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Form **990**

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)

OMB No 1545 0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

	For t	he 2009 calen	dar year,	or tax year beginning	, 2009	, and endin	g		,		
В		ıf applicable		С			D	Employer Ide	entification Nu	mber	
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	∐ A	mended return						Gross receipt		777,	
	A	pplication pending	F Name a	and address of principal officer NCC	F, INC., TTEE		H(a) Is this a gro	•	L	Yes	X No
			11625 R	CAINWATER DRIVE: STE 500	ALPHARETTA, CA 30	009	H(b) Are all affilia	ates included?		Yes	No
ī	Tax	-exempt statu	ıs X 501	(c) (3) ◄ (insert no)	4947(a)(1) or	527	11 110, 2020	11 4 1131 (300	matractions,		
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_ `				s taxable income from Form 99				7			659.
-	-	ivet unrelated	u Dusines	s taxable income noni i oni i o	70 1, 11110 0 4		5				
)				(Prior	r Year	Cur	rent Ye	<u>ar</u>
UIU C Revenue	8		-	nts (Part VIII, line 1h)							
⊃ะู	9	-		nue (Part VIII, line 2g)	171		ļ	29,384		122	112
ě	10		-	art VIII, column (A), lines 3, 4,							<u>443.</u> 266.
ш.	11			III, column (A), lines 5, 6d, 8c,		1.00		71,396			
	12			nes 8 through 11 (must equal		line 12)		00,780			709.
	13			ounts paid (Part IX, column (A			9,6	99,076	- 	<u>,779,</u>	617.
	14			members (Part IX, column (A)							
ιD.	15	Salaries, oth	er compe	nsation, employee benefits (Pa	art IX, column (A), line	s 5-10)					
Se	16 a	Professional	fundraisir	ng fees (Part IX, column (A), li	ne 11e)						
Expenses	h	Total fundra	sina eyne	nses (Part IX, column (D), line	25) ▶						
ŭ			• .	IX, column (A), lines 11a-11d-			1 0	56,774		3.0	528.
	1	Other expens	Ses (Fait	IX, Column (A), lines 11a-11a-	DEVENTE	n l		55,850		,810,	
	18			nes 13-17 (must equal Part IX		<u> </u>					
_	+	Revenue les	s expense	es Subtract line 18 from line 1	<u> </u>			55,070		<u>,375,</u>	
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200	20	Total assets	(Part X, I	ine 16)	NOV 1 9 201	3 8		06,274		<u>, 493,</u>	
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žΞ	22	Net assets o	r fund bal	ances Subtract line 21 from ti	ne auguen. L		17,3	82,213	. 14	,217,	438.
Pa	irt II	Signat	ure Blo	ck							
	•	Under genalti	es of neriury	I declare that I have examined this return	n including accompanying sch	nedules and stat	tements, and to the	ne best of my	knowledge an	d belief it	IS
		true correct	and complete	I declare that I have examined this return Declaration of preparer (other than a fin	cer) is based on all information	n of which prepa	arer has any knov	vledge ´			
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He	re	Signature	of officer	200			Date				
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	·-			work Reduction Act Notice.		ctions	TF	EA0113L 12	129/09 Fr	orm 990	(2009)

2 Is the organization required to complete Schedule B, Schedule of Contributors? 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 4 Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 5 Section 501(c)(5), and 501(c)(6) organizations. 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 similar funds or 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 II 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 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III 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 negoliation services? If 'Yes,' complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V 11 Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or				Yes	No
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4 Section 501(cX3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II and the organizations of the organization engage in lobbying activities? If "Yes," complete Schedule C, Part III and the organization subject to the section 6033(e) notice and reporting requirement and groxy tax" If "Yes," complete Schedule C, Part III and the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to grow de advice on the distribution or investment of amounts in such funds or accounts where donors have the right to grow de advice on the distribution or investment of amounts in such funds or accounts where donors have the right to grow de advice on the distribution or investment of amounts in such funds or accounts where donors have the right to grow de advice on the distribution or investment in such funds or accounts where donors have the right to grow device on the distribution or investment in such funds or accounts where donors have the right to grow device or hold a conservation easement, including easements to grees even pen space, the environment, instinct land areas or historic structures? If "Yes," complete Schedule D, Part II and 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 II View or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part II VI, VIII, IX, or X as applicable. 9 Did the organization report an amount for organizations, but assets in term, permanent, or quasi-endowments? If 10 Debt the organization report an amount for investments— other securities in Part X, line 10 If "Yes," complete Schedule D, Part VII 9 Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets repo	2	Is the organization required to complete Schedule B, Schedule of Contributors?			Х
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11 Is the organization's answer to any of the following questions 'Yes?' If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII Did the organization report an amount for other sasets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part XIII Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization shalling for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII 2 Was the organization aschool described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 13 Is the organization aschool described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 14 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part II 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 Did the organization report a total of more than \$15,000 of exp	9	or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete	9		Х
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D. Part VI Out the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII Out the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII Out the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part XIII Out the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part XIII Did the organization's iseparate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part XIIII is optional to report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part XIIII is optional to report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part XIIII is optional to report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part XIIII is optional to report on Schedule D, Part XIII is optional to report on Part IX, column (A), line 3, more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part III Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III Did the organization re	11		11	Х	
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20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х
	20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		Х

Form 990 (2009) 58-6370659 Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 Х Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 27 If 'Yes,' complete Schedule I, Parts I and III 22 X Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes.' complete 23 Х 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 lines 24b through 24d and complete Schedule K. If 'No,'go to line 25 24a Χ b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24h 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? 24c d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25 a Х b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L. Part I 25b Х 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 26 Χ Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes.' complete Schedule L, Part III 27 Х 28 Was the organization a party to a business transation with one of the following parties (see Schedule L. Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV Х 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV X 28b c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 X Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II X 32 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 33 Х Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, Х 34 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 36 Χ 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 37 Х

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Form 990 (2009)

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Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197

Note. All Form 990 filers are required to complete Schedule O

Form 990 (2009) NCCF TRUST 58-637065	9	F	age !
Part V Statements Regarding Other IRS Filings and Tax Compliance			
		Yes	No
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable	i		
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	х	
2a 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 2a 0			
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
this return?	3a	<u>X</u>	
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q	3b	Х	
4a 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)?	4a		Х
b If 'Yes,' enter the name of the foreign country ► See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and			
Financial Accounts			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5 c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6ь		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b if 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d		Ť	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		х
9 Sponsoring organizations maintaining donor advised funds.	-	- i	
a Did the organization make any taxable distributions under section 4966?	9a		Х
b Did the organization make any distribution to a donor, donor advisor, or related person?	9ь		X
10 Section 501(c)(7) organizations. Enter		$\neg \neg$	
a Initiation fees and capital contributions included on Part VIII, line 12			
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11 Section 501(c)(12) organizations. Enter		İ	
a Gross income from other members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			

