



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**Department of the Treasury  
Internal Revenue Service**— AMENDED —**  
**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

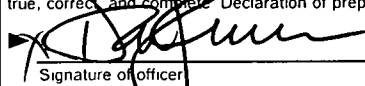
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

**2008****Open to Public Inspection****For the 2008 calendar year, or tax year beginning , 2008, and ending ,**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See specific instructions	<b>NCF CHARITABLE TRUST (AMENDED)</b> <b>1408 N. WESTSHORE BLVD #504</b> <b>TAMPA, FL 33607-4539</b>	<b>D</b> Employer Identification Number <b>20-4326440</b>
			<b>E</b> Telephone number <b>(813) 567-1499</b>
<b>F</b> Name and address of principal officer <b>NCF CORPORATION, TTEE</b> <b>SAME AS C ABOVE</b>			<b>G</b> Gross receipts \$ <b>162,572,585.</b>
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'No,' attach a list (see instructions)
<b>J</b> Website: ▶ <b>N/A</b>			<b>H(c)</b> Group exemption number ▶
<b>K</b> Type of organization <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of Formation <b>2006</b> <b>M</b> State of legal domicile <b>FL</b>

<b>Part I Summary</b>																																																									
<b>1</b> Briefly describe the organization's mission or most significant activities <u>THE TRUSTEE ACCEPTS GIFTS OF INTERESTS IN S CORPORATIONS AND PARTNERSHIP-TYPE ENTITIES AND GRANTS THE PROCEEDS TO NATIONAL CHRISTIAN CHARITABLE FOUNDATION, INC. AND OTHER CHARITIES IN THE SAME CLASS OF TAX EXEMPT RELIGIOUS ORGANIZATIONS.</u>																																																									
<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets																																																									
<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b> 1																																																								
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b> 0																																																								
<b>5</b> Total number of employees (Part V, line 2a)	<b>5</b> 0																																																								
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b> 0																																																								
<b>7a</b> Total gross unrelated business revenue from Part VIII, line 12, column (C)	<b>7a</b> 51,202,658.																																																								
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b> 25,478,037.																																																								
	<table border="1"> <thead> <tr> <th></th> <th>Prior Year</th> <th>Current Year</th> </tr> </thead> <tbody> <tr> <td><b>8</b> Contributions and grants (Part VIII, line 1h)</td> <td>75,474,202.</td> <td>108,210,296.</td> </tr> <tr> <td><b>9</b> Program service revenue (Part VIII, line 2g)</td> <td>60,240.</td> <td></td> </tr> <tr> <td><b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td>14,566,366.</td> <td>7,692,643.</td> </tr> <tr> <td><b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td>217,918.</td> <td>44,629,372.</td> </tr> <tr> <td><b>12</b> Total revenue — Add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td>90,318,726.</td> <td>160,532,311.</td> </tr> <tr> <td><b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)</td> <td>15,888,080.</td> <td>17,391,882.</td> </tr> <tr> <td><b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)</td> <td></td> <td></td> </tr> <tr> <td><b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)</td> <td></td> <td></td> </tr> <tr> <td><b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)</td> <td></td> <td></td> </tr> <tr> <td><b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶</td> <td></td> <td></td> </tr> <tr> <td><b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)</td> <td>1,027,247.</td> <td>10,234,268.</td> </tr> <tr> <td><b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)</td> <td>16,915,327.</td> <td>27,626,150.</td> </tr> <tr> <td><b>19</b> Revenue less expenses Subtract line 18 from line 12</td> <td>73,403,399.</td> <td>132,906,161.</td> </tr> <tr> <td></td> <td> <table border="1"> <thead> <tr> <th></th> <th>Beginning of Year</th> <th>End of Year</th> </tr> </thead> <tbody> <tr> <td><b>20</b> Total assets (Part X, line 16)</td> <td>74,737,996.</td> <td>154,155,491.</td> </tr> <tr> <td><b>21</b> Total liabilities (Part X, line 26)</td> <td>1,005,284.</td> <td>965,088.</td> </tr> <tr> <td><b>22</b> Net assets or fund balances Subtract line 21 from line 20</td> <td>73,732,712.</td> <td>153,190,403.</td> </tr> </tbody> </table> </td> </tr> </tbody> </table>		Prior Year	Current Year	<b>8</b> Contributions and grants (Part VIII, line 1h)	75,474,202.	108,210,296.	<b>9</b> Program service revenue (Part VIII, line 2g)	60,240.		<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	14,566,366.	7,692,643.	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	217,918.	44,629,372.	<b>12</b> Total revenue — Add lines 8 through 11 (must equal Part VIII, column (A), line 12)	90,318,726.	160,532,311.	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	15,888,080.	17,391,882.	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)			<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)			<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶			<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,027,247.	10,234,268.	<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	16,915,327.	27,626,150.	<b>19</b> Revenue less expenses Subtract line 18 from line 12	73,403,399.	132,906,161.		<table border="1"> <thead> <tr> <th></th> <th>Beginning of Year</th> <th>End of Year</th> </tr> </thead> <tbody> <tr> <td><b>20</b> Total assets (Part X, line 16)</td> <td>74,737,996.</td> <td>154,155,491.</td> </tr> <tr> <td><b>21</b> Total liabilities (Part X, line 26)</td> <td>1,005,284.</td> <td>965,088.</td> </tr> <tr> <td><b>22</b> Net assets or fund balances Subtract line 21 from line 20</td> <td>73,732,712.</td> <td>153,190,403.</td> </tr> </tbody> </table>		Beginning of Year	End of Year	<b>20</b> Total assets (Part X, line 16)	74,737,996.	154,155,491.	<b>21</b> Total liabilities (Part X, line 26)	1,005,284.	965,088.	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	73,732,712.	153,190,403.
	Prior Year	Current Year																																																							
<b>8</b> Contributions and grants (Part VIII, line 1h)	75,474,202.	108,210,296.																																																							
<b>9</b> Program service revenue (Part VIII, line 2g)	60,240.																																																								
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	14,566,366.	7,692,643.																																																							
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	217,918.	44,629,372.																																																							
<b>12</b> Total revenue — Add lines 8 through 11 (must equal Part VIII, column (A), line 12)	90,318,726.	160,532,311.																																																							
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	15,888,080.	17,391,882.																																																							
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)																																																									
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)																																																									
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)																																																									
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶																																																									
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,027,247.	10,234,268.																																																							
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	16,915,327.	27,626,150.																																																							
<b>19</b> Revenue less expenses Subtract line 18 from line 12	73,403,399.	132,906,161.																																																							
	<table border="1"> <thead> <tr> <th></th> <th>Beginning of Year</th> <th>End of Year</th> </tr> </thead> <tbody> <tr> <td><b>20</b> Total assets (Part X, line 16)</td> <td>74,737,996.</td> <td>154,155,491.</td> </tr> <tr> <td><b>21</b> Total liabilities (Part X, line 26)</td> <td>1,005,284.</td> <td>965,088.</td> </tr> <tr> <td><b>22</b> Net assets or fund balances Subtract line 21 from line 20</td> <td>73,732,712.</td> <td>153,190,403.</td> </tr> </tbody> </table>		Beginning of Year	End of Year	<b>20</b> Total assets (Part X, line 16)	74,737,996.	154,155,491.	<b>21</b> Total liabilities (Part X, line 26)	1,005,284.	965,088.	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	73,732,712.	153,190,403.																																												
	Beginning of Year	End of Year																																																							
<b>20</b> Total assets (Part X, line 16)	74,737,996.	154,155,491.																																																							
<b>21</b> Total liabilities (Part X, line 26)	1,005,284.	965,088.																																																							
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	73,732,712.	153,190,403.																																																							

