the year? | 5 | | |
| _ | | es," attach the statement required by General Instruction T | | | |
| 6 | | he requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either | | | |
| | | y language in the governing instrument, or | | | |
| | | y state legislation that effectively amends the governing instrument so that no mandatory directions that | 6 | х | |
| ~ | | ict with the state law remain in the governing instrument? | 7 | X | |
| 7 | | ne foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV | | | - |
| 8a | Ente | r the states to which the foundation reports or with which it is registered (see instructions) | | | |
| | If Ale a | NC | | | |
| b | | answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General | Oh | Х | |
| _ | • | esignate) of each state as required by General Instruction G? If "No," attach explanation | 8b | | |
| 9 | | e foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or | | | } |
| | | (j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," | | X | |
| 40 | | plete Part XIV | 9 | ^ | |
| 10 | | iny persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their es and addresses | 10 | X | |
| | name | es and addresses | 10 | L 42_ | |

Covenant Stand Ministries, Inc.

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56-2279528

Form 990-PF (2015)

| Form | 990-PF (2015) Covenant Stand Ministries, Inc. 56 | -2279528 | | Page 5 |
|------|---|-----------|-------------|---|
| Pai | t 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 | | | |
| | meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions) | 1 | 1 | X |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified | | İ | |
| | person had advisory privileges? If "Yes," attach statement (see instructions) | . 1 | | X |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 1 | 3 X | <u> </u> |
| | Website address ► N/A | | | |
| 14 | The books are in care of Kelly P Melton Telephone no | 828-264 | -0850 | |
| | Located at ► PO Box 2477, Boone, NC ZiP+4 ► | 28607 | | |
| 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 | 15 | | |
| 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? | . 1 | 6 | X |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of | | | |
| | the foreign country | | | <u> </u> |
| Pa | t VII-B Statements Regarding Activities for Which Form 4720 May Be Required | · · · · · | | |
| | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | | Yes | No |
| 1a | During the year did the foundation (either directly or indirectly) | _ | | |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? | X No | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a | _ | | |
| | | X No | | |
| | | X No | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes | X No | | |
| | (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)? | X No | 1 | |
| | (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) Yes | X No | | |
| 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)? | _ · | b | ļ |
| | Organizations relying on a current notice regarding disaster assistance check here | _} | | |
| С | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that | | | 1,, |
| | were not corrected before the first day of the tax year beginning in 2015? | 1 | С | X |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private | | | |
| | operating foundation defined in section 4942(j)(3) or 4942(j)(5)) | | | |
| а | At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and | | Ī | |
| | 6e, Part XIII) for tax year(s) beginning before 2015? Yes | ∆ No | | |
| | If "Yes," list the years , , , , | | | |
| 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) | | ь | X |
| _ | | | | <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 | | - 1 | |
| 20 | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise | | | |
| 3a | [] [| X No | | |
| L | | 140 | | |
| D | 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 | | _ | |
| 4- | foundation had excess business holdings in 2015.) | ⊢ | b | x |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | · · - | а | +^- |
| ь | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its | | | V |
| | charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015? | | lb | X |