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Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Schedule O. See instructions.				
Section	on A. Governing Body and Management				
				Yes	No
	nter the number of voting members of the governing body	1a 1			
	nter the number of voting members that are independent	1b1			
2 Di	id any officer, director, trustee, or key employee have a family relationship or a business re ficer, director, trustee or key employee?	elationship with any other	2		Х
3 Di	ld the organization delegate control over management duties customarily performed by or it officers, directors or trustees, or key employees to a management company or other pers	under the direct supervision on?	3		Х
4 D	d the organization make any significant changes to its organizational documents		4		Х
SI	nce the prior Form 990 was filed?				
5 Di	d the organization become aware during the year of a material diversion of the organizatio	n's assets?	5		Χ
6 Do	oes the organization have members or stockholders?		6		Х
7a Do	oes the organization have members, stockholders, or other persons who may elect one or soverning body?	more members of the	7a	Х	
b Ar	re any decisions of the governing body subject to approval by members, stockholders, or o	ther persons?	7b		Χ
8 Di th	d the organization contemporaneously document the meetings held or written actions unde e following	ertaken during the year by			
a Th	ne governing body?		8a	Х	
b Ea	ach committee with authority to act on behalf of the governing body?		8b	Х	
9 Is	there any officer, director or trustee, or key employee listed in Part VII, Section A, who ca ganization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	nnot be reached at the	9		Х
	on B. Policies (This Section B requests information about policies not in	required by the Internal			
	e Code)				
				Yes	No
10 a Do	pes the organization have local chapters, branches, or affiliates?		10 a		Х
b If ar	'Yes,' does the organization have written policies and procedures governing the activities on In distribution of the result of the constant with those of the organization?	of such chapters, affiliates,	10 b		
11 Ha	as the organization provided a copy of this Form 990 to all members of its governing body	before filing the form?	11	Х	
11 A De	escribe in Schedule O the process, if any, used by the organization to review this Form 990				
12 a Do	pes the organization have a written conflict of interest policy? If 'No,' go to line 13	SEE SCHEDULE O	12 a		X
b Ar to	e officers, directors or trustees, and key employees required to disclose annually interests conflicts?	that could give rise	12b		
c Do	bes the organization regularly and consistently monitor and enforce compliance with the pochedule O how this is done	licy? If 'Yes,' describe in	12 c		
13 Do	pes the organization have a written whistleblower policy?		13	Х	
14 Do	pes the organization have a written document retention and destruction policy?	SEESCHEDULE O	14		X
15 Die pe	d the process for determining compensation of the following persons include a review and resons, comparability data, and contemporaneous substantiation of the deliberation and de-	approval by independent			
a Th	ne organization's CEO, Executive Director, or top management official		15 a		Х
b Ot	her officers of key employees of the organization	SEE SCHEOULE O	15 b		X
lf	'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)				
16 a Die	d the organization invest in, contribute assets to, or participate in a joint venture or similar titly during the year?	arrangement with a taxable	16a		Х
ın	'Yes,' has the organization adopted a written policy or procedure requiring the organization joint venture arrangements under applicable federal tax law, and taken steps to safeguard atus with respect to such arrangements?	to evaluate its participation the organization's exempt	16 Ь		
	n C. Disclosures				
17 Lis	st the states with which a copy of this Form 990 is required to be filed NONE				
18 Se	ection 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, as spection. Indicate how you make these available. Check all that apply	nd 990-T (501(c)(3)s only) av	aılabl	e for p	ublic
	Own website X Another's website X Upon request				
sta	escribe in Schedule O whether (and if so, how) the organization makes its governing docum stements available to the public SEE SCHEDULE O	·			ncıal
	ate the name, physical address, and telephone number of the person who possesses the backets 11625 RAINWATER DRIVE; STE 500 ALPHARETTA GA 3000			on 	

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organizations's tax year. 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 Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of 'key employees.'
- 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) of 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

X Check this box if the organization did not compensate any current officer, director, or trustee

(A)	(B)	(c)				(D)	(E)	(F)		
Name and Title	Average hours		Position (check all that apply)		Reportable	Reportable	Estimated			
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W 2/1099-MISC)	Reportable compensation from related organizations (W 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
NCCF, INC., TTEE				_						
TRUSTEE	20		X.					0.	0.	0.
TROSTEB	20			<u> </u>	-	ļ		ļ	<u>.</u>	<u> </u>
	<u>-</u>									
			-	-	-					,
			\vdash				\vdash			
	•									
				-						
-				-	-					
					-		-			
			Ш		L.,				·	
										· · · · · · · · · · · · · · · · · · ·

Part VII Section A. Officers, Directors, Trus		\ey	EII			es,	an			loyees	
(A) Name and Title	(B) Average	Posi	ition (-	c) k all t	that a	(vlaai	(D) Reportable	(E) Reportable		(F)
Name and fide	hours per week			Officer	Key er	Highest compensated employee	Former	compensation from the organization (W-2/1099 MISC)	reputation repairs (W-2/1099 MISC)	amor com fr org an	stimated unt of other ippensation rom the janization id related anizations
	 	-	-	-	-	-	L.				
	<u> </u>	├	-		-	├					
	ļ	 	<u> </u>	ļ							
				ļ			_				
			\ 								
						<u> </u>					
1 b Total							>	0.	0.		0.
2 Total number of individuals (including but not limiter from the organization ► 0	d to tho	se li	sted	abo	ove)	wh	o re	ceived more than	\$100,000 in report	able con	npensation
non the organization				-							Yes No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such ii	or trust	ee, l	key	emp	oloye	ee,	or hi	ighest compensate	ed employee		v
For any individual listed on line 1a, is the sum of re the organization and related organizations greater till.	portable	cor	npe	nsal	lion	and	oth	er compensation	from	3	X
the organization and related organizations greater to individual	nan \$15	0,00)U / .	II T	es	com	piet	e Scriedule J for s	sucn	4	Х
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sci	ompens hedule .	atio	n fro	om a	any erso	unre n	elate	ed organization for	services	5	x
Section B. Independent Contractors											
Complete this table for your five highest compensation from the organization	ed inde	pend	dent	cor	itrac	tors	tha	at received more ti	nan \$100,000 of		
(A) Name and business addres	<u>s</u> _							(B) Description o	of Services	(C Compe	C) nsation
										 -	
						_					
				-							
2 Total number of independent contractors (including	but not	limi	ted :	to th	1050	lict	ed s	hove) who receive	ed more than		
\$100,000 in compensation from the organization		********			.030	, ., (-u c	25010/ 1110 10001	ou more than		

I a	it viii Statement of Nevenue				·
	,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
	1a Federated campaigns 1a				1 012, 010, 01011
NTS	· · · · · · · · · · · · · · · · · · ·			1	
Αž	b Membership dues 1b				
S, G	c Fundraising events. 1c				
AR	d Related organizations 1d				
S, S	e Government grants (contributions) 1 e			İ	
S S	6 All alban applications of the section of				1
HE	f All other contributions, gifts, grants, and similar amounts not included above 1 f				
IR O	g Noncash contributes included in line 1a-1f \$				- <u> </u>
ANG					
-	h Total. Add lines 1a-1f			·	
2	Business Code				
ŠE	2a				
2	b				
Ξ	c				
ä	d				
Σ	e				
8	f All other program service revenue				
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	g Total. Add lines 2a-2f			· · · · · · · · · · · · · · · · · · ·	<u> </u>
-					-
	3 Investment income (including dividends, interest and other similar amounts)	127,644.			107 644
	· ·	127,044.			127,644.
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	(i) Real (ii) Personal				
	6a Gross Rents 1,600.				
	b Less rental expenses 334.				
	c Rental income or (loss) 1,266.				
	d Net rental income or (loss)	1,266.			1,266.
	(i) Securities (ii) Other	1,200.			1,200.
- 1	7 a Gross amount from sales of assets other than inventory 648, 592.				
	assets other than inventory 040, 392.				
	b Less cost or other basis				
1	and sales expenses 342,793.				
	c Gain or (loss) 305,799.				
	d Net gain or (loss) ►	305,799.		304,219.	1,580.
4UE	8a Gross income from fundraising events (not including \$				<u>.</u>
	of contributions reported on line 1c)				
OTHER REVE	See Part IV, line 18				
뜊	b Less direct expenses b				
5	c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities See Part IV, line 19				
	b Less direct expenses b				
	c Net income or (loss) from gaming activities				
	10 a Gross sales of inventory, less returns and allowances				
ļ	b Less cost of goods sold b				
ľ	c Net income or (loss) from sales of inventory				
ŀ	Miscellaneous Revenue Business Code				· · · · · · · · · · · · · · · · · · ·
ŀ	11 a ADDL UBTI INCOME FR 990T				
ŀ					
1	b				
			_ .		
	d All other revenue				
	e Total. Add lines 11a-11d				
	12 Total revenue. See instructions	434,709.	0.	304,219.	130,490.