<b>Part II Signature Block</b>	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
<b>Sign Here</b>  Signature of officer	<b>3-24-10</b> Date
▶ <b>DAVID D. JOHNSON</b> Type or print name and title	<b>David D. Johnson, Treasurer</b> <b>CFO</b>
<b>Paid Preparer's Use Only</b> Preparer's signature ▶ <b>SELF-PREPARED</b> Firm's name (or yours if self-employed), address, and ZIP + 4	Date Check if self-employed <input type="checkbox"/> Preparer's identifying number (see instructions) EIN ▶ Phone no ▶

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No**BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.**TEEA0112L 12/22/08 Form **990** (2008)

C916-20

**Part III** Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

THE TRUSTEE ACCEPTS GIFTS OF INTERESTS IN S CORPORATIONS AND PARTNERSHIP-TYPE ENTITIES AND GRANTS THE PROCEEDS TO NATIONAL CHRISTIAN CHARITABLE FOUNDATION, INC. AND OTHER CHARITIES IN THE SAME CLASS OF TAX EXEMPT RELIGIOUS ORGANIZATIONS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If 'Yes,' describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If 'Yes,' describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code ☐) (Expenses \$ 17,391,882. including grants of \$ 17,391,882.) (Revenue \$ )

SUPPORTED THE MISSION AND PERFORMED FUNCTIONS OF THE NATIONAL CHRISTIAN CHARITABLE FOUNDATION, INC. BY MAKING GRANTS TO IT AND OTHER CHARITIES IN THE SAME CLASS OF TAX-EXEMPT RELIGIOUS ORGANIZATIONS.

4b (Code ☐) (Expenses \$ including grants of \$ ) (Revenue \$ )4c (Code ☐) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O )

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses ▶ \$ 17,391,882. (Must equal Part IX, Line 25, column (B) )

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X
4 <b>Section 501(c)(3) organizations</b> Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the U S ?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If 'Yes,' complete Schedule F, Part I		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III		X
23 Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K If 'No,' go to question 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III		X

BAA

Form 990 (2008)

**Part IV** Checklist of Required Schedules (continued)

	Yes	No
<b>28</b> During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b> Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If 'Yes,' complete Schedule L, Part IV . . . . .	<b>28a</b>	X
<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV . . . . .	<b>28b</b>	X
<b>c</b> Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If 'Yes,' complete Schedule L, Part IV . . . . .	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M . . . . .	<b>29</b>	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M . . . . .	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I . . . . .	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II . . . . .	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I . . . . .	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1 . . . . .	<b>34</b>	X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 . . . . .	<b>35</b>	X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 . . . . .	<b>36</b>	X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI . . . . .	<b>37</b>	X

BAA

Form 990 (2008)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1 a</b>	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns. Enter -0- if not applicable		
<b>1 b</b>	Enter the number of Forms W-2G included in line 1 a. Enter -0- if not applicable		
<b>1 c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2 a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
<b>2 b</b>	If at least one is reported on line 2 a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1 a and 2 a is greater than 250, you may be required to e-file this return (see instructions)		
<b>3 a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
<b>3 b</b>	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	X	
<b>4 a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
<b>4 b</b>	If 'Yes,' enter the name of the foreign country <u>CAYMAN ISLANDS</u> See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts		
<b>5 a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5 b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5 c</b>	If 'Yes,' to question 5 a or 5 b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6 a</b>	Did the organization solicit any contributions that were not tax deductible?		X
<b>6 b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7 a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
<b>7 b</b>	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
<b>7 c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7 d</b>	If 'Yes,' indicate the number of Forms 8282 filed during the year		
<b>7 e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7 f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7 g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	X	
<b>7 h</b>	For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	X	
<b>8</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
<b>9</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
<b>9 a</b>	Did the organization make any taxable distributions under section 4966?		X
<b>9 b</b>	Did the organization make any distribution to a donor, donor advisor, or related person?		X
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>10 a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10 b</b>	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>11 a</b>	Gross income from other members or shareholders		
<b>11 b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
<b>12 a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12 b</b>	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year		