| Pai | rt VII-B | Statements Regarding Activitie | s for V | Vhich Forn | า 47 <u>20</u> | May Be F | Requir | ed (co | ntinued) | | · |
|------|--|---|-------------|---------------------------------|----------------|---|------------|------------------------|---------------------------|-------------|-----------------------------|
| 5a | During th | ne year did the foundation pay or incur any am | ount to | | | | | | r | | |
| | (1) Carr | y on propaganda, or otherwise attempt to influ | ence leg | islation (section | n 4945(e | :))? | . L | Yes | X No | 1 | |
| | (2) Influ | ence the outcome of any specific public election | on (see s | ection 4955), d | or to carr | y on, | | | _ | | |
| | direc | ctly or indirectly, any voter registration drive? | | | | | . L | Yes | X No | 1 | |
| | (3) Prov | ride a grant to an individual for travel, study, or | other sir | milar purposes | ? | | <u>L</u> | Yes | X No | | |
| | (4) Prov | ride a grant to an organization other than a cha | arıtable, e | etc., organizatio | on descr | ibed in | | _ | _ | | |
| | sect | on 4945(d)(4)(A)? (see instructions) | | | | | | Yes | X No | | |
| | (5) Prov | ride for any purpose other than religious, chari | table, sci | entific, literary, | , or educ | ational | _ | _ | _ | 1 1 | |
| | purp | oses, or for the prevention of cruelty to childre | n or anin | nals? | | | . L | Yes | X No | 1 1 | |
| b | If any an | swer is "Yes" to 5a(1)-(5), did any of the trans | actions f | ail to qualify ur | nder the | exceptions d | escribed | i ın | | | |
| | Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)? | | | | | | | | | | |
| | Organizations relying on a current notice regarding disaster assistance check here | | | | | | | | | | |
| С | | swer is "Yes" to question 5a(4), does the foun | | | | tax | _ | | _ | | |
| | because | it maintained expenditure responsibility for the | e grant? | | | | [| Yes | ∐ No | | |
| | If "Yes," | attach the statement required by Regulations | section 5 | 53 4945-5(d) | | | | | | | |
| 6a | Did the f | oundation, during the year, receive any funds | directly | or indirectly, to | pay pre | miums | _ | _ | _ | | |
| | on a per | sonal benefit contract? | | | | | . [_ | Yes | X No | | |
| b | Did the f | oundation, during the year, pay premiums, dir | ectly or in | ndirectly, on a | personal | benefit cont | ract? | | | 6b_ | X |
| | If "Yes" | to 6b, file Form 8870 | | | | | _ | | | | |
| 7a | At any ti | me during the tax year, was the foundation a p | arty to a | prohibited tax | shelter t | ransaction? | . <u>L</u> | _ Yes | X No | | |
| b | If "Yes," | did the foundation receive any proceeds or ha | ave any r | net income attr | butable | to the transa | ction? | | | 7b | |
| Pa | rt VIII | • | ectors, | Trustees, | Found | lation Ma | nager | s, Higi | hly Paid | Empl | oyees, |
| | _ | and Contractors | | ., | | | | | | | |
| 1 | List all of | ficers, directors, trustees, foundation mana | | | | | | | | | |
| | | (a) Name and address | | e, and average s per week | | mpensation ot paid, | | Contribut syee bene | | | ense account, allowances |
| | | | | ed to position | en | ter -0-) | and def | erred con | npensation | | |
| - | | rsons, CPA | Presid | | | | | | _ | | • |
| 112 | Realt | y Row, Boone, NC 28607 | - | 5.00 | | 0 | | | 0 | | 0 |
| | e B Pa | | Vice 1 | | | _ | | | • | | ^ |
| | | y Row, Boone, NC 28607 | | 0.00 | | 0 | | | 0 | | 0_ |
| | ly P M | | Sec/T | | Ī | • | | | 0 | | ٥ |
| PO | Box 24 | 77, Boone, NC 28607 | | 3.00 | | 0 | | | 0 | | 00 |
| | | | | | | | | | | | |
| | Compose | ation of five highest-paid employees (othe | than th | oso included | on line | 1 - see instr | uctions) | If none | enter | | |
| | Compens "NONE." | ation of five highest-paid employees (othe | tilali til | ose iliciaaea | On mie | 1 - 366 11130 | uctions | | 5, 011(0) | | |
| | HONE. | | | | | | | (d) Con | tributions to | | |
| | (a) Name | and address of each employee paid more than \$50 | .000 | (b) Title, and a hours per v | | (c) Compe | nsation | employ | ee benefit nd deferred | | ense account, allowances |
| | (, | | | devoted to po | | \ | | | ensation | Outer | allowarioco |
| NON | JE | | | | | | | | | | |
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| | | | | | _ | | | | | | |
| | | | | | | | | | | | |
| | - | | | | | | | | | | |
| | | | | | | | | | | | |
| Tota | al number | of other employees paid over \$50,000 | | | | | | | . > | | 0 |
| EEA | | | | | | | | | | Form 9 | 90-PF (2015) |

Covenant Stand Ministries, Inc.