Part IX

Page 10 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). (A) Total expenses Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Program service Management and Fundraising expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, 1,779,617 1,779,617 line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 0 0. 0 0. trustees, and key employees 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. Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits. Payroll taxes 11 Fees for services (non-employees) a Management 6,807 6,807 **b** Legal c Accounting d Lobbying e Prof fundraising svcs See Part IV, In 17 1,620 1,620 f Investment management fees g Other 310 310 12 Advertising and promotion 13 Office expenses Information technology Royalties Occupancy Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization

23 Insurance 24 Other expenses Iter covered above (Expand labeled miscells 5% of total expense below)	penses grouped together aneous may not exceed				
a TAXES		21,521.		21,521.	
b BANK CHARGES	I	260.		260.	
c PROPERTY TA	XES	10.		10.	
d PROPERTY INS	URANCE				
e MISC PROPERT	Y EXPENSES				
f All other expenses	<u>_</u>				
25 Total functional expense	es Add lines 1 through 24f	1,810,145.	1,779,617.	30,528.	0.
26 Joint costs. Check to SOP 98-2 Complete organization reporte					

costs from a combined educational campaign and fundraising solicitation

15 16

17

18

19

20

21

22

Balance Sheet

Part X

BAA

(B) End of year (A) Beginning of year Cash - non-interest-bearing 38.695 1 15,175. 603,532 2 1,571,370. Savings and temporary cash investments 3 Pledges and grants receivable, net 3 92,127 2,730 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 1,646,761 7 Notes and loans receivable, net 1,214,528 8 Inventories for sale or use 195,677 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis 10a Complete Part VI of Schedule D 10b 10 c **b** Less accumulated depreciation 11 11 Investments — publicly-traded securities 15,729,481 12 Investments - other securities See Part IV, line 11 12 12,690,013. 13 Investments - program-related See Part IV, line 11 13 14 14 Intangible assets 15 Other assets See Part IV, line 11 15 18,306,274. 15,493,816. 16 Total assets Add lines 1 through 15 (must equal line 34) 16 25,500. 343,780. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities Complete Part X of Schedule D 898,561 25 932,598. 924,061 1,276,378 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here X and complete lines 27 through 29 and lines 33 and 34. 17,382,213 14,217,438. 27 Unrestricted net assets 27 28 28 Temporarily restricted net assets 29 Permanently restricted net assets O R Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, and equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds 17,382,213. 14,217,438. 33 33 Total net assets or fund balances Total liabilities and net assets/fund balances 18,306,274. 34 15,493,816. 34

Form 990 (2009)

Form 990 (2009) NCCF TRUST	58-6370659	Pa	ge_12
Part XI Financial Statements and Reporting			
,		Yes	No
1 Accounting method used to prepare the Form 990 🗌 Cash 🔃 Accrual 🔲 Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Χ_
b Were the organization's financial statements audited by an independent accountant?	2 b	X	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for overs review, or compilation of its financial statements and selection of an independent accountant?	ight of the audit, 2c	Х	
If the organization changed either its oversight process or selection process during the tax year, expla in Schedule O	ın		
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year with the consolidated basis, separate basis, or both	ere issued on a		
Separate basis X Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth Audit Act and OMB Circular A-133?	n in the Single		Х

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

BAA

Form 990 (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545 0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Name of the organization Employer identification number

	F TRU			 						<u> 37065</u>			
Part				is (All organizations) See i	nstruct	lions		
The o	rganiza	tion is not a pr	ivate foundation becar	use it is (For lines 1 thro	ough 11,	check o	nly one	box)					
1	A c	hurch, convent	ion of churches or ass	sociation of churches des	scribed in	n sectio	n 170(b)	(1)(A)(i)).				
2	As	chool describe	d in section 170(b)(1)((A)(ii). (Attach Schedule	E)								
3	Ah	ospital or coop	erative hospital servic	e organization described	ın secti	ion 170(b)(1)(A)	(iii).					
-4-	A m	redical-researc	h organization operate	ed in conjunction with a l	<u>hospital</u>	<u>describ</u> e	d in sec	ction 17	'0(b)(1)(<i>i</i>	A)(iiı) Eı	nter the ho	spital's	
	nan	ne, city, and st	ate										
5	An 170	organızatıon o _l (b)(1)(A)(iv). (perated for the benefit Complete Part II)	of a college or universit	y owned	or oper	ated by	a gove	rnmenta	I unit de	scribed in	section	
6				governmental unit descr									
7	岩ins	ection 170(b)(1)(A)(vi). (Complete P				overnme	ntal uni	t or fron	n the gei	neral public	: descri	bed
8	$\overline{}$	=		170(b)(1)(A)(vi). (Comple									
9	from	n activities relati estment income	ed to its exempt function	more than 33-1/3 % of its ns – subject to certain exc ess taxable income (less Complete Part III)	eptions.	and (2) r	no more	than 33-	1/3 % of	its suppl	ort from aro	55	ter
10	∐ An⊣	organization oi	rganized and operated	exclusively to test for p	ublic saf	ety See	section	1 509(a)	(4).				
11	mor des	e publicly support the end of the	ported organizations of	exclusively for the bene described in section 509(zation and complete line	(a)(1) or s 11e th	section rough 1	509(a)(2 1h	2) See	of, or ca section	rry out tl 509(a)(3 —	he purpose 3). Check t	s of on he box	e or that
		₹Type I	b Type II	c 🔙 Type II		-	_			d 📗	Type III-		
е	thar	checking this b n foundation m (a)(2)	ox, I certify that the or anagers and other tha	rganization is not control in one or more publicly s	lled dired supported	etly or in d organi	directly zations	by one describ	or more ed in se	disqual ction 509	ıfıed perso Ə(a)(1) or s	ins othe ection	er
f	If th	`	received a written def	termination from the IRS	that is a	a Type I	, Type II	l or Typ	e III sup	porting	organizatio	n,	
g	Sind	ce August 17, 2	2006, has the organiza	ation accepted any gift of	or contrib	oution fro	om any	of the f	ollowing	persons	57		
												Yes	No
	(1)	a person who below, the go	o directly or indirectly overning body of the s	controls, either alone or upported organization?	together	with pe	ersons d	escribe	d in (ii) a	and (III)	11 g (i)		Х
	(11)	a family mer	nber of a person desc	cribed in (i) above?							11 g (iı)		Х
	(iii)	a 35% contro	olled entity of a persor	n described in (i) or (ii) a	ibove?						11 g (iii)		Χ
h	Pro	vide the followi	ng information about t	the supported organizati	ons					_			
	(ı) Nam Or	e of Supported ganization	(II) EIN	(III) Type of organization (described on lines 1 9 above or (RC section (see instructions))	organizat (i) lister	Is the tion in cold in your erning ment?	the organ	ou notify sization in (i) of upport?	organizat	s the ion in col zed in the 5 ?	(vii) Amour	it of Supp	ort
					Yes	No	Yes	No	Yes	No			
NATI	L CHR	ISTIAN CH	ARITABLE FDN,	INC.									
		_	59-1493949	7	Х						1,7	79,63	17.
					<u> </u>	<u> </u>							
Total											1,7	79,61	 17

Pa	t II Support Schedule for				(b)(1)(A)(iv) ar	id 170(b)(1)(A)	(vi)
Sec	(Complete only if you check tion A. Public Support	ted the box on lin	e 5, 7, or 8 of Pai	rt I)				
Cale	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	 9	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')							
	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	Total. Add lines 1-through 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	Public support. Subtract line 5 from line 4							
Sec	tion B. Total Support	<u></u>						
	ndar year (or fiscal year nnıng in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	9	(f) Total
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 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	Total support. Add lines 7 through 10							
12	Gross receipts from related activ	rities, etc (see in	structions)		-		12	
13	First five years. If the Form 990 organization, check this box and	is for the organiz stop here	ation's first, secoi	nd, third, fourth,	or fifth tax year as	s a section 5	01(c)	(3)
Sec	tion C. Computation of Pul	blic Support P	Percentage					
14 15	Public support percentage for 20 Public support percentage from 3			ne 11, column (f)			14 15	<u>%</u>
16 a	33-1/3 support test — 2009. If the and stop here. The organization	e organization did qualifies as a pul	i not check the bo	ox on line 13, and roanization	d the line 14 is 33	-1/3 % or mo	ore, cl	heck this box
t	33-1/3 support test – 2008. If the and stop here. The organization	e organization did	I not check a box	on line 13, or 16a	a, and line 15 is 3	3-1/3% or mo	ore, c	check this box
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts'	meets the 'facts-a	and-circumstance:	s' test, check this	box and stop her	e. Èxplain in	Part	IV how
b	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a	and-circumstance:	s' test, check this	box and stop her	e. Explain in	Part	IV how the
18	Private foundation. If the organi	zation did not che	eck a box on line,	13, 16a, 16b, 17a	a, or 17b, check th	ns box and s	ee in	structions -
BAA					Scl	hedule A (Fo	rm 90	90 or 990-FZ) 2009