BAA

Form 990 (2008)

**Part VI Governance, Management and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**Section A. Governing Body and Management**

For each 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Yes	No
<b>1 a</b> Enter the number of voting members of the governing body. <span style="float: right;">1</span>		
<b>1 b</b> Enter the number of voting members that are independent		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?		X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? <b>SEE SCHEDULE O</b>	X	
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets?		X
<b>6</b> Does the organization have members or stockholders?		X
<b>7 a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
<b>7 b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	X	
<b>9 a</b> Does the organization have local chapters, branches, or affiliates?		X
<b>b</b> If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
<b>10</b> Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 <b>SEE SCHEDULE O</b>	X	
<b>11</b> Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.		X

**Section B. Policies**

	Yes	No
<b>12 a</b> Does the organization have a written conflict of interest policy? If 'No,' go to line 13 <b>SEE SCHEDULE O</b>		X
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done		
<b>13</b> Does the organization have a written whistleblower policy?	X	
<b>14</b> Does the organization have a written document retention and destruction policy? <b>SEE SCHEDULE O</b>		X
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
<b>a</b> The organization's CEO, Executive Director, or top management official?		X
<b>b</b> Other officers or key employees of the organization? <b>SEE SCHEDULE O</b>		X
Describe the process in Schedule O (see instructions)		
<b>16 a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b> If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosures**

**17** List the states with which a copy of this Form 990 is required to be filed ► NONE

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☐ Own website    ☒ Another's website    ☒ Upon request

**19** Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. **SEE SCHEDULE O**

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

► NCF CORPORATION 1408 N. WESTSHORE BLVD; STE. 504 TAMPA FL 33607-4539 (813) 567-1499

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

## Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

**1 a** Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) or more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) or more than \$100,000 from the organization and any related organizations

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

☒ Check this box if the organization did not compensate any officer, director, trustee, or key employee

[illegible]



Part VII	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont.)
----------	----------------------------------------------------------------------------------------------------

[illegible]

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶ 0

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person		X

## Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

[illegible]

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ▶ 0

**Part VIII Statement of Revenue**

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS</b>	<b>1 a</b> Federated campaigns	<b>1 a</b>				
	<b>b</b> Membership dues	<b>1 b</b>				
	<b>c</b> Fundraising events	<b>1 c</b>				
	<b>d</b> Related organizations	<b>1 d</b> 11,103,203.				
	<b>e</b> Government grants (contributions)	<b>1 e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1 f</b> 97,107,093.				
	<b>g</b> Noncash contribns included in lns 1a-1f	\$ 99,541,747.				
	<b>h Total.</b> Add lines 1a-1f	108210296.				
<b>PROGRAM SERVICE REVENUE</b>	<b>Business Code</b>					
	<b>2 a</b> _____					
	<b>b</b> _____					
	<b>c</b> _____					
	<b>d</b> _____					
	<b>e</b> _____					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f					
<b>OTHER REVENUE</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts)		1,246,522.		1,246,522.	
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6 a</b> Gross Rents	(i) Real	(ii) Personal			
	<b>b</b> Less rental expenses					
	<b>c</b> Rental income or (loss)					
	<b>d</b> Net rental income or (loss)			39,765.	39,765.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	<b>b</b> Less cost or other basis and sales expenses					
	<b>c</b> Gain or (loss)					
	<b>d</b> Net gain or (loss)			6,446,121.	6,636,028.	-189,907.
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	<b>a</b>				
	<b>b</b> Less direct expenses	<b>b</b>				
	<b>c</b> Net income or (loss) from fundraising events					
	<b>9 a</b> Gross income from gaming activities See Part IV, line 19	<b>a</b>				
	<b>b</b> Less direct expenses	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities					
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>					
<b>b</b> Less cost of goods sold	<b>b</b>					
<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11 a</b> OTHER MISC INCOME			22,977.		22,977.	
<b>b</b> UBTI PASSTHROUGH INCOME	900003		44,566,630.	44,566,630.		
<b>c</b> _____						
<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d			44,589,607.			
<b>12 Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			160532311.	0.	51,202,658.	1,119,357.

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	17,391,882.	17,391,882.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal	8,016.		8,016.	
c Accounting				
d Lobbying				
e Prof fundraising svcs. See Part IV, ln 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a TAXES	9,741,851.		9,741,851.	
b GRANTS TO AFFILIATES	414,418.		414,418.	
c MISCELLANEOUS PROP EXP	36,584.		36,584.	
d INTEREST EXP	24,000.		24,000.	
e OUTSIDE CONSULTANTS	6,125.		6,125.	
f All other expenses	3,274.		3,274.	
25 Total functional expenses. Add lines 1 through 24f	27,626,150.	17,391,882.	10,234,268.	0.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

BAA

Form 990 (2008)

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>ASSETS</b>	1 Cash — non-interest-bearing		1	
	2 Savings and temporary cash investments	2,621,955.	2	812,769.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	24,280.	4	7,503.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	180,903.	7	236,166.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment cost basis	10a		
	b Less accumulated depreciation Complete Part VI of Schedule D	10b	10c	
	11 Investments — publicly-traded securities		11	
	12 Investments — other securities See Part IV, line 11	69,782,459.	12	151,557,340.
	13 Investments — program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	2,128,399.	15	1,541,713.
16 <b>Total assets</b> Add lines 1 through 15 (must equal line 34)	74,737,996.	16	154,155,491.	
<b>LIABILITIES</b>	17 Accounts payable and accrued expenses	1,005,284.	17	965,088.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities Complete Part X of Schedule D		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25	1,005,284.	26	965,088.
<b>NET ASSETS OR FUND BALANCES</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29 and lines 33 and 34.</b>			
	27 Unrestricted net assets	73,732,712.	27	153,190,403.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, and equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 <b>Total net assets or fund balances.</b>	73,732,712.	33	153,190,403.
	34 <b>Total liabilities and net assets/fund balances</b>	74,737,996.	34	154,155,491.