Form 990-PF (2015)

56-2279528

Page 6

| Form 990-PF (2015) Covenant Stand Ministries, Inc. | 56-22 | 279528 Page 7 |
|---|-------------------------|------------------|
| Part VIII Information About Officers, Directors, Trustees, Foundation Ma and Contractors (continued) | nagers, Highly Pa | aid Employees, |
| 3 Five highest-paid independent contractors for professional services (see instructions). If no | one, enter "NONE." | |
| (a) Name and address of each person paid more than \$50,000 (b) | Type of service | (c) Compensation |
| NONE |] | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | ļ | |
| Total number of others receiving over \$50,000 for professional services | ▶ | |
| Part IX-A Summary of Direct Charitable Activities | | |
| | | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical informatio organizations and other beneficiaries served, conferences convened, research papers produced, etc. | n such as the number of | Expenses |
| 1 International Beneficence: Supported three children in | | |
| third-world countries through international outreach | | |
| ministry | | 1,330 |
| 2 Ministry Support: Supported various ministries by | | |
| donations to aid their respective missions | | |
| | | 5,000 |
| 3 Missions: Supported local missionary to Africa | | |
| | | |
| | | 1,200 |
| 4 Local Minister Support: Transportation funds to local | | |
| pastor for ministry vehicle | | 9,000 |
| Part IX-B Summary of Program-Related Investments (see instructions) | | |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 | | Amount |
| 1 | | |
| | | |
| | | |
| 2 | | |
| | | |
| All other season feleted months and Connection to | | |
| All other program-related investments See instructions 3 | | |
| | | |
| | | |

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Total. Add lines 1 through 3

EEA

| Pa | Minimum Investment Return (All domestic foundations must complete this part. Foreign | founda | ations, |
|----|---|----------|----------|
| | see instructions.) | | |
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., | . 1 | |
| | , purposes. | ļ | |
| а | Average monthly fair market value of securities | 1a | 0 |
| b | Average of monthly cash balances | 1b | 0 |
| С | Fair market value of all other assets (see instructions) | 1c | 0 |
| d | Total (add lines 1a, b, and c) | 1d | 0 |
| е | Reduction claimed for blockage or other factors reported on lines 1a and | | |
| | 1c (attach detailed explanation) | 1 | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0 |
| 3 | Subtract line 2 from line 1d | 3 | 0 |
| 4 | Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see | | |
| | ınstructions) | 4 | 0 |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 0 |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 0 |
| Pa | rt XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating to | oundat | ons |
| | and certain foreign organizations check here ▶ X and do not complete this part.) | | |
| 1 | Minimum investment return from Part X, line 6 | 1 | |
| 2a | Tax on investment income for 2015 from Part VI, line 5 2a |]] | |
| 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 | |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | |
| 5 | Add lines 3 and 4 | 5 | -4 |
| 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 | |
| Pa | rt XII Qualifying Distributions (see instructions) | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | |
| а | Expenses, contributions, gifts, etc total from Part I, column (d), line 26 | 1a | 17,028 |
| b | Program-related investments - total from Part IX-B | 1b | |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., | | |
| | purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | | |
| а | Suitability test (prior IRS approval required) | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 17,028 |
| 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 | <u>.</u> |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 17,028 |
| | Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the | e founda | ition |
| | qualifies for the section 4040(a) reduction of tay in those years | | |