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) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt ourpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1. 2, 3 received from disqualified nersons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) Section B. Total Support (a) 2005 **(b)** 2006 Calendar year (or fiscal yr beginning in) (c) 2007 (d) 2008 (e) 2009 (f) Total 9 Amounts from line 6 10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 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 inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 13 Total support. (add Ins 9, 10c, 11, and 12) 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 2009 (line 8, column (f) divided by line 13, column (f)). 15 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 % 19a 33-1/3 support tests - 2009. 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 — 2008. 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

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions 2009

OMB No 1545 0047

Open to Public Inspection

Name of the organization

Employer Identification number

NC	CF TRUST			5	8-6370659	
Pa	rt I Organizations Maintaining Dono	Advised Funds or Other	Similar Fund			ə ıf
	the organization answered 'Yes' to	o Form 990, Part IV, line 6	5.	J 01 710000	into complete	
		(a) Donor advised fur	nds	(b) Fun	ds and other acc	counts
1_	Total number at end of year		21			
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)	1,	768,855.			
4	Aggregate value at end of year	13,	703,942.			
5	Did the organization inform all donors and dor funds are the organization's property, subject	nor advisors in writing that the as to the organization's exclusive le	ssets held in don gal control?	or advised	X Yes	☐ No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private bene	the benefit of the donor or donor	that grant funds advisor or for ai	may be ny other	X Yes	□No
Pa	rt II Conservation Easements Comple	ete if the organization answ	vered 'Yes' to	Form 990.		
	Purpose(s) of conservation easements held by				T GIT TY IIITO	· · · · · · · · · · · · · · · · · · ·
	Preservation of land for public use (e.g., r		Preservation of	an historically	mportant land	area
	Protection of natural habitat		Preservation of	=	-	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization last day of the tax year	on held a qualified conservation	contribution in th	e form of a c	onservation ease	ement on the
					eld at the End o	f the Year
	a Total number of conservation easements			2 a		
	b Total acreage restricted by conservation easer			2b		
	c Number of conservation easements on a certif		(a)	2c		
_	d Number of conservation easements included in	` ' '		2d		
3		transferred, released, extinguish	ed, or terminated	d by the organ	nization during th	ne tax
4	Number of states where property subject to co	nservation easement is located	>			
5	Does the organization have a written policy re-			ling of violatio	nns	
6	and enforcement of the conservation easemer Staff and volunteer hours devoted to monitoring	it it holds?	•	•	Yes	☐ No
_	during the year ►					
7	Amount of expenses incurred in monitoring, in during the year ▶	specting, and enforcing conserv	ation easements	\$		
8	Does each conservation easement reported or 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requ	irements of secti	on	Yes	No
9	In Part XIV, describe how the organization reports include, if applicable, the text of the footnote t conservation easements	conservation easements in its revi o the organization's financial sta	enue and expense tements that des	statement, ar scribes the or	nd balance sheet, ganization's acco	and ounting for
Pai	Organizations Maintaining Collection Complete if the organization answers	ctions of Art, Historical Tr	easures, or C	ther Simila	ar Assets	
1.	a If the organization elected, as permitted under		<u> </u>		s chaot works of	art historical
	treasures, or other similar assets held for publ the text of the footnote to its financial stateme	ic exhibition, education, or resea	irch in furtherand	e of public se	ervice, provide, i	n Part XIV,
ł	o If the organization elected, as permitted under treasures, or other similar assets held for publi amounts relating to these items	SFAS 116, to report in its rever ic exhibition, education, or resea	iue statement an irch in furtherand	d balance she e of public se	eet works of art, ervice, provide th	historical ne following
	(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 an amounts required to be reported under SFAS	t, historical treasures, or other s 116 relating to these items	imilar assets for	financial gair	n, provide the fol	llowing
á	a Revenues included in Form 990, Part VIII, line	1			► \$	
ł	Assets included in Form 990, Part X				- \$	

						•
Schedule D (Form 990) 2009 NCCF T	RUST			58-637	70659	Page 2
Part III Organizations Maintain	ing Collection	s of Art, Histo	orical Treasures, o	r Other Similar Ass	sets (conf	
Using the organization's acquisition items (check all that apply)			-			
a Public exhibition		d 🗀 Loan e	or exchange programs			
b Scholarly research		e Other	on one and programs			
c Preservation for future generat	ions			···		
4 Provide a description of the organization		s and explain how	w they further the orga	nization's exempt purpo	se in	
Part XIV		·	,	, , ,		
5 During the year, did the organization assets to be sold to raise funds rat	in solicit or receive her than to be ma	e donations of ar	t, historical treasures, of the organization's co	or other similar	Yes	□No
Part IV Escrow and Custodial						
9, or reported an amour	nt on Form 990), Part X, line	21		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*,
1 a Is the organization an agent, truste	a custodian or o	ther intermedian	for contributions or of	har assats not		
included on Form 990, Part X?	e, custodian, or o	ther intermediary	TOT CONTINUUTIONS OF O	1161 922612 1101	Yes	No
b If 'Yes,' explain the arrangement in	Part XIV and cor	nplete the follow	ing table			<u></u>
•			-		Amount	
c Beginning balance				1c		
d Additions during the year				1d		
e Distributions during the year				1 e		
f Ending balance				1f		
2a Did the organization include an am	ount on Form 990	, Part X, line 217	1	<u> </u>	Yes	No
b If 'Yes,' explain the arrangement in	Part XIV				_	
Part V Endowment Funds Com	plete if organiz	ation answer	ed 'Yes' to Form 9	90, Part IV, line 10	•	
	(a) Current year	(b) Prior year	r (c) Two years bad	ck (d) Three years back	(e) Four	years_back
1 a Beginning of year balance						
b Contributions						
c Net Investment earnings, gains, and losses						
d Grants or scholarships		 		- 	 	
e Other expenditures for facilities and programs						
f Administrative expenses						
g End of year balance						
2 Provide the estimated percentage of	of the year end ba	lance held as				-
a Board designated or quasi-endown	ient ►	8				
b Permanent endowment ►	8					
c Term endowment ►						
3a Are there endowment funds not in organization by	the possession of	the organization	that are held and adm	ninistered for the	Ye	es No
(i) unrelated organizations					3a(i)	
(ii) related organizations					3a(ii)	
b If 'Yes' to 3a(ii), are the related org	anizations listed a	as required on So	chedule R?		3b	
4 Describe in Part XIV the intended u	ises of the organiz	zation's endowme	ent funds			
Part VI Investments-Land, Bui				(, line 10.		
Description of investment		st or other basis nvestment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Bool	k Value
1a Land				-		
b Buildings						
c Leasehold improvements						
d Faulament						

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)). BAA

e Other

Schedule **D** (Form 990) 2009

0.

Part VII Investments—Other Securities See Fo	orm 990, Part X, Iir	ne_l2	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of value Cost or end-of-year ma	ation rket value
Financial derivatives			<u></u>
Closely-held equity interests	11,811,864.	COST	
Other ESCROW ASSETS	25,975.	COST	
CGA ASSETS	852,175.		E
			
	· · · <u> · · · · · · · · · · · · · · ·</u>		
Total (Column (b) must sound Form 200 Oct V and (0) Inc. 10	12 (00 012		
Total (Column (b) must equal Form 990 Part X, col (B) line 12)	12,690,013.	12)	·
Part VIII Investments-Program Related (See F			
(a) Description of investment type	(b) Book value	(c) Method of value	ation
		Cost or end-of-year mai	ket value
			· · · · · · · · · · · · · · · · · · ·
			
			··
		<u> </u>	
Total (Column (b) must equal Form 990, Part X, Col. (B) line 13)			
Part IX Other Assets (See Form 990, Part X, I			· · · · · · · · · · · · · · · · · · ·
	cription		(b) Book value
	<u> </u>		
Total. (Column (b) must equal Form 990, Part X, col (B), lir	ne 15)	>	
Part X Other Liabilities (See Form 990, Part >			·
(a) Description of Liability	(b) Amount		
Federal Income Taxes			
ANNUITIES PAYABLE	932,59	8	
	302,03	<u> </u>	
	 		
		\dashv	
	 		
		 	
	 	 	
	 	_	
Total (Column (b) must equal Form 990, Part X, col (B) line 25)	932,59	8.]	

