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Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

Α	For the	2011 calendar year, or tax year beginning	and	ending				
В	Check if applicable	MATIONAL CURTATIAN FOUNDA	TION REAL		D Employer id	dentificat	ion number	
	Addres	PROPERTY, INC.						
	Name change	Doing Business As			5	8-265	55939	
	Initial return Termin ated	Number and street (or P.O. box if mail is not delivered to 11625 RAINWATER DRIVE		Room/suit			52.0100	
	Ameno				G Gross receipts	5	27,299,3	322.
	Application	ALPHAREITA, GA 30009-007	8		H(a) Is this a g	roup retur	'n	
	pendin	F Name and address of principal officer. SAME A	S ABOVE		for affiliate H(b) Are all affili		ed? X Ves	X No No
$\overline{1}$	Tax-exe	empt status.	sert no.) 4947(a)(1)	or 52	· · ·		(see instruction	
		e: WWW.NATIONALCHRISTIAN.COM	10 17 (17)	<u> </u>	H(c) Group exe		•	,
_		organization: X Corporation Trust Associate	on Other	L Yea	r of formation: 20			cile: GA
	art I	Summary						
_	1	Briefly describe the organization's mission or most signifi	cant activities. THE	CORPO	RATION AC	CEPTS	GIFTS (OF
Activities & Governance		REÁL ESTATE INTERESTS, LIQUI	DATES THE IN	TERES	TS AND GR	ANTS	THE	
72		Check this box 🕨 🔲 if the organization discontinued						
78		Number of voting members of the governing body (Part \				3		4
ğ		Number of independent voting members of the governing		•		4		1
, &		Total number of individuals employed in calendar year 20	,			5		0
₹		Total number of volunteers (estimate if necessary)				6	-	0
5		Total unrelated business revenue from Fart y H. bolumn (C), line 12			7a	_	0.
کح	Ь	Net unrelated business taxable income from Form 990-T;	Tine 34			7b		0.
e = = = = = = = = = = = = = = = = = = =		[6]	SO		Prior Year	1	Current Yea	ır
=	8	一			6,659,3	63.	17,823,3	
Revenue		Program service revenue (Part VI(I, line 2g)	SS		.,,	0.		0.
3 8		investment income (Part VIII, column (A) jures 314, and		-	-503,0		624,9	900.
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 1		<u> </u>	-231,6		212,	
		Total revenue - add lines 8 through 11 (must equal Part V	•		5,924,6		18,660,8	
_		Grants and similar amounts paid (Part IX, column (A), line			2,312,5		6,255,	
		Benefits paid to or for members (Part IX, column (A), line	•	-	_,,	0.	0,200,	0.
'n	I	Salaries, other compensation, employee benefits (Part IX	•	-		0.		0.
Expenses	160	Professional fundraising fees (Part IX, column (A), line 11		<u> </u>		0.		0.
pen	10a	Total fundraising expenses (Part IX, column (A), line 25)	c) ▶	0. H		- ' -		
X	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-2	40)		111,8	65.	525,8	878.
		Total expenses Add lines 13-17 (must equal Part IX, colu	•	┢	2,424,4		6,781,	
	1	Revenue less expenses. Subtract line 18 from line 12	11111 (A), 1111e 23)	-	3,500,2		11,879,	
-S	13	nevende less expenses. Subtract line 10 from line 12			eginning of Curren		End of Year	
anc.	20	Total assets (Part V. line 16)		F	43,815,0		51,190,2	
SSE	20	Total assets (Part X, line 16)		⊢	261,8		349,4	
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		-	43,553,2		50,840,	
6	art II	Net assets or fund balances Subtract line 21 from line 26 Signature Block	<u> </u>		43,333,2	33.	30,040,	,,,,,
_		Ities of perjury, I declare that I have examined this return, includi	na accompanyina schedule	e and etato	ments, and to the he	et of my kn	nowledge and helic	of itie
		t, and complete. Declaration of preparer (other than officer) is ba					towicage and bein	O1, IL 13
	, сопсс	, and complete. Declaration of preparer (other than officer) is ba			- I i D	1-	012	
o:_		Signature of officer			Date	10/2	<u> </u>	
Sig		DAVID D. JOHNSON, TREASUR	ED /CEO					
Her	re	Type or print name and title	ER/CFO				 -	
—		<u>-</u>	raria algorithms	1	Date To	heck	PTIN	
D-:	ا	Print/Type preparer's name Preparer	rer's signature		Į ň		1	
Paid		Front same				elf-employed		
	parer	Firm's name			Firm's E	IIV 🕨		
use	Only	Firm's address						
					Phone r	10.	T	
Mar	v tha IE	IS discuss this return with the preparer shown above? Is	ee instructions)				X Voc	No