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| | | · · · · · · · · · · · · · · · · · · · | | | |
|-----|---|---------------------------------------|---------------------------|-------------|--|
| 1 . | Distributable amount for 2015 from Part XI, line 7 | (a) Corpus | (b) Years pnor to 2014 | (c) 2014 | (d) 2015 |
| 2 | Undistributed income, if any, as of the end of 2015 | | ······ | | |
| | Enter amount for 2014 only | | | |]. |
| | T + 17 | | | | |
| 3 | Excess distributions carryover, if any, to 2015 | · · · · · · · | | | : |
| | | _ | | | 1 |
| | - | ⊣ } | | | |
| b | From 2011 | - 1 1 | | 1 | ļ. |
| C | From 2012 | -1 1 | | | 1 |
| d | From 2013 . 3,39 | | | | |
| е | From 2014 8,61 | | | | |
| f | Total of lines 3a through e | 26,905 | | | |
| 4 | Qualifying distributions for 2015 from Part XII, | | | † | |
| | line 4 ▶ \$17,028 | | | | |
| а | Applied to 2014, but not more than line 2a | | | | |
| b | Applied to undistributed income of prior years | | : | - | |
| | (Election required - see instructions) | | | | |
| С | Treated as distributions out of corpus (Election | | | | |
| | required - see instructions) | | | | ļ <u>.</u> |
| d | Applied to 2015 distributable amount | | | | |
| е | Remaining amount distributed out of corpus . | 17,028 | | | |
| 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 | | | | |
| | indicated below: | ŀ | | | |
| а | Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 | 43,933 | | | |
| b | Prior years' undistributed income Subtract | | | | |
| | line 4b from line 2b | | | | |
| С | Enter the amount of prior years' undistributed | | | | |
| | income for which a notice of deficiency has | | | | |
| | been issued, or on which the section 4942(a) | | | | |
| | tax has been previously assessed | | | | , |
| d | Subtract line 6c from line 6b Taxable | | | , | |
| | amount - see instructions | | | | |
| е | Undistributed income for 2014 Subtract line | - '-l' ': | | | |
| - | 4a from line 2a. Taxable amount - see | | | | |
| | instructions | | | | |
| f | Undistributed income for 2015 Subtract lines | | | | |
| • | 4d and 5 from line 1. This amount must be | | | | |
| | distributed in 2016 | | | | |
| 7 | Amounts treated as distributions out of corpus | | | 1-1-1-1 | HK |
| • | to satisfy requirements imposed by section | | | | |
| | 170(b)(1)(F) or 4942(g)(3) (Election may be | | | | |
| | required - see instructions) | | | | |
| 8 | Excess distributions carryover from 2010 not | - | 1000 | -tun | |
| 0 | applied on line 5 or line 7 (see instructions) | 4,52 | , | † | |
| 0 | Excess distributions carryover to 2016. | 1,32 | | | Transfer to the transfer to th |
| 9 | Subtract lines 7 and 8 from line 6a | 39,40 | | | ŀ |
| 40 | | 35,40 | 1 | | ···· |
| 10 | Analysis of line 9. | ام | | | |
| a | Excess from 2011 | - | | | |
| b | Excess from 2012 4,89 | | | | |
| C | Excess from 2013 3,39 | | | | |
| d | Excess from 2014 . 8,61 | | | | |
| Α. | Excess from 2015 17.02 | 8.8 | 1 | 1 | 1 |

| | | Stand Ministries | | | 56-2279528 | Page 10 |
|----------|---|---------------------------------------|------------------------|---------------------------------------|-----------------------|--------------------------|
| | XIV Private Operating Four | | | | | |
| 1a | If the foundation has received a ruling or | | | | | |
| L | foundation, and the ruling is effective for | | • | | 02-03-2011 | |
| 2a | Check box to indicate whether the found Enter the lesser of the adjusted net | | toundation describe | | X 4942(j)(3) or 494 | 2(_J)(5) |
| 20 | income from Part I or the minimum | Tax year | Т. | Prior 3 years | | (e) Total |
| | investment return from Part X for | (a) 2015 | (b) 2014 | (c) 2013 | (d) 2012 | . |
| h | each year listed | <u> </u> | | | | (|
| b | | | | | | |
| С | Qualifying distributions from Part XII, line 4 for each year listed | 17,028 | 8,613 | 3,396 | 6,108 | 35,145 |
| d | Amounts included in line 2c not used directly for active conduct of exempt activities | 2.,020 | 0,010 | | 0,100 | |
| е | Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c | 17,028 | 8,613 | 3,396 | 6,108 | 35,145 |
| 3 | Complete 3a, b, or c for the | | | | | |
| • | alternative test relied upon | | | | | |
| а | "Assets" alternative test - enter. (1) Value of all assets | 3, | | | | |
| | (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 |
| - | (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section | | | | | |
| | 512(a)(5)), or royalties) | | | | | |
| | (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) | | | | | |
| | (3) Largest amount of support from | | | · · · · · · · · · · · · · · · · · · · | | |
| | an exempt organization (4) Gross investment income | | | 177 *** *** | | |
| Parl | XV Supplementary Informa | tion (Complete this | s part only if th | o foundation had | 1 \$5 000 or more in | accote at |
| | any time during the yea | | | e roundation nat | 2 40,000 OF INOTE III | assets at |
| 1 | Information Regarding Foundation M | | <i>,</i> | | | |
| а | List any managers of the foundation wh before the close of any tax year (but on | o have contributed more t | | | | |
| | | · · · · · · · · · · · · · · · · · · · | | | | |
| b | List any managers of the foundation wh ownership of a partnership or other enti | | | | portion of the | |
| | NA | | | | | |
| 2 | Information Regarding Contribution, | Grant, Gift, Loan, Schol | arship, etc., Progra | ms: | | |
| | | y makes contributions to p | · · · · · · | | os not accent | |
| | unsolicited requests for funds If the fou | | | | | |
| | other conditions, complete items 2a, b, | c, and d | | | | |
| а | The name, address, and telephone num | iber or e-mail address of t | he person to whom a | pplications should be a | addressed: | |
| | 990APP | | | | | |
| b | The form in which applications should b | e submitted and information | on and materials they | should include. | | |
| С | Any submission deadlines. | | | | | |
| d | Any restrictions or limitations on awards factors: | s, such as by geographica | l areas, chantable fie | lds, kınds of institution | s, or other | |
| _ | | | | | | |
| EEA | | | | | F | orm 990-PF (2015) |

Form 990-PF (2015) Covenant Stand Ministries, Inc.