BE GENERATED UPON SALE OF THE STOCK. SIMILARLY, THE FOUNDATION RECEIVES INTERESTS IN LLCS THAT GENERATE TAXABLE INCOME. FOR THE YEARS ENDED DECEMBER 31, 2009 AND

Schedule D (Form 990) 2009 NCCF TRUST	58-6370659	Page 5
Part XIV Supplemental Information (continued)		
PART X - FIN 48 FOOTNOTE (CONTINUED)		
RESPECTIVELY. INCOME TAX EXPENSE IS INCLUDED IN GENERAL AND ADM	MINISTRATIVE_EXPEN	ISES
IN THE CONSOLIDATED FINANCIAL STATEMENTS.		
	- <i>-</i>	- -
ON JANUARY 1, 2009, THE FOUNDATION ADOPTED THE NEW PROVISIONS OF	THE INCOME TAX	- -
TOPIC OF THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNT	ring standards	
CODIFICATION_(ASC). THESE PROVISIONS CLARIFY THE ACCOUNTING FOR	R_UNCERTAINTY_IN_T	<u>`AX</u>
POSITIONS AND PRESCRIBE GUIDANCE RELATED TO THE FINANCIAL STATES	MENT_RECOGNITION_A	ND
MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A	A TAX RETURN. THE	
TAX BENEFIT FROM AN UNCERTAIN TAX POSITION IS ONLY RECOGNIZED IN	N_THE_CONSOLIDATED) -
STATEMENTS_OF_FINANCIAL_POSITION_IF_THE_TAX_POSITION_IS_MORE_LIF	KELY THAN NOT TO B	E
SUSTAINED UPON AN EXAMINATION, BASED ON THE TECHNICAL MERITS OF	THE POSITION.	
INTEREST AND PENALTIES, IF ANY, ARE INCLUDED IN EXPENSES IN THE	CONSOLIDATED	- -
STATEMENTS OF ACTIVITIES. AS OF DECEMBER 31, 2009, THE FOUNDATE	ION HAD NO UNCERTA	IN
TAX POSITIONS THAT QUALIFY FOR RECOGNITION OR DISCLOSURE IN THE	FINANCIAL	
STATEMENTS.		· -
		- -
		-
	- 	-
	·	

2009	SCHEDULE D, PART XIV - SUPPLEMENTAL	_ INFORMATIONPAGE
CLIENT 12215	NCCF TRUST	58-637065
11/12/10 SCHEDULE D, P OTHER CHANG	ART XI, LINE 8 ES IN NET ASSETS OR FUND BALANCES	03 4 5Pi
BOOK TO TAX I	DIFF DUE TO UBIT DIFF-UBIT REALIZED GAIN/LOSS UE OF ANNUITIES DISTRIB	\$ -6,684. -838,627. -29,185. 372,118. TOTAL \$ -502,378.
SCHEDULE D, P OTHER REVENU	ART XII, LINE 2D JE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990	
CHANGE IN VAI INTERNAL GENE RECLASS TO GE	DIFF DUE TO UBIT UE OF ANNUTIES CRAL/PROGRAM FUND TRANSFERS CANTS DISTRIBUTIONS RECD	\$ 1,000. -29,185. -29,081. -10,761. 372,118.
OTHER REVENU	ART XII, LINE 4B JE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S	TOTAL \$ 304,091.
RECLASS EXP C	OIFF-UBIT REALIZED GAIN/LOSS ON FS TO REV ON 990 ART XIII, LINE 2D	\$ 838,627. -334. * 838,293.
BOOK TO TAX I	ES AND LOSSES PER AUDITED F/S DIFF DUE TO UBIT DRAL/PROGRAM FUND TRANSFERS	\$ 7,684. -29,081. -10,761. \$ -32,158.
OTHER REVENU	ART XIII, LINE 4B IE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S IN FS TO REV ON 990	TOTAL \$ -334. \$ -334.

••

and the second

SCHEDULE 1 (Form 990)		Gove	ints and Oth ernments an	Grants and Other Assistance to Organizations, Governments and Individuals in the United States	o Organization the United Sta	s, tes		OMB No 1545 0047
Department of the Treasury Internal Revenue Service		Complete	ıf the organizatıon	Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. Attatch to Form 990.	rm 990, Part IV, lines 2).	1 or 22.	<u> </u>	Open to Public Inspection
Name of the organization NCCF TRUST							Employer identification number 58-6370659	ation number
П	General Information on Grants and Assistance	d Assista	nce					
1 Does the organize the selection crite	Does the organization maintain records to substantiate the amount of the selection criteria used to award the grants or assistance?	tantiate the or assistance	amount of the grar	the grants or assistance, the grantees' eligibility for the grants or assistance,	antees' eligibility for th	e grants or assistance	and	X Yes No
2 Describe in Part I	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	es for monite	oring the use of gra	ant funds in the United	States SEE PART IV	R IV]
Part II Grants and 990, Part I Part IV and	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to F 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	overnmer ent that re 0) if additi		Organizations in the United States. Complete if the organization answered 'Yes' to Form nore than \$5,000 Check this box if no one recipient received more than \$5,000. Use ace is needed	ed States. Complet his box if no one r	e if the organization	dn answered 'Ye more than \$5,00	es' to Form 10. Use
1 (a) Name and address of organization or government		(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL CHRISTIAN CHARITABLE FD 11625 RAINWATER DRIVE; STE 500 ALPHARETTA, GA 30009	STE 500	58-1493949 501 (C) (3	501 (C) (3)	1,779,617	0	CASH		SUPPORT OF GRANT MAKING
2 Enter total numbe 3 Enter total numbe	Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations	ernment org	lanizations				A A	1
BAA For Privacy Act a	BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	Notice, see	the Instructions fo	r Form 990.	TEEA3901L 02/10/10	02/10/10	Schedi	Schedule I (Form 990) 2009

Schedule I (Form 990) 2009 NCCF TRUST				-85	58- 6 370659 Page 2
Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered Use Part IV and Schedule I-1 (Form 990) if additional space is needed.	ndividuals in the rm 990) if additio	United States. Cornal space is needer	nplete if the organ d.	ě, K	Form 990, Part IV, line 22
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
					,
Part IV Supplemental Information. Complete this part to		provide the information required in Part I, line	tion required in Pa	\ci	and any other additional information.
PART I, LINE 2 - GRANTMAKER'S DESCRIPTION OF HOW GRANTS ARE USED	SCRIPTION OF HO	<u>ow grants are</u> i	<u>USED</u>		
THE ORGANIZATION DOES NOT MONITOR THE USE		OF FUNDS GRANTED TO ORGANIZATIONS IN THE	TO ORGANIZATI	ONS IN THE	
UNITED_STATES_SINCE_IT_GRANTS_FUNDS_TO_ORGANIZATIONS_HERE_ONLY_IF_THOSE_ORGANIZATIONS	FUNDS TO ORGA	NIZATIONS HERE	ONLY IF THOSE	<u>ORGANIZATIONS</u>	
QUALIFY_AS_EXEMPT_FROM_FEDERAL_INCOME_TAX_	INCOME TAX U	UNDER CODE SECTION 501 (C) (3) AND THEREFORE.	ON 501 (C) (3) AN	ID_THEREFORE,	
ARE_BOUND TO USE SUCH FUNDS ONLY FOR RELIGIOUS, CHARITABLE, EDCATIONAL OR OTHER	LY FOR RELIGIO	OUS, CHARITABLE	L_EDCATIONAL_C	PR OTHER	
PURPOSES DESCRIBED IN THAT CODE SECTION.	E_SECTION	! ! ! !	 		
ВАА		i de la companya de l			Schedule I (Form 990) 2009