**Part XI Financial Statements and Reporting**

- 1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If 'Yes' to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If 'Yes,' did the organization undergo the required audit or audits?

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

BAA

Form 990 (2008)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

**2008**

**Open to Public Inspection**

Name of the organization

NCF CHARITABLE TRUST (AMENDED)

Employer identification number

20-4326440

**Part I Reason for Public Charity Status** (All organizations must complete this part ) (see instructions)

The organization is not a private foundation because it is (Please check only **one** organization )

- 1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E )
- 3 ☐ A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H )
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)** Enter the hospital's name, city, and state \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 9 ☐ An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )
- 10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**. (see instructions)
- 11 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
  - a ☒ Type I
  - b ☐ Type II
  - c ☐ Type III – Functionally integrated
  - d ☐ Type III – Other
- e ☒ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f ☐ If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? ☐

- (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) a family member of a person described in (i) above?
- (iii) a 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11 g (i)		X
11 g (ii)		X
11 g (iii)		X

**h** Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
NATL CHRISTIAN CHARITABLE FDN, INC.									
	58-1493949	7	X		X		X		16,923,949.
<b>Total</b>									16,923,949.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
4 <b>Total.</b> Add lines 1-3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 <b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.)						
11 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ☐

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f	15	%

16a **33-1/3 support test – 2008.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ☐

b **33-1/3 support test – 2007.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ☐

17a **10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ☐

b **10%-facts-and-circumstances test – 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ☐

BAA

Schedule A (Form 990 or 990-EZ) 2008

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 <b>Total.</b> Add lines 1-5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 <b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.)						
13 <b>Total support.</b> (add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a **33-1/3 support tests – 2008.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33-1/3 support tests – 2007.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

<b>Part IV</b>	<b>Supplemental Information.</b> Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)
----------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

[illegible]



**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

**Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.**

OMB No. 1545-0047

**2008**

**Open to Public Inspection**

Name of the organization

NCF CHARITABLE TRUST (AMENDED)

Employer identification number

20-4326440

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts** Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	57	
2 Aggregate contributions to (during year)	108,167,126.	
3 Aggregate grants from (during year)	17,391,882.	
4 Aggregate value at end of year	153,344,503.	

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☒ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☒ Yes ☐ No

**Part II Conservation Easements** Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e.g., recreation or pleasure) ☐ Preservation of an historically important land area

☐ Protection of natural habitat ☐ Preservation of certified historic structure

☐ Preservation of open space

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easement it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other \_\_\_\_\_

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Trust, Escrow and Custodial Arrangements** Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV

**Part V Endowment Funds** Complete if organization answered 'Yes' to Form 990, Part IV, line 10.

1a Beginning of year balance

b Contributions

c Investment earnings or losses

d Grants or scholarships

e Other expenditures for facilities and programs

f Administrative expenses

g End of year balance

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a					
1b					
1c					
1d					
1e					
1f					
1g					

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ▶ \_\_\_\_\_ %

b Permanent endowment ▶ \_\_\_\_\_ %

c Term endowment ▶ \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book Value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

**Total.** Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c) ) ▶ 0.

BAA

Schedule D (Form 990) 2008

**Part VII Investments—Other Securities** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests	90,047,055.	COST
Other <u>LLCS AND PARTNERSHIPS</u>	61,510,285.	COST
<b>Total</b> (Column (b) should equal Form 990 Part X, col (B) line 12) ▶	151,557,340.	

**Part VIII Investments—Program Related** (See Form 990, Part X, line 13) N/A

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
<b>Total</b> (Column (b) should equal Form 990, Part X, Col (B) line 13) ▶		

**Part IX Other Assets** (See Form 990, Part X, line 15) N/A

(a) Description	(b) Book value
<b>Total</b> (Column (b) Total (should equal Form 990, Part X, col (B), line 15) ▶	

**Part X Other Liabilities** (See Form 990, Part X, line 25)

(a) Description of Liability	(b) Amount
Federal Income Taxes	
<b>Total</b> (Column (b) Total (should equal Form 990, Part X, col (B) line 25) ▶	

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 **SEE PART XIV**

**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	160,532,311.
2	Total expenses (Form 990, Part IX, column (A), line 25)	27,626,150.
3	Excess or (deficit) for the year Subtract line 2 from line 1	132,906,161.
4	Net unrealized gains (losses) on investments	-4,511,266.
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV) SEE PART XIV	-48,937,205.
9	Total adjustments (net) Add lines 4-8	-53,448,471.
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	79,457,690.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	108,287,021.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-4,511,266.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV) SEE PART XIV	2d	3,462,472.
e	Add lines 2a through 2d	2e	-1,048,794.
3	Subtract line 2e from line 1	3	109,335,815.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV) SEE PART XIV	4b	51,196,496.
c	Add lines 4a and 4b	4c	51,196,496.
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	160,532,311.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	28,829,331.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV) SEE PART XIV	2d	1,203,181.
e	Add lines 2a through 2d	2e	1,203,181.
3	Subtract line 2e from line 1	3	27,626,150.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	27,626,150.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