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Appr

| 3 Grants and Contributions Paid During the Year or Approved for Future Payment | | | | | | | | | |
|--|--|----------------------|----------------------------------|---------------|--|--|--|--|--|
| Recipient | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount | | | | | |
| Name and address (home or business) | or substantial contributor | recipient | | - | | | | | |
| Paid during the year | | | | | | | | | |
| Compassion International | | | | | | | | | |
| 12290 Voyager Parkway, Colorado | | | | | | | | | |
| Colorado Springs, CO 80921 | | NC | Child sponsorship | 1,330 | | | | | |
| Appalachian House of Praye | | | | | | | | | |
| PO Box 2227 | | | To support local | | | | | | |
| Boone, NC 28607-2227 | | NC | ministry | 5,000 | | | | | |
| Overland Missions | | | | | | | | | |
| 700 S Courtenay Pkwy | | | Support missions | | | | | | |
| Merritt Island, FL 32952 | | NC | to Africa | 1,200 | | | | | |
| Anthony Roark | | | To fund vehicle | | | | | | |
| 972 Rock Creek Rd | | | purchase for | | | | | | |
| Creston, NC 28615 | | I | ministry work | 9,000 | | | | | |
| Center for Judeo-Christian Studies | | | Support outside | | | | | | |
| PO Box 750815 | | | ministry, study | | | | | | |
| Dayton, OH 45475 | | NC | facets of belief | 250 | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |
| | | | | | | | | | |
| Total | | <u> </u> | ▶ 3a | 16,780 | | | | | |
| b Approved for future payment | | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | ▶ 3b | | | | | | |