SCHEDULE R (Form 990) Related (Related Organizations and Unrelated Partnerships	Unrelated Partn	erships		OMB No 1545-0047
Department of the Treasury Internal Revenue Service	Complete if the organization answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37. * Attach to Form 990. * See separate instructions.	Form 990, Part IV, lines separate instructions.	33, 34, 35, 36, or 37.		Open to Public Inspection
Name of the organization NCCF TRUST				Employer identification number 58-6370659	ication number
Part I Identification of Disregarded Entities (Complete If	if the organization answered 'Yes' to Form 990,	wered 'Yes' to Form	990, Part IV, line 33)	33.)	
(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		2,602.	2,511,053.	N/A
	9 9 9				
Part II Identification of Related Tax-Exempt Organizations (Complete if one or more related tax-exempt organizations during the tax year	ons (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had ring the tax year)	ganization answered	1 'Yes' to Form 990	, Part IV, line 34 k	because it had
Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public chanty status (if section 501(c)(3))	(F) Direct controlling entity
NATIONAL CHRISTIAN CHARITABLE FDN, INC. 11625 RAINWATER DRIVE; STE 500					
ALPHARETTA, GA 30009-8678 58-1493949	GRANT MAKING	GA	501 (C) (3)	7	N/A
NCCF SUPPORT, INC. 11625 RAINWATER DRIVE; STE 500					NATL CHRISTIAN
ALPHARETTA, GA 30009-867858-2268010	GRANT MAKING	GA	501 (C) (3)	11 I	CHARITABLE FDN, INC.
NATL CHRISTIAN FDN REAL PROPERTY, INC. 11625 RAINWATER DRIVE; STE 500					NATL CHRISTIAN
<u>ALPHARETTA, GA_30009-8678</u> 58-2655939	GRANT MAKING	GA	501 (C) (3)	11 I	CHARITABLE FDN, INC.
BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	nstructions for Form 990.	1 1 1 1 1	TEEA5001L 02/05/10	Schedu	Schedule R (Form 990) (2009)

NCCF TRUST FORM 990T - 2009 Fed ID# 58-6370659 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)
LONG-TERM CAPITAL GAIN - FORM 6252 INSTALLMENT SALES: Elab, Inc - Installment Sale Litehouse, Inc - Installment Sale									1 1	43,217 385,742 428,959
SECTION 1231 GAIN:									1	
K-1 Listing Schedule - 1231			0)	Sch K-1 9 Net Section 1231				0	l	502
LONG-TERM CAPITAL GAIN: 6% LLC int in Cascade Road Retail Center, LLC STCL LTCL	Donated	Various	12/23/09 T	12/23/09 Tubergen Fdn	214,995		214,995	962	336,934	(121,939) (1,448) (1,855)
					214,995	0	214,995	995	336,934	(125,242)
			1		214,995	0	214,995	995	336,934	304,219
								·	Total Sch D	304,219

NCCF TRUST FORM 990 - 2009 Fed ID# 58-6370659 Schedule of Gains and Losses

	Gain(Loss)	0		4,136	(2,556)	1,580
	1	0			2,556	2,556
Cost or other	Basis				2,	
Adjusted	Selling Price	0		4,136	0	4,136
Ā	Sel					
Less, Selling	Expenses 0	0				0
Gross Selling	Price	0		4,136	0	4,136
	To Whom Sold		Contract rights from Careworks.	LLC Liquidating distribution-LP	dissolved	
	Date Sold			12/10/06	12/31/09 dissolved	
Date	Acquired Acquired Date Sold			various	various	
Ном	Acquired			Donated	Donated	
	Asset PUBLICLY TRADED SECURITIES:		NON-PUBLICLY TRADED SECURITIES:	Villa San Ramon, LP	Harrison 70, Ltd	

NCCF TRUST FORM 990 - 2009 Fed ID# 58-6370659

SCHEDULE R PART I IDENTIFICATION OF DISREGARDED ENTITIES DISREGARDED ENTITIES

Name of Disregarded Entity	Name and Address	EIN	Primary Activity	domicile (state or foreign country)	Total Income	Total End of the Year Assets	Direct controllin g entity
	GRJS Outreach, LLC Rd 1, Box 230-A	14.5 Tay 15.6					
GRJS Outreach, LLC	Ocean View, DE 19971 8 Mile Farm Company, LLC	58-6370659	Holds Land	DE	\$1,600	\$2,447,730	NA T
8 Mile Farm Company, LLC	158 Terrace Trail South Lake Quivira, KS 66217	58-6370659	Holds Land	KS	\$1,000	\$60,590	NA
NCT-100, LLC	1201 Battleground Area Greensboro, NC 27408	58-6370659	Holds cash	FL	\$2	÷2,732	- NA
			e line e e a analise i .		\$2,602	\$2,511,053	

Page 2 Schedule R (Form 990) (2009) (J) General or (H) Percentage ownership managing partner? ŝ × × 100 00 Identification of Related Organizations Taxable as a Corporation or Trust (Complete of the organization answered 'Yes' to Form 990, Part IV, Inne 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Identification of Related Organizations Taxable as a Partnership (Complete If the organization answered 'Yes' to Form 990, Part IV, line 34 Yes Code V-UBI amount in box 20 of Schedule For (**G)** Share of end-of-year assets N/A N/A 0 495,786 -26,745(Form 1065) 58-6370659 (H)
Disproportibnate
allocations? ž × × × (F) Share of total income 0 o. Yes Share of total income Share of end-of-year 161,945 1,373,692 1,101,967 assets (D)
Direct
Type of entity
controlling entity (C corp, S corp, or trust) S CORP because it had one or more related organizations treated as a partnership during the tax year) -261,200 108,034 -8,083 N/A N/A TEEA5002L 02/05/10 (E)
Predominant
income (related,
unrelated, excluded
from tax under
sections 512-514) (C) Legal domicile (state or foreign c EXC 512(B)(3) UNRELATED UNRELATED G Primary Activity HOLDS LAND Direct controlling entity N/A N/A N/A 9 (C)
Legal
domicile
(state or
foreign S X Σ (A) (A) Name, address, and EIN of related organization (B) Primary Activity RENTAL R/E NCCF TRUST RENTAL R/E RENTAL R/E 2, LTD 11524 RAINWATER DRIVE; STE_500 UNIVERSAL PROPERTIES DEV. CORP. ALPHARETIA, GA 30009-8678 VALLEY VIEW COMMERCE CTR Schedule R (Form 990) 2009 (A)
Name, address, and EIN of related organization RALEIGH, NC 27624-7365 DALLAS, TX 75231-1507 P_0_BOX_97365_____ 675_PARTNERS II, LLC C_AND_L_GIFTING,_LLC SEE ATTACHED-RELATED KENNEWICK, WA 99301 CORPS & IRUSIS 9645 VIEWSIDE 909 KELLOGG 03-0561559 56-1656198 20-5694416 58-1680481 Part IV Part III BAA

NCCF TRUST
FORM 990
Fed ID# 58-6370659
SCHEDULE R PART IV IDENTIFICATION OF RELATED ENTITIES TAXABLE AS A CORPORATION

CRANE MFG & SOLUTIONS TN N/A S CORP N/A N/A N/A FENCE DESIGN & INV TX N/A N/A	(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
TX N/A S CORP N/A N/A N/A N/A N/A N/A N/A N/A S CORP N/A N/A N/A N/A S CORP N/A N/A N/A		CRANE MFG & SOLUTIONS	Z Z	N/A	SCORP	NA	ΝΆ	ΝΑ
MI N/A N/A N/A N/A N/A TX N/A S CORP N/A	- 1	FENCE DESIGN & INSTALL	¥	N/A	SCORP	A/A	Υ'N	Ϋ́
TX N/A SCORP N/A N/A	-	INV CONSULTING FIRM	WI	N/A	SCORP	N/A	N/A	∀⁄Z
		MEDICAL RESEARCH	X	Ą/Z	SCORP	Ϋ́	∀/Z	Ϋ́N

Schedule R-1 (Form 990) 2009 NCCF TRUST	ļ			58-6370659	70659 Page 2
Part II Continuation of Identification of Related Tax-Exem	empt 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
NCF CORPORATION TAUGE BLVD, STE. 504	j			•	NATL CHRISTIAN
TAMPA, FL 33607	CHARITABLE TRUSTEE	FI	501 (C) (3)	11 1	CHARITABLE FDN, INC
NATIONAL CHRISTIAN FOUNDATION, INC.					NATL CHRISTIAN
ALPHARETTA, GA 30009-867830-0209280	GRANT MAKING	G.A.	501 (C) (3)	11 1	CHARITABLE FDN, INC.
NCF_CHARITABLE_TRUST					NATL CHRISTIAN
TAMPA, FL 33607	GRANT MAKING	FL	501 (C) (3)	11 1	CHARITABLE FDN, INC
SEE_ATTACHED-ADDL_EXEMPT_ORGS					
					N/A
ВАА	TEEA5102L 02/02/10	2/02/10		Schedu	Schedule R-1 (Form 990) 2009