**PART X- FIN 48 FOOTNOTE**

IN DECEMBER 2008, THE FINANCIAL ACCOUNTING STANDARDS BOARD ISSUED FASB STAFF POSITION (FSP) FIN 48-3, "EFFECTIVE DATE OF FASB INTERPRETATION NO. 48 FOR CERTAIN NONPUBLIC ENTERPRISES." FSP FIN 48-3 PERMITS AN ENTITY WITHIN ITS SCOPE TO DEFER THE EFFECTIVE DATE OF FASB INTERPRETATION 48 (INTERPRETATION 48), ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, TO ITS ANNUAL FINANCIAL STATEMENTS FOR FISCAL YEARS BEGINNING AFTER DECEMBER 15, 2008. THE FOUNDATION HAS ELECTED TO DEFER THE APPLICATION OF INTERPRETATION 48 FOR THE YEAR ENDING DECEMBER 31, 2008. THE

**Part XIV** Supplemental Information (continued)**PART X - FIN 48 FOOTNOTE (CONTINUED)**

FOUNDATION EVALUATES ITS UNCERTAIN TAX POSITIONS USING THE PROVISIONS OF FASB  
STATEMENT 5, ACCOUNTING FOR CONTINGENCIES. ACCORDINGLY, A LOSS CONTINGENCY IS  
RECOGNIZED WHEN IT IS PROBABLE THAT A LIABILITY HAS BEEN INCURRED AS OF THE DATE OF  
THE FINANCIAL STATEMENTS AND THE AMOUNT OF THE LOSS CAN BE REASONABLY ESTIMATED. THE  
AMOUNT RECOGNIZED IS SUBJECT TO ESTIMATE AND MANAGEMENT JUDGMENT WITH RESPECT TO THE  
LIKELY OUTCOME OF EACH UNCERTAIN TAX POSITION. THE AMOUNT THAT IS ULTIMATELY  
SUSTAINED FOR AN INDIVIDUAL UNCERTAIN TAX POSITION OR FOR ALL UNCERTAIN TAX  
POSITIONS IN THE AGGREGATE COULD DIFFER FROM THE AMOUNT RECOGNIZED.

**Part XIV** Supplemental Information *(continued)*

## 2008

► Complete if the organization answered 'Yes,' on Form 990, Part IV, lines 21 or 22.  
► Attach to Form 990.

Employer identification number

20-4326440

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

☒ Yes ☐ No

**3** Enter total number of other organizations

TEEA3901L 12/19/08

Schedule I (Form 990) 2008





**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Non-Cash Contributions**

► To be completed by organizations that answered 'Yes'  
on Form 990, Part IV, lines 29 or 30.  
► Attach to Form 990.

OMB No 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

**NCF CHARITABLE TRUST (AMENDED)**

Employer identification number

**20-4326440**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock	X	24	64,362,018.	APPRAISED FMV
11 Securities—Partnership, LLC, or trust interests	X	14	35,136,559.	APPRAISED FMV
12 Securities—Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (GRANT RECEIVABL _____)	X	1	43,170.	COST
26 Other ► (_____)				
27 Other ► (_____)				
28 Other ► (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

35

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If 'Yes,' describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If 'Yes,' describe in Part II SEE PART II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

Yes No

30a

X

31

X

32a

X

**BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule M (Form 990) 2008

**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

**PART I, LINE 32 - HIRE AND USE OF THIRD PARTIES**

THE ORGANIZATION IS AFFILIATED WITH NUMEROUS LOCAL CHRISTIAN FOUNDATIONS LOCATED  
THROUGHOUT THE U.S.; ALTHOUGH THIS ORGANIZATION DOES NOT CONTROL THOSE FOUNDATIONS.  
THE LOCAL FOUNDATIONS ENCOURAGE POTENTIAL DONORS TO CONTRIBUTE NONCASH ASSETS TO  
THIS ORGANIZATION.

**SCHEDULE O**  
**(Form 990)**

**Supplemental Information to Form 990**

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization

Employer identification number

NCF CHARITABLE TRUST (AMENDED)

20-4326440

**FORM 990, PART VI, LINE 3 MGMT CO**

THE ORGANIZATION THAT THIS ORGANIZATION SUPPORTS, AND THAT CONTROLS THIS ORGANIZATION, CONTROLS MANAGEMENT DUTIES CUSTOMARILY PERFORMED BY OR UNDER THE DIRECT SUPERVISION OF OFFICERS, DIRECTORS AND KEY EMPLOYEES.

**FORM 990, PART VI, LINE 12A CONFLICT POL**

THE CORPORATION INTENDS TO IMPLEMENT A CONFLICT OF INTEREST POLICY IN 2009, AS FOLLOWS: OFFICERS, DIRECTORS, AND KEY EMPLOYEES ARE REQUIRED TO REVIEW AND CERTIFY ON AN ANNUAL BASIS THEIR UNDERSTANDING OF THE CORPORATION'S CONFLICT OF INTEREST POLICY AS ADOPTED BY THE BOARD OF DIRECTORS OF THE CORPORATION. FURTHERMORE, OFFICERS, DIRECTORS, AND KEY EMPLOYEES MUST CERTIFY THAT THEY AND THEIR FAMILY MEMBERS HAD NO INTEREST IN ANY TRANSACTION NOR TOOK ANY ACTION, WHICH WOULD CONTRAVENE THE CORPORATION'S CONFLICT OF INTEREST POLICY, EXCEPT SUCH INTEREST OR ACTION AS THEY HAVE FULLY DISCLOSED. EACH YEAR, GENERAL COUNSEL REVIEWS THE CERTIFICATIONS AND DETERMINES WHETHER EACH OFFICER, DIRECTOR, OR KEY EMPLOYEE HAS ANY CONFLICTS AND HOW TO ADDRESS SUCH CONFLICTS.