| nter gross amounts unless otherwise indicated | Activities Unrelated business income | | Excluded by sec | (e) | |
|--|--------------------------------------|----------------------|-----------------------|-----------------------------------|--|
| • | (a) Business | (b) Amount | (c) Exclusion code | (d) Amount | Related or exempt function income (See instructions) |
| 1 Program service revenue: | code | | - | | |
| a Thrift shop consign | ļ | | 05 | 207 | |
| b | | | | | |
| C | | | | | |
| d | | | | | |
| e | | | | | |
| f | | | | | |
| g Fees and contracts from government agencies . | | | | | |
| Membership dues and assessments | | | | | |
| Interest on savings and temporary cash investments | | | | | |
| Dividends and interest from securities | | | | | |
| Net rental income or (loss) from real estate: | | | | | |
| a Debt-financed property | | | | | |
| b Not debt-financed property | | | | | |
| Net rental income or (loss) from personal property | | | | | |
| Other investment income | | | | | |
| B Gain or (loss) from sales of assets other than inventory | | | | | |
| Net income or (loss) from special events | | | | | |
| Gross profit or (loss) from sales of inventory | | | | | |
| Other revenue: a | | | | | |
| b | | | | | |
| С | | | | | |
| | 1 | | | | |
| ď | 1 | | | | |
| e | | | | | |
| e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations) | | | rompt Purpos | 207 | 20 |
| Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Explain below how each activity for which income | e Accomplisome is reported | shment of Ex | cempt Purpos | . 13 ses outed importantly to the | e |
| 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) 6 ee worksheet in line 13 instructions to verify calculations) 7 art XVI-B Relationship of Activities to the | e Accomplisome is reported | shment of Ex | cempt Purpos | . 13 ses outed importantly to the | e |
| Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Explain below how each activity for which income | e Accomplisome is reported | shment of Ex | cempt Purpos | . 13 ses outed importantly to the | e |
| Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Explain below how each activity for which income | e Accomplisome is reported | shment of Ex | cempt Purpos | . 13 ses outed importantly to the | e |
| Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Explain below how each activity for which income | e Accomplisome is reported | shment of Ex | cempt Purpos | . 13 ses outed importantly to the | е |
| Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Explain below how each activity for which ince Explain below how each activity for which ince | e Accomplisome is reported | shment of Ex | cempt Purpos | . 13 ses outed importantly to the | е |
| e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Explain below how each activity for which income | e Accomplisome is reported | shment of Ex | cempt Purpos | . 13 ses outed importantly to the | е |
| Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Explain below how each activity for which income | e Accomplisome is reported | shment of Ex | cempt Purpos | . 13 ses outed importantly to the | е |
| Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Explain below how each activity for which ince Explain below how each activity for which ince | e Accomplisome is reported | shment of Ex | cempt Purpos | . 13 ses outed importantly to the | e |
| Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Explain below how each activity for which ince Explain below how each activity for which ince | e Accomplisome is reported | shment of Ex | cempt Purpos | . 13 ses outed importantly to the | e |
| e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Explain below how each activity for which income | e Accomplisome is reported | shment of Ex | cempt Purpos | . 13 ses outed importantly to the | е |
| e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Explain below how each activity for which income | e Accomplisome is reported | shment of Ex | cempt Purpos | . 13 ses outed importantly to the | е |
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| Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Explain below how each activity for which ince Explain below how each activity for which ince | e Accomplisome is reported | shment of Ex | cempt Purpos | . 13 ses outed importantly to the | e |
| e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Explain below how each activity for which income | e Accomplisome is reported | shment of Ex | cempt Purpos | . 13 ses outed importantly to the | е |
| Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Explain below how each activity for which income | e Accomplisome is reported | shment of Ex | cempt Purpos | . 13 ses outed importantly to the | e |
| e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Explain below how each activity for which income | e Accomplisome is reported | shment of Ex | cempt Purpos | . 13 ses outed importantly to the | e |
| e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Explain below how each activity for which income | e Accomplisome is reported | shment of Ex | cempt Purpos | . 13 ses outed importantly to the | е |
| Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Explain below how each activity for which ince Explain below how each activity for which ince | e Accomplisome is reported | shment of Ex | cempt Purpos | . 13 ses outed importantly to the | e |
| e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Explain below how each activity for which income | e Accomplisome is reported | shment of Ex | cempt Purpos | . 13 ses outed importantly to the | е |
| Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Explain below how each activity for which ince Explain below how each activity for which ince | e Accomplisome is reported | shment of Ex | cempt Purpos | . 13 ses outed importantly to the | e |
| Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Explain below how each activity for which income | e Accomplisome is reported | shment of Ex | cempt Purpos | . 13 ses outed importantly to the | e |
| Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Explain below how each activity for which income | e Accomplisome is reported | shment of Ex | cempt Purpos | . 13 ses outed importantly to the | e |
| Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Explain below how each activity for which income | e Accomplisome is reported | shment of Ex | cempt Purpos | . 13 ses outed importantly to the | e |
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Boone NC 28607