	1990 (2011) PROPERTY, INC.	58-2655939	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission.		
	THE CORPORATION ACCEPTS GIFTS OF REAL ESTATE INTERESTS,		THE
	INTERESTS AND GRANTS THE PROCEEDS TO NATIONAL CHRISTIAN		
	FOUNDATION, INC., AND OTHER CHARITIES THAT ORGANIZATION	SUPPORTS.	
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	X 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?	L Yes	No X
	if "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expense	es
	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 \$ 6,255,377. including grants of \$ 6,255,377.) (Revenue)
	SUPPORTED THE MISSION AND PERFORMED FUNCTIONS OF THE NAT	TIONAL CHRIS	STIAN
	CHARITABLE FOUNDATION, INC. BY MAKING GRANTS TO IT AND T	TO TAX EXEMI	PΤ
	CHARITIES (NOT PRIVATE GRANT MAKING FOUNDATIONS) IT SUPP	ORTS.	
			
			-
		.	
4b	(Code) (Expenses \$ including grants of \$) (Revenue	ie S	1
			′
	·		
4c	10-1	- 0	```
40	(Code) (Expenses \$	e \$	—— <i>'</i>
			
		. <u>. </u>	
			
-			
4d	Other program services (Describe in Schedule 0)		
	(Expenses \$ Including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 6, 255, 377.		
		Carro (200 (0044)

'NATIONAL CHRISTIAN FOUNDATION REAL PROPERTY, INC. 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)?		х	
•	If "Yes," complete Schedule A	2	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	public office? If "Yes," complete Schedule C, Part I	3	ŀ	x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	-		
7	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	·	 	
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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	6	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	7		_ X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
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	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	<u> </u>	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			,
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		x	
_	Part VI	11a		\vdash
D	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	11b	x	
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110	 	_
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	İ	х
d	Did 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 IX	11d	Ì	Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		1	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		ł	
	Schedule D, Parts XI, XII, and XIII	12a	<u> </u>	X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		.	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	X	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
U	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
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, Parts II and IV	15		Х
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, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	X
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	-	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	 	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	<u> </u>
		Form	990 (2011)

	NATIONAL CHRISTIAN FOUNDATION REAL			
		<u>8-2655939</u>	<u>P</u>	age 4
Par	rt IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the	ne	1	
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on P	'art IX,		
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's cur	rrent		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as	· · · · · · · · · · · · · · · · · · ·		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		ļ	i
	Schedule K. If "No", go to line 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		,
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defeat		 	
C	any tax-exempt bonds?	24c		
	•	24d	 	
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a		 	<u> </u>
204		25a		Х
_	disqualified person during the year? If "Yes," complete Schedule L, Part I	<u> </u>	<u> </u>	
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, a that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," comple			1
	· · · · · · · · · · · · · · · · · · ·	ı		x
00	Schedule L, Part I	25b	-	<u>^</u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or dis	j.		x
~-	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	\vdash	<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family memb			X
	of any of these persons? If "Yes," complete Schedule L, Part III	27	-	<u> </u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions).		1	_v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Pa			├ ^
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an	1		
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	++-	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	├
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	į.		
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			۱.,
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			۱ 🚚
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		<u></u>	
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	_33_	X	—
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	Ь
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	<u> </u>
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the mean	ing of		
	section 512(b)(13)? If "Yes." complete Schedule R. Part V. line 2	35b	l X	I

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36

X

X

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?