IF A CONFLICT OF INTEREST IS PRESENT, THE DIRECTOR WITH THE CONFLICT OF INTEREST IS REQUIRED TO MAKE ADEQUATE DISCLOSURE REGARDING THE NATURE OF THE CONFLICT TO THE OTHER DIRECTORS. IF ADEQUATE DISCLOSURE IS MADE, THEN ACTION BY THE BOARD RESPECTING THE TRANSACTION IS EFFECTIVE IF THE TRANSACTION RECEIVED THE AFFIRMATIVE VOTE OF A MAJORITY (BUT NOT LESS THAN TWO) OF THOSE DIRECTORS, OR A DULY EMPOWERED COMMITTEE THEREOF, WHO DO NOT HAVE EITHER (1) A CONFLICTING INTEREST RESPECTING THE TRANSACTION, OR (2) A FAMILIAL, FINANCIAL, PROFESSIONAL, OR EMPLOYMENT RELATIONSHIP WITH THE DIRECTOR WHO DOES HAVE A CONFLICTING INTEREST RESPECTING THE TRANSACTION, WHICH RELATIONSHIP WOULD REASONABLY BE EXPECTED TO EXERT AN INFLUENCE ON THE DIRECTORS' JUDGMENT.

Name of the organization

Employer identification number

NCF CHARITABLE TRUST (AMENDED)

20-4326440

(CONTINUED)

IF THE DIRECTOR WITH THE CONFLICT OF INTEREST IS UNABLE TO MAKE ADEQUATE DISCLOSURE REGARDING THE NATURE OF THE CONFLICT TO THE OTHER DIRECTORS BECAUSE OF A DUTY UNDER LAW OR PROFESSIONAL CANON, OR A DUTY OF CONFIDENTIALITY TO ANOTHER PERSON, RESPECTING INFORMATION RELATING TO THE TRANSACTION SUCH THAT THE DIRECTOR CANNOT, CONSISTENT WITH THAT DUTY, MAKE THE DISCLOSURE, THEN THE DIRECTOR MUST INFORM THE OTHER DIRECTORS OF THE CHARACTER AND LIMITATIONS IMPOSED BY THAT DUTY PRIOR TO ANY VOTE ON THE TRANSACTION; AND THE DIRECTOR MUST PLAY NO PART, DIRECTLY TO INDIRECTLY, IN THE DELIBERATIONS OR VOTE ON THE TRANSACTION.

**FORM 990, PART VI, LINE 14 DOCUMENT RET**

THE CORPORATION IS CURRENTLY WORKING ON DEVELOPING A DOCUMENT RETENTION AND DESTRUCTION POLICY.

**FORM 990, PART VI, LINE 15B COMPENSATION**

THE ORGANIZATION HAS NO TOP MANAGEMENT OFFICIAL OR KEY EMPLOYEE. THESE FUNCTIONS ARE PERFORMED BY THE SUPPORTED ORGANIZATION THAT CONTROLS THIS ORGANIZATION.

**FORM 990, PART VI, LINE 10 - FORM 990 REVIEW PROCESS**

THE DRAFT FORM 990 IS PREPARED BY ACCOUNTING MANAGER AND COMPARED WITH THE AUDITED FINANCIALS. THE DRAFT IS REVIEWED BY LEGAL COUNSEL, WHO PROVIDES FEEDBACK TO THE ACCOUNTING MANAGER. IF CHANGES ARE MADE TO THE FORM, THE ACCOUNTING MANAGER PROVIDES THE REVISED FORM TO THIS INDIVIDUAL FOR ANOTHER REVIEW. ONCE ALL SUGGESTED CHANGES HAVE BEEN TAKEN INTO ACCOUNT, A FINAL FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS OF THE CORPORATE TRUSTEE FOR INFORMATIONAL PURPOSES ONLY. FINALLY, THE FORM IS FILED WITH THE INTERNAL REVENUE SERVICE.

**FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE**

NCF CHARITABLE TRUST'S BYLAWS AND SIGNIFICANT OPERATIONAL POLICIES ARE AVAILABLE TO THE PUBLIC ONLY UPON REQUEST.

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

OMB No 1545-0047

2008

Related Organizations and Unrelated Partnerships

► Attach to Form 990. To be completed by organizations that answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.  
► See separate instructions.

Name of the organization

NCF CHARITABLE TRUST (AMENDED)

Employer identification number

20-4326440

Open to Public Inspection

Part I Identification of Disregarded Entities						
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity	
SEE ATTACHED SCHEDULE						
SEE ATTACHED SCHEDULE						
SEE ATTACHED SCHEDULE	SEE ATTACHED SCHEDULE		-472,654.	7,620,131.	NA	
SEE ATTACH						
-----						
-----						
-----						
-----						
-----						
-----						
-----						

Part II Identification of Related Tax-Exempt Organizations						
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity	
NATIONAL CHRISTIAN CHARITABLE FDN, INC.						
11625 RAINWATER DRIVE; STE 500						
ALPHARETTA, GA 30009-8678	GRANT MAKING	GA	501 (C) (3)	170 (B) (1) (A) (	N/A	
58-1493949					NATIONAL CHRISTIAN	
NCCF SUPPORT, INC.					CHARITABLE	
11625 RAINWATER DRIVE; STE 500					FDN, INC.	
ALPHARETTA, GA 30009-8678	GRANT MAKING	GA	501 (C) (3)	509 (A) (3)	NATIONAL CHRISTIAN	
58-2268010					CHARITABLE	
NATL CHRISTIAN FDN REAL PROPERTY, INC.					FDN, INC.	
11625 RAINWATER DRIVE; STE 500					NATIONAL CHRISTIAN	
ALPHARETTA, GA 30009-8678	GRANT MAKING	GA	501 (C) (3)	509 (A) (3)	CHARITABLE	
58-2655939					FDN, INC.	
-----						
-----						