| Part > | | | n Regarding Tra ganizations | ansfers To a | and Transac | tions and | d Relatio | nships | With | 1 Non | chari | table | |
|------------|---------------|-----------------------|---|---------------------------|--------------------|-------------------------|--------------------|------------|-------------|--------------|------------|--------------|------------|
| 1 Di | | | ctly or indirectly engage | ne in any of the f | following with an | v other orga | anization des | cribed | | | | Yes | No |
| | | | ode (other than sect | | | | | | | | | 1.00 | † <u> </u> |
| | anızatıo | | | o., oo .(o)(o) o.g. | anizationo, or in | 0000011 027 | , roldang to p | , | | | | ŀ | |
| | • | | ting foundation to a no | oncharitable exe | mot organization | of. | | | | | | [| |
| | Cash | | ~ | | | | | | | | 1a(1) | N . | X |
| | | assets | | • | | | | | • | | 1a(2) | | X |
| | her trans | | | | • | • | , , | • • | • | • | 1-1- | ' | 1 |
| | | | noncharitable exempt | organization | | | | | | | 1b(1) | y | X |
| | | | from a noncharitable | | ation | • | | • • | • | • | 1b(2 | | X |
| | | | quipment, or other as: | | | • | • • | | • | • • | 1b(3 | | X |
| | | | ngements | | | | • • | | • • | • | 1b(4 | _ | X |
| • • • | | or loan guarar | • | | | | • | • | • • | • | 1b(5 | _ | X |
| • • | | - | ices or membership o | | | | | | | • | 1b(6 | ` | X |
| | | | pment, mailing lists, o | * | | | • • • • • | • | | | 1c | | X |
| | | | e above is "Yes," cor | - | | oluma /h) ok | | chow th | o four n | orkot | 10 | Ш | <u> </u> |
| | | | assets, or services of | | - | | | | | | | | |
| | | _ | | | _ | | | | | | | | |
| | | nount involved | or sharing arrangeme | | | | | | | | | | |
| (a) Line n | O (B) Ar | nount involved | (c) Name of non- | charitable exempt | organization | (a) Desc | cription of trans | iers, tran | saction | s, and sn | aring ar | rangem | ents |
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| | | | <u> </u> | | | | | | | | | | |
| 2a Is | the foun | dation directly | or indirectly affiliated | with, or related | to, one or more | tax-exempt | organization | 5 | | | | _ | _ |
| de | scribed | ın section 501 | (c) of the Code (other | than section 50 | 11(c)(3)) or in se | ction 527? | | | | | ∐ Y | es X | No |
| b_lf' | "Yes," co | emplete the fol | lowing schedule. | | | | | | | | | | |
| | (a |) Name of organ | nization | (b) T | ype of organizatio | <u>n</u> | | (c) Des | scription | of relation | onship | | |
| | | | | | | | | | | | | | |
| | | <u> </u> | | | | | | | | | | | |
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| | Under per | nalties of penalty, I | declare that I have examinal afation of preparer (other the | ed this return, including | ing accompanying s | chedules and st | tatements, and to | the best c | of my kno | owledge ar | nd belief, | it is true, | , |
| Sign | Correct, a | and complete Deci | diation of preparer (other th | un tanpayer) is baset | . / | , milion prepare | o alas aliy KilOWi | Juge | r | May the I | | | |
| Here | 7 9 | Y/ " | | // | 114/16 | Preside | ent | | | with the p | reparer s | shown be | |
| | Signa | ture of officer or tr | ustee | Date | (/ . | Title | | | — I | (see inst |)? | Yes | ☐ No |
| | | Print/Type prepar | rer's name | Preparer's sig | ınatılıre | | Date | | Check | ıf | PTIN | | |
| Paid | | GWYN R PA | RSONS CPA | 15//1 | ! | | 11-14-20 | 16 | self-em | رے ployed | P013 | 38921 | L |
| Prepa | | Firm's name | ► GWYN R PAR | SONS CPA PI | LLC | | | Firm's Ell | | , | | | |
| Use (| | Firm's address | ▶ 112 Realty | | Box 2477 | | | Phone no | | | | | |
| USE (| July | 1 1111 3 4441638 | - III Wearty | / FU I | | | | | | | | | |

828-264-0850

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

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

OMB No 1545-0047

2015

| Name | of the organization | | | Employer identification number |
|---------|------------------------------|---|---|--------------------------------|
| Cover | nant_Stand_Minist | ies, Inc. | | 56-2279528 |
| Organi | ization type (check one) | | | |
| | | | | |
| Filers | of: | Section: | | |
| Form 0 | 190 or 990-EZ | □ 501(a)() (anter number) erganization | | |
| romi s | 190 OF 990-EZ | 501(c)() (enter number) organization | | |
| | | 4947(a)(1) nonexempt charitable trust not | treated as a private foundation | |
| | | | | |
| | | 527 political organization | | |
| | | _ | | |
| Form 9 | 90-PF | ∑ 501(c)(3) exempt private foundation | | |
| | | □ 4947()(4) | 1 - d · · · · - t - f - · · · d - t - · · | |
| | | 4947(a)(1) nonexempt charitable trust trea | ted as a private foundation | |
| | | 501(c)(3) taxable private foundation | | |
| | | _ oo (o)(o) taxabio piirato isainaasii | | |
| | | | | |
| Check | if your organization is cov | red 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 |
| instruc | tions | | | |
| Genera | al Rule | | | |
| X | For an organization filing | Form 990, 990-EZ, or 990-PF that received, duri | ng the year, contributions totaling | s \$5,000 |
| ΚĦ | | erty) from any one contributor. Complete Parts | - · | _ |
| | contributor's total contrib | | Tana II, Goo mondono loi doto | g 2 |
| | | | | |
| Specia | al Rules | | | |
| | | ibed in section 501(c)(3) filing Form 990 or 990- | | |
| | | s 509(a)(1) and 170(b)(1)(A)(vi), that checked S | | |
| | | eceived from any one contributor, during the year | | |
| | \$5,000 or (2) 2% of the a | nount on (ı) Form 990, Part VIII, line 1h, or (ıı) Fo | orm 990-EZ, line 1 Complete Pa | rts I and II. |
| | F | | 000 on 000 E7 that reachined from | n any and |
| Ц | ~ | ibed in section 501(c)(7), (8), or (10) filing Form | | |
| | | ar, total contributions of more than \$1,000 exclus | | |
| | interary, or educational po | poses, or for the prevention of cruelty to childre | n or animais. Complete Parts 1, 1 | i, and iii |
| | For an organization desc | ibed in section 501(c)(7), (8), or (10) filing Form | 990 or 990-EZ that received from | n any one |
| <u></u> | | ar, contributions exclusively for religious, charita | | |
| | - | than \$1,000. If this box is checked, enter here | | eceived |
| | | lusively religious, charitable, etc., purpose. Do r | | |
| | - | nis organization because it received nonexclusiv | | |
| | totaling \$5,000 or more of | • | | . > \$ |
| | totaling 40,000 or more t | | | · · · · · |
| Cautio | on. An organization that is | ot covered by the General Rule and/or the Spec | cial Rules does not file Schedule | B (Form 990, |
| | | nswer "No" on Part IV, line 2, of its Form 990, or | | |
| | • | ify that it does not meet the filing requirements of | | |