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 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

If "Yes," complete Schedule R, Part V, line 2

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

Form 990 (2011)

Form	990 (2011) PROPERTY, INC. 58-2655	939	_ P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 24			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			ļ '
	(gambling) winnings to prize winners?	1c	X	
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			;
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	-	1
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	-	
	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
ь	If "Yes," enter the name of the foreign country.			
	See instructions for 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		Χ̈́
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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 tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		$\tilde{\mathbf{X}}$
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Χ̈́
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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.		-	
а	Did the organization make any taxable distributions under section 4966?	9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10	Section 501(c)(7) organizations. Enter.			
а	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			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from 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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		L	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			L
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х

132005 01-23-12

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form **990** (2011)

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Page 6 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

	Check if Schedule O contains a response to any question in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year									
	If there are material differences in voting rights among members of the governing body, or if the governing	1								
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.									
b	Enter the number of voting members included in line 1a, above, who are independent 1b 1									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1								
	officer, director, trustee, or key employee?									
3	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?									
4										
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X						
6	Did the organization have members or stockholders?	6		X						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a		X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a_	X							
b	Each committee with authority to act on behalf of the governing body?	8b	X							
9	Is there any officer, director, 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	9	X							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)									
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		<u> </u>						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 SEE SCHEDULE O	12a		X						
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	l								
_	ın Schedule O how this was done	12c	¥							
13	Did the organization have a written whistleblower policy?	13	X	Х						
14	Did the organization have a written document retention and destruction policy? SEE SCHEDULE O	14								
15	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?	4=.		X						
	The organization's CEO, Executive Director, or top management official	15a		X						
D	Other officers or key employees of the organization SEE SCHEDULE O	15b		<u> </u>						
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X						
L		loa								
Ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	İ								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	16b								
Sac	exempt status with respect to such arrangements?	100								
	List the states with which a copy of this Form 990 is required to be filed ▶GA , CA			-						
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availah	مام							
10	for public inspection. Indicate how you made these available Check all that apply.	availat	iiC							
	Own website									
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, as	nd finar	cial							
13	statements available to the public during the tax year.	ıııdı	ioiai							
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	ition 🖿	•							
	CORPORATION - 404.252.0100		_							
	11625 RAINWATER DRIVE; STE. 500, ALPHARETTA, GA 30009-8678									
132006		<u> </u>	000	(2011)						

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

Check if Schedule O contains a response to any question in this Part VII

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 organization's tax year.
- 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, if any. See instructions for definition of "key employee"
- 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.

Name and Title	Check this box if neither the organization (A)	(B)	J. y.						(D)	(E)	(F)
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and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 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. Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization of compensation from the organization.	4 For any individual listed on line 1a, is the su	ım of reportab	le c	omp	ensa	ation	n and	d ot	her compensation from	the organization		200	14.5			
rendered to the organization? If "Yes," complete Schedule J for such person 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. Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address NONE Description of services Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0	and related organizations greater than \$150	0,000? If "Yes,	" co	mpl	ete S	Sche	edule	e <i>J 1</i>	for such individual				Х			
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. Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Compensation Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0	5 Did any person listed on line 1a receive or a	accrue compe	nsat	ion 1	from	any	unr/	elat	ed organization or indiv	dual for services	š	ـ دست				
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Name and business address NONE Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization		plete Schedul	<u>e J 1</u>	or s	uch	pers	son					5	L	<u> </u>		
the organization. Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization			_						 	<u> </u>						
(A) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation From the organization	· · · · · · · · · · · · · · · · · · ·	-	-								npensa	ation fr	om			
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0	(A)								(B)							
\$100,000 of compensation from the organization 0	Name and business	address	N	ומכ	<u>. </u>			┥	Description of s	ervices		отрег	Sauori			
\$100,000 of compensation from the organization 0	 -							4				<u> </u>				
\$100,000 of compensation from the organization 0			-		-		-						-	-		
\$100,000 of compensation from the organization 0																
\$100,000 of compensation from the organization 0					-			\dashv		_,						
\$100,000 of compensation from the organization 0								_								
\$100,000 of compensation from the organization 0																
Trocious of componential organization p			ot li	mıte	d to		_	stec	d above) who received m	nore than						
	\$100,000 of compensation from the organi	zation >									<u> </u>	Form §	90 (2	011		

Page 9

NATIONAL CHRISTIAN FOUNDATION REAL PROPERTY, INC.