NCCF TRUST FORM 990 Fed ID# 58-6370659

SCHEDULE R PART II IDENTIFICATION OF RELATED TAX EXEMPT ORGS

				Т т	
		(C)	Į.		
· I	1	Legal domicile	Į.		(E)
(A)		(state or	(D)	(E)	(F) Direct
Name, address and EIN of related	(B)	foreign		Public charity status (if	
organization	Primary Activity	country)	section		controlling
	ar y Activity	country)	Section	section 501(c)(3))	entity
GIVERS TRUST, INC.					
11625 RAINWATER DRIVE; STE 500					
ALPHARETTA, GA 30009-8678					
30-0075789	GRANT MAKING	GA	501 (C)(3)	71	N/A
HOPE FOR THE HEART				_	
12377 MERIT DRIVE; STE 300				• • • • • • • • • • • • • • • • • • • •	1
DALLAS, TX 75251	1,3 , -74	1. 3.30			
75-2191528	BIBLE TEACHING	TX	501 (C)(3)	111:	N/A
PROVISION FOUNDATION					
2035 LAKESIDE CENTER WAY; STE 180					
KNOXVILLE, TN 37922					
62-1837284	GRANT MAKING	TN	501 (C)(3)	11	N/A
DAN & RHONDA CATHY FOUNDATION		1-1		111	
5200 BUFFINGTON ROAD					1, 2
ATLANTA, GA 30349					r Chancil
27-1302610	GRANT MAKING	GA.	501 (C)(3)	441317	
MEDIA EDUCATION FOUNDATION	CONTINUAL MANING	GA '	<u> </u>	11111	N/A 1
991 RIVER OAKS					
FALLBROOK, CA 92028	RELIGIOUS EU M				
38-3671393	RELIGIOUS FILM	04	E04 (0)(0)	, , - -	
	MAKER	CA	501 (C)(3)	11 III FI	N/A,
DON & CINDY CATHY FOUNDATION					7 - A
5200 BUFFINGTON ROAD			1 - B - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
ATLANTA, GA 30349	OD4417 4441411	1.3	也是是 等		4
	GRANT MAKING	GA.	501 (C)(3)	111	N/A 🛂
NEW LIFE CHRISTIAN FOUNDATION				·	
P O BOX 1280					
SOMERSET, KY 42502					
20-3030163	GRANT MAKING	KY	501 (C)(3)	11	N/A
JAMES C. BLANKEMEYER FOUNDATION		2	11		, (1)
INC.	Barrier Barrell		-		- 4
190 BAY POINTE		*	31 1 1/4		
VONORE, TN 37885			\$4.00 pts	The state of the s	
20-2053124	GRANT MAKING	′ TN ~,	501 (C)(3)	111	N/A
CHRISTIAN HERITAGE FOUNDATION					
830 LINCOLN AVENUE					
STEAMBOAT SPRINGS, CO 80487					
20-4353124	GRANT MAKING	СО	501 (C)(3)	11 I	N/A
EMMANUEL FOUNDATION)	
622 VAN BUREN RD	•				4
MORRISTOWN, NJ 07960	THEOLOGY	-	-		Ą
58-2619866	JOURNAL	NJ ·	501 (C)(2)	11 I	NI/A
THE PURSELL INSTITUTE		17J	501 (C)(3)	<u> 11 l</u>	N/A
2200 FARMLINKS BLVD.					
SYLACAUGA, AL 35151					
	CDANT MAKE	AI	E04 (0)(=)		<u></u>
58-2635341	GRANT MAKING	AL	501 (C)(3)	<u> </u>	N/A
LISA & BOB CHEELEY FOUNDATION		-			
435 OLD HOMESTEAD TRAIL	٠	•			; ; ;
DULUTH, GA 30097	A	-			.1
20-2024120	GRANT MAKING	GA T	501 (C)(3)	11	N/A

NCCF TRUST FORM 990 Fed ID# 58-6370659

SCHEDULE R PART II IDENTIFICATION OF RELATED TAX EXEMPT ORGS

LifeSHAPE INC. BIBLE TEACHING (state or foreign exection 501(c)(3). Life (state or foreign exection 501(c)(3). Life (state or foreign) exection 501(c)(3).		_		 			
### ANY MILL ROAD ### RETREAT GA 501 (C)(3) 111 NA PRODINCOOD FOUNDATION PRETREAT GA 501 (C)(3) 111 NA PRODINCOOD FOUNDATION PRETREAT GA 501 (C)(3) 111 NA PRODINCOOD FOUNDATION PRETREAT GA 501 (C)(3) 111 NA PRESENT HOPE FOUNDATION PRETREAT GA 501 (C)(3) 111 NA PRESENT HOPE FOUNDATION PRETREAT GA 501 (C)(3) 111 NA PRESENT HOPE FOUNDATION PRETREAT GA 501 (C)(3) 111 NA PRESENT HOPE FOUNDATION PRETREAT GA 501 (C)(3) 111 NA PRESENT HOPE FOUNDATION PRETREAT GA 501 (C)(3) 111 NA PRETREAT GA 50349	Name, address and EIN of related		Legal domicile (state or foreign	Exempt Code	Public charity status (if	Direct controlling	
### ANY MILL ROAD ### ANY FOLK AS 30228 ### RETREAT GA 501 (C)(3) 111 NA ### NAMPTON, GA 30228 ### RETREAT GA 501 (C)(3) 111 NA ### NAMPTON, GA 30228 ### RETREAT GA 501 (C)(3) 111 NA ### NAMPTON, GA 30228 ### RETREAT GA 501 (C)(3) 111 NA ### RELIEVUE, WA 98004 ### 20-3800573 ### GRANT MAKING WA 501 (C)(3) 111 NA ### RELIEVUE, WA 98004 ### REL	LIFECHARE INC	DIDLE TEACHING					
HAMPTON, GA 30228							
20-0248641 RETREAT GA 501 (C)(3) 111 N/A DIOINGOOD FOUNDATION 1-92nd AVENUE, NE BELLEVUE, WA 98004 26-3800578 GRANT MAKING WA 501 (C)(3) 111 N/A PLEASANT HOPE FOUNDATION 2110 FREST POINTE LANE LOUISVILLE, KY 40245 26-1875152 GRANT MAKING KY 501 (C)(3) 111 N/A MADALA FOUNDATION 3870 S. COLORADO BLVD. GREENWOOD, CO 80121 26-2612783 GRANT MAKING CO 501 (C)(3) 111 N/A ALIANTA, GA 30349 26-3721891 GRANT MAKING GA 501 (C)(3) 111 N/A CHERIA FOUNDATION 4127 BEECHWOOD DRIVE, NW. ATLANTA, GA 30349 26-3721891 GRANT MAKING GA 501 (C)(3) 111 N/A CHERIA FOUNDATION 15333 N. PIMA ROAD, STE 305 SCOTTSDALE, AZ 85200 86-1027011 GRANT MAKING AZ 501 (C)(3) 11 III FI N/A FAMILY HERITRGE FOUNDATION, INC. 670 N. SOUTH MAIN STREET KING, NO 27021 20-1556963 GRANT MAKING NC 501 (C)(3) 11 III FI N/A FERNANDO FOUNDATION, INC. 670 N. SOUTH MAIN STREET KING, NO 27021 20-1556963 GRANT MAKING GA 501 (C)(3) 11 III FI N/A FERNANDO FOUNDATION, INC. 670 N. SOUTH MAIN STREET KING, NO 27021 20-1556963 GRANT MAKING NC 501 (C)(3) 11 III FI N/A FERNANDO FOUNDATION, INC. 670 N. SOUTH MAIN STREET KING, NO 27021 20-1556963 GRANT MAKING NC 501 (C)(3) 11 III FI N/A FERNANDO FOUNDATION, INC. 670 N. SOUTH MAIN STREET KING, NO 27021 20-1556963 GRANT MAKING NC 501 (C)(3) 11 III FI N/A FERNANDO FOUNDATION, INC. 670 N. SOUTH MAIN STREET KING, NO 27021 20-1556963 GRANT MAKING NC 501 (C)(3) 11 III FI N/A FERNANDO FOUNDATION, INC. 670 N. SOUTH MAIN STREET KING, NO 27021 20-1556963 GRANT MAKING NC 501 (C)(3) 11 III FI N/A FERNANDO FOUNDATION NC. 670 N. SOUTH MAIN STREET KING, NO 27021 20-1556963 GRANT MAKING NC 501 (C)(3) 11 III FI N/A FERNANDO FOUNDATION NC. 670 N. SOUTH MAIN STREET KING, NO 27021 20-1556963 GRANT MAKING NC 501 (C)(3) 11 III FI N/A FERNANDO FOUNDATION NC. 670 N. SOUTH MAIN STREET KING, NO 27021 20-1556963 GRANT MAKING NC 501 (C)(3) 11 III FI N/A FERNANDO FOUNDATION NC. 670 N. SOUTH MAIN STREET KING, NO 27021 20-1556963 GRANT MAKING NC 501 (C)(3) 11 III FI N/A FERNANDA STREET KING, NO 27021 20-1556963 GRANT MAKING NC 501 (C)(3) 11							
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26-3800578			<u>.</u>	•		· i	
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CFA FAMILY FOUNDATION, INC.	GREENWOOD, CO 80121			•		- 2	
S200 BUFFINGTON ROAD ATLANTA, GA 30349 GRANT MAKING GA 501 (C)(3) 11 N/A	26-2612783	GRANT MAKING	CO	. 501 (C)(3)	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	N/A	
ATLANTA, GA 30349 26-3721891	CFA FAMILY FOUNDATION, INC.						
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				301(0)(3)	I) III FI	IVA	