**Part III Identification of Related Organizations Taxable as a Partnership**

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Dispropor- tionate allocations?		(I) Code V-UBI amount in Box K-1 (Form 1065)	(J) General or managing partner?	
							Yes	No		Yes	No
DIRECTED ENERGY, LLC ONE CITY CTR, 11TH FLOOR PORTLAND, ME 04101 20-5696812	ENERGY	ME	DIRECTED E	UNRELATED	48,290.	-107,223.		X	0.		X
AMBASSADOR CAPITAL, LLC 2877 EAST DUPONT ROAD FORT WAYNE, IN 46825 26-3945032	INVESTMENTS	IN	AMBASSADOR	INVESTMENTS	2,509.	29,697,443.		X	0.		X
360 MORTGAGE GROUP, LLC 8310 CAPITAL OF TEXAS HWY; STE 165 AUSTIN, TX 78731 13-4362989	INVESTMENTS	TX	360 MRTG	INVESTMENTS	0.	809,000.		X	0.		X

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust**

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
BARNHART CRANE & RIGGING CO. 2163 AIRWAYS BOULEVARD MEMPHIS, TN 38114 62-1269879	CRANE MFG &	TN	BARNHART C	S CORP	45,615,066.	0.	99.01
FOUNDATION FENCE, INC. 320 SOUTHLAND DRIVE BURNET, TX 78611 55-0849954	FENCE INSTA	TX	FDN FENCE	S CORP	0.	0.	90.00
-----	-----	-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----	-----	-----

BAA

TEEA5002L 12/23/08

Schedule R (Form 990) (2008)

**Part V Transactions With Related Organizations**

Note Complete line 1 if any entity is listed in Parts II, III, or IV		Yes		No	
<b>1</b> During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV					
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity				<b>1a</b>	X
<b>b</b> Gift, grant, or capital contribution to other organization(s)			X	<b>1b</b>	
<b>c</b> Gift, grant, or capital contribution from other organization(s)			X	<b>1c</b>	
<b>d</b> Loans or loan guarantees to or for other organization(s)				<b>1d</b>	X
<b>e</b> Loans or loan guarantees by other organization(s)				<b>1e</b>	X
<b>f</b> Sale of assets to other organization(s)				<b>1f</b>	X
<b>g</b> Purchase of assets from other organization(s)				<b>1g</b>	X
<b>h</b> Exchange of assets				<b>1h</b>	X
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s)				<b>1i</b>	X
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s)				<b>1j</b>	X
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s)				<b>1k</b>	X
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s)			X	<b>1l</b>	
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets				<b>1m</b>	X
<b>n</b> Sharing of paid employees				<b>1n</b>	X
<b>o</b> Reimbursement paid to other organization for expenses				<b>1o</b>	X
<b>p</b> Reimbursement paid by other organization for expenses				<b>1p</b>	X
<b>q</b> Other transfer of cash or property to other organization(s)				<b>1q</b>	X
<b>r</b> Other transfer of cash or property from other organization(s)				<b>1r</b>	X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds		(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(1)	NATIONAL CHRISTIAN CHARITABLE FDN, INC.		B	16,923,949.
(2)	NATIONAL CHRISTIAN CHARITABLE FDN, INC.		C	8,668,449.
(3)	NCF CORPORATION		B	467,933.
(4)	NCCF TRUST		C	2,434,754.
(5)	KILAMANJARO HOLDING CO, LLC		R	113,530.
(6)	DBS II, LLC		R	100,000.









**NCF CHARITABLE TRUST**  
**FORM 990**  
**Fed ID# 20-4326440**  
**SCHEDULE R PART I IDENTIFICATION OF DISREGARDED ENTITIES**  
**DISREGARDED ENTITIES**

Name of Disregarded Entity	Name and Address	EIN	Primary Activity	Legal domicile (state or foreign country)	Total Income	Total End of the Year Assets	Direct controlling entity
Acts 434 Real Estate Investments, LLC	Acts 434 Real Estate Investments, LLC 3348 Peachtree Road, NE, Suite 1000 Atlanta, Georgia 30326	20-4326440	Holds Promissory Note	GA	\$70,740	\$1,006,047	NA
Charleston House, LLC (holds property)	Charleston House, LLC 5203 South Division Grand Rapids, MI 49548	20-4326440	Holds rental real estate	MI	\$18,350	\$658,586	NA
Providence Christian Fund, LLC (holds investment portfolio)	Providence Christian Fund, LLC 15060 Freemanville Road Alpharetta, GA 30004	20-4326440	Holds investments	GA	(\$429,767)	\$2,850,209	NA
K Charitable Fund, LLC (holds investment portfolio)	K Charitable Fund, LLC 1125 Sanctuary Parkway; Ste 275 Alpharetta, GA 30004	20-4326440	Holds investments	GA	(\$248,361)	\$1,872,331	NA
Simply Content, LLC	Simply Content, LLC 13439 179th Avenue Northeast Redmond, WA 98052	20-4326440	Holds Escrow for sale of S Corp stock	WA	\$222	\$57,873	NA
NCT-102, LLC (holds shares of Marketlab, Inc )	NCT-102, LLC 952 Echo Lane, Suite 190 Houston, TX 77024	20-4326440	Holds S Corp stock	FL	\$116,162	\$201,000	NA
NCT-111, LLC	Mithoefer Investments, LLC 10615 E 700 N. Lafayette, IN 47905	20-4326440	Holds rental real estate	FL	\$1	\$224,085	NA
NCT-110, LLC	NCT-110, LLC 2034 Cove Trail Winter Park, FL 32789	20-4326440	Holds S Corp stock	FL		\$750,000	NA
					<b>(\$472,654)</b>	<b>\$7,620,131</b>	