Name of organization
Covenant Stand Ministries, Inc.

Employer identification number

56-2279528

| Part I | Contributors (see instructions). Use duplicate copie | s of Part I if additional space is r | needed. |
|------------|--|--------------------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1_ | Candace Waters PO Box 156 Creston, NC 28615-0156 | \$17,000 | Person |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Oncash Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | | Person |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person |

| Federal Supporting Statements | 2015 PG01 |
|---------------------------------|------------|
| Name(s) as shown on return | FEIN |
| Covenant Stand Ministries, Inc. | 56-2279528 |

Form 990PF - Part VII-A - Line 10 Substantial Contributors Schedule

Statement #114

Name Address Candace Waters

PO Box 156

Creston, NC 28615-0156

| Note School of the content of the | | | Federal Su | Federal Supporting Statements | nents | 2015 PG01 · | |
|--|--|-------------------------|-------------------|-------------------------------|-----------------------|-------------------------|--------|
| Form 990pf - Pert I - Line 23 - Other Expenses Schedule Revenue | Name(s) as shown on return Covenant Stand Ministries, Inc. | | | | | | |
| Revenue Net | | Form 990PF | | . Other Expenses Sche | dule | Statement #103~ | |
| State 200 20 | Description | Revenue and expenses | Net investment | Adjusted net income | Charitable purpose | | |
| 1 1 1 1 1 1 1 1 1 1 | Supplies Bank Charges | 200 | 0 | | 200 | | |
| Form 990PF - Part I - Line II - Other Income Schedule Revenue Net Adjusted 1.ft shop consignment 207 0 0 als 207 0 0 | Totals | 248 | 0 | 0 | 248 | | |
| ription and expenses investment net income 207 0 0 als als 207 0 0 als als 207 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | Form 990PF | - Line 11 | . Other Income Schedu | <u>e</u> | PG01 Statement #106~ | |
| als | Description Thrift shop consignment | Revenue and expenses | Net investment | | | | |
| | Totals | 202 | 0 | 0 | | | |
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Federal Supporting Statements Name(s) #s shown on return Covenant Stand Ministries, Inc. PG01 Your Social Security Number 56-2279528

Form 990PF - Part XV - Line 2 Application Submission Information

Grant Program

CSM

Applicant Name

Gwyn R. Parsons

Address

PO Box 2477

Boone, NC 28607

Telephone

828-264-0850

Email Address

Form & Content

For individuals: Statement of need, including \$ amount(s). Statement of income, supported by documentation such as paystubs, tax returns, or unemployment form. Explanation of steps taken to meet need prior to application and proposed plan to become self-sufficient in future as regards such need.

For ministries: Statement of need or purpose, including \$ amount(s). Proposed plan for meeting need.

Submission Deadline

None

Restrictions on Award

Individuals applying for assistance must demonstrate willingness to become self-sufficient; must prove that attempts have been made toward that goal prior to application.

Ministries applying for aid must present bona fide outreach plan and agree to financial transparency as regards use of grants.