NCCF TRUST FORM 990 Fed ID# 58-6370659

SCHEDULE R PART II IDENTIFICATION OF RELATED TAX EXEMPT ORGS

(C) Legal domicile (state or foreign country) ROCK OF HOREB FOUNDATION, INC. P O BOX 416 WAYMART, PA 18472 58-2629583 GRANT MAKING PA 501 (C)(3) 11 II N/A SACRED HARVEST FOUNDATION, INC. 19742 MACARTHUR BLVD. STE 240 IRVINE, CA 92612 30-0118912 GRANT MAKING CA 501 (C)(3) (F) (F) (F) Direct (controlling entity) (F) Direct (controlling section 501(c)(3)) (F) Direct (controlling entity) (F) Direct (controlling section 501(c)(3)) (F) Direct (controlling entity) (F) Direct (controlling section 501(c)(3)) (F) Direct (controlling entity) (F) Direct (controlling section 501(c)(3)) (F) Direct (controlling entity) (F) Direct (controlling section 501(c)(3)) (F) Direct (controlling entity)
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19742 MACARTHUR BLVD. STE 240 IRVINE, CA 92612 30-0118912 GRANT MAKING CA 501 (C)(3) 11 III FI. N/A
IRVINE, CA 92612 30-0118912 GRANT MAKING CA 501 (C)(3) 11 III FI N/A
30-0118912 GRANT MAKING CA 501 (C)(3) 11 III FI N/A
405 E. DYKES STREET
COCHRAN, GA 31014
20-7203827 GRANT MAKING GA 501 (C)(3) 11 I N/A
STRONG ROCK FOUNDATION
45 PARKLAND DRIVE
STOCKBRIDGE, GA 30281
20-5690130 GRÁNT MAKÍNG - , GA 501 (C)(3), 11 I N/A
BENGARD FOUNDATION (TRUST)
3912 CALLE ARIANA
SAN CLEMENTE, CA 92672
22-6932940 GRANT MAKING CA 501 (C)(3) 11 III FI N/A
BICKNELL FAMILY FOUNDATION
4200 W 115th ST; STE 100 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
LEAWOOD, KS 66211-2729 RELIGIOUS
48-1248566 WORSHIP KS 501 (C)(3)- 11 I. N/A
MALACHI FUND
10 LONE PINE WAY
COLORADO SPRINGS, CO 80919 20-0552993
20-0552993 GRANT MAKING CO 501 (C)(3) 11 III FI N/A PARACLETE FOUNDATION, INC.
3700 WILLIAM J. COWAN WYND
RALEIGH, NC 27612
31-1619985 GRANT MAKING NC 501 (C)(3) 11 III FI N/A
RIVER FOUNDATION, INC.
FIRST SOUTHERN BANCORP, INC.
STANFORD, KY 40484
61-1190262 GRANT MAKING KY 501 (C)(3) 11 I N/A
TMG FOUNDATION (LIFE
INTERNATIONAL)
P O BOX 40
GRIDLEY, IL 61744
01-0750822 GRANT MAKING IL 501 (C)(3) 11 I N/A
WHITESTONE FOUNDATION
7623 CHAMPIONS COURT
WICHITA, KS 67226
14-1866533 GRANT MAKING KS 501 (C)(3) 11 III FI N/A
WILLIAM & PHYLLIS JOHNSON
OUDDODTING FON
SUPPORTING FDN
748 IRON MOUNTAIN ROAD
•

NCCF TRUST
FORM 990
Fed ID# 58-6370659
SCHEDULE R PART III IDENTIFICATION OF RELATED ENTITIES TAXABLE AS A PARTNERSHIP

ite Genera	(G) Code V-UBI amount in box end-of-year Yes No K-1 (Form 1065) Yes No	AN AN AN AN	AN AN	AN AN	A/M A/M	N/A N/A N/A	AN AN AN AN AN AN AN AN AN AN AN AN AN A		AIN AIN AIN AIN	N/A N/A	AN AN AN	
	(F) Share of total income	¥ N	V/N	¥ Ž	ΑN	N/A	¥ Ž	ΝΆ	Ϋ́Z	ΨN	Ą/N	1 H 1 T
	(E) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	N/A	N/A	Ą Z	d Z	ΝΑ	Y X	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	d Z	NA.	V Z	
	(D) Direct controlling entity	ΥN	ΥN	∀ Z	∀ Z		∀ Z	Y X	Ž	N/A	Ϋ́	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	(C) Legal domicile (state or foreign	M	AZ	&	E E	Z	¥	Ē	Ş	Ϋ́	₹	
	(B) Primary Activity	INVESTMENTS	LAND	MISC INVEST	ENERGY	PORTFOLIO INVESTMENTS	PORTFOLIO INVESTMENTS	RENTAL R/E	PORTFOLIO INVESTMENTS	DISTRIBUTION	HOLDS REAL ESTATE	PRIVATE
	(A) Name, address and EIN of related organization	ROBIN LTD PSHIP 11810 ALGONQUIN DRIVE PINCKNEY, MI 48169 35-2091260	JSTON-NCF LAND INVESTMENT, LLC P O BOX 820 HIGLEY, AZ 85236 16-1646937	SAWYER HOLDINGS, LLLP 146 E. DYKES STREET COCHRAN, GA 31014 58-2214448	DIRECTED ENERGY, LLC ONE CITY CTR, 11TH FLOOR PORTLAND, ME 04101 20-5696812	AMBASSADOR CAPITAL, LLC 2877 EAST DUPONT ROAD FORT WAYNE, IN 46825 26-3945032	360 MORTGAGE GROUP, LLC 8310 CAPITAL OF TEXAS HWY, STE 165 AUSTIN, TX 78731 13-4362989	KILAMANJARO HOLDING CO , LLC 5510 CASCADE ROAD, STE 200 GRAND RAPIDS, MI 49546 38-3489107	LEHMANN FAMILY INVESTMENTS, LLC 1020 N PURDOM ST OLATHE, KS 66061-2922 26-3923593	GIBRALTAR MATERIAL DISTRIB, LP 320 SOUTHLAND DRIVE BURNET, TX 78611 20-5261729	DBS TWO, LLC 5510 CASCADE ROAD, STE 220 GRAND RAPIDS, MI 49546 02-0636762	CHRISTIAN KINGDOM FUND, LLC 1048 IRVINE AVENUE #482

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service

Name of the organization

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

Open to Public Inspection

Employer identification number

NCCF TRUST 58-6370659
FORM 990, PART VI. LINE 12A CONFLICT POL
THE CORPORATION INTENDS TO IMPLEMENT A CONFLICT OF INTEREST POLICY 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
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,