**2008****SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 4**

CLIENT 336588A1

NCF CHARITABLE TRUST (AMENDED)

20-4326440

3/15/10

03 23PM

**SCHEDULE D, PART XI, LINE 8  
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

BOOK TO TAX DIFF - GAINS (NON-UBIT)	\$ -8,242,503.
BOOK TO TAX DIFF DUE TO UBIT	-42,953,993.
SHAREHOLDER DISTRIB	2,259,291.
<b>TOTAL</b>	<b><u>\$ -48,937,205.</u></b>

**SCHEDULE D, PART XII, LINE 2D  
OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990**

INTERNAL GENERAL/PROGRAM FUND TRANSFERS	\$ 1,671,114.
RECLASS TO GRANTS	-467,933.
SHAREHOLDER DISTRIB	2,259,291.
<b>TOTAL</b>	<b><u>\$ 3,462,472.</u></b>

**SCHEDULE D, PART XII, LINE 4B  
OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S**

BOOK TO TAX DIFF - GAINS (NON-UBIT)	\$ 8,242,503.
BOOK TO TAX DIFF DUE TO UBIT	42,953,993.
<b>TOTAL</b>	<b><u>\$ 51,196,496.</u></b>

**SCHEDULE D, PART XIII, LINE 2D  
OTHER EXPENSES AND LOSSES PER AUDITED F/S**

INTERNAL GENERAL/PROGRAM FUND TRANSFERS	\$ 1,671,114.
RECLASS TO GRANTS	-467,933.
<b>TOTAL</b>	<b><u>\$ 1,203,181.</u></b>

NCF Charitable Trust  
FORM 990  
Fed ID# 20-4326440  
Schedule of Gains and Losses

Asset	How Acquired	Date Acquired	Date Sold	To Whom Sold	Gross Selling Price	Less, Selling Expenses	Adjusted Selling Price	Cost or other Basis	Gain/(Loss)
<b>PUBLICLY TRADED SECURITIES:</b>									
								0	0
								0	0
					0	0	0	0	0

**NON-PUBLICLY TRADED SECURITIES:**

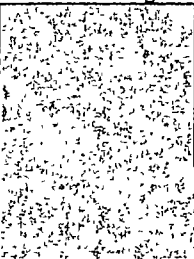
JDI Partners, LP	Donated			Sch K-1 8 Net Short-term capital gain	9,625		9,625		9,625
JDI Partners, LP	Donated			Sch K-1 9a Net Long Term Capital Loss	6,202		6,202		6,202
Bridgepointe Equity Ptrs, LP	Donated			Sch K-1 8 Net Short-term capital Loss	(3,840)	0	(3,840)		(3,840)
Bridgepointe Equity Ptrs, LP	Donated			Sch K-1 8 Net Short-term capital Loss	(2,498)		(2,498)		(2,498)
Bridgepointe Equity Ptrs, LP	Donated			Sch K-1 9a Net Long Term Capital Loss	(123,119)		(123,119)		(123,119)
Bridgepointe Equity Ptrs, LP	Donated			Sch K-1 9a Net Long Term Capital Loss	(80,086)		(80,086)		(80,086)
6 25% LLC int in each (i) CHTL Logistics, LLC, and (ii) CHTL Trucking, LLC	Donated	11/7/2000	7/1/2008	CM Logistics, LLC		0	0		0
Danis Properties, LLC (holding residential and commercial rental properties)	Donated	11/1/2005	8/18/2008	RM Holdings, LLC	442,000		442,000	442,000	0
913 shares Scoular Co	Donated	9/1/2000	1/29/2008	Scoular Co	115,914		115,914	113,723	2,191
490 shares Scoular Co	Donated	9/1/2000	9/12/2008	Scoular Co	71,359		71,359	61,034	10,324
300,000 shares Sircon Corp	Donated	1998	7/2/2008	Vertafore, Inc	775,520		775,520	784,227	(8,707)
					1,211,077	0	1,211,077	1,400,984	(189,907)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II. Additional (Not Automatic) 3-Month Extension of Time.** You must file original and one copy.

Type or print  File by the extended due date for filing the return. See instructions	Name of Exempt Organization		Employer identification number
	NCF CHARITABLE TRUST		20-4326440
	Number, street, and room or suite number. If a P.O. box, see instructions		For IRS use only
	1408 N. WESTSHORE BLVD #504		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions		
	TAMPA, FL 33607-4539		

Check type of return to be filed (File a separate application for each return):

- |                                              |                                                                      |                                      |                                    |
|----------------------------------------------|----------------------------------------------------------------------|--------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF                                 | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720   | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)         | <input type="checkbox"/> Form 5227   |                                    |

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in care of ☒ NCF CORPORATION  
Telephone No. (813) 567-1499 FAX No. (678) 892-1882
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN).                     . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 11/16, 2009.

5 For calendar year 2008, or other tax year beginning                     , 20    , and ending                     , 20    .


6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER ALL THE INFORMATION NEEDED TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$
c <b>Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs.	8c \$ <u>0</u>

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title CFO Date 8-17-09