Part VIII Statement of Revenue (D) Revenue (B) (C) (A) Unrelated Total revenue Related or excluded from exempt function business tax under sections 512, revenue revenue 513. or 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b **b** Membership dues 1c c Fundraising events 135,220 d Related organizations 1d e Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above 17,688,140 17,516,053 g Noncash contributions included in lines 1a-1f \$ 17,823,360 h Total. Add lines 1a-1f **Business Code** Program Service Revenue f All other program service revenue q Total. Add lines 2a-2f ▶ Investment income (including dividends, interest, and 194,420 194,420. other similar amounts) Income from investment of tax-exempt bond proceeds 119 119. Royalties (II) Personal (ı) Real 270371. 6 a Gross rents 71,064. b Less rental expenses 199307. c Rental income or (loss) 199,307 199,307. d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of 8,997,881. assets other than inventory b Less. cost or other basis 8,567,401 and sales expenses 430480. c Gain or (loss) 430,480. 430,480. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less. direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less, cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code OTHER INCOME 13,171 13,171. d All other revenue 13,171. Total. Add lines 11a-11d 837,497. 18,660,857, Total revenue. See instructions. 12 132009 01-23-12 Form **990** (2011

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)

comp	ofete columns (B), (C), and (D)				
	Check if Schedule O contains a respon	se to any question in thi			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(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 United States. See Part IV, line 21	6,255,377.	6,255,377.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,]			
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	İ			
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and 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	79,358.		79,358.	
b	Legal	5,030.		5,030.	
ن م	Accounting	3,030.	<u>-</u> .	3,030.	
d	Lobbying Professional fundraising services. See Part IV, line 17	-			
f	Investment management fees				
g	Other	4,637.		4,637.	
12	Advertising and promotion	-,00.0			
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. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	162 586		162 576	
a	PROPERTY TAXES	163,576.		163,576.	
b	GRANTS TO AFFILIATES	135,057.		135,057.	
C	MISCELLANEOUS PROPERTY	125,452.		125,452.	
ď	OUTSIDE CONSULTANTS	11,940. 828.		828.	
	All other expenses	6,781,255.	6,255,377.	525,878.	0.
25	Total functional expenses. Add lines 1 through 24e	0,/01,200.	0,455,311.	545,070.	<u> </u>
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)				
132014	0 01-23-12			ь	Form 990 (2011)
.5251					1 51111 (2011)

Pa	rt X	Balance Sheet			
	•		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1_	
	2	Savings and temporary cash investments	583,886.	2_	547,799.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	15,171.	4	54,287.
	5	Receivables from current and former officers, directors, trustees, key			
	1	employees, and highest compensated employees. Complete Part II			_
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net	3,002,693.	7	5,827,864.
Ass	8	Inventories for sale or use		8	
_	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 40,331,322.			
	ь	Less: accumulated depreciation 10b	38,280,637.	10c	40,331,322.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities, See Part IV, line 11	1,932,666.	12	4,342,416.
	13	Investments - program-related. See Part IV, line 11		13	·-
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	86,561.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	43,815,053.	16	51,190,249.
	17	Accounts payable and accrued expenses	176,203.	17	262,914.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			
japi		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 to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	85,615.	25	86,561.
	26	Total liabilities. Add lines 17 through 25	261,818.	26_	349,475.
		Organizations that follow SFAS 117, check here X and complete			
es		lines 27 through 29, and lines 33 and 34.			ا لا ـــــــــــــــــــــــــــــــــــ
anc	27	Unrestricted net assets	43,553,235.	27	50,840,774.
3ali	28	Temporarily restricted net assets	<u> </u>	28	
<u> </u>	29	Permanently restricted net assets		29	
Fund Balances		Organizations that do not follow SFAS 117, check here and			
6		complete lines 30 through 34.			1
ets	30	Capital stock or trust principal, or current funds		30	
455	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances	43,553,235.	33	50,840,774.
	34	Total liabilities and net assets/fund balances	43,815,053.	34	51,190,249.

Form 990 (2011)

Form **990** (2011)

Fc	orm 9	990 (2011) PROPERTY, INC.	<u> </u>	<u>-⊿oɔ</u>	<u> </u>	Pag	ge 12
E	Part	XI Reconciliation of Net Assets			<u>-</u>		
		Check if Schedule O contains a response to any question in this Part XI					X
	•						
1	1	Total revenue (must equal Part VIII, column (A), line 12)	1		8,660		
2	2	Total expenses (must equal Part IX, column (A), line 25)	2		6,78 :		
3	3	Revenue less expenses. Subtract line 2 from line 1	3		1,87		
4	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3,55		
5	5 (Other changes in net assets or fund balances (explain in Schedule O)	5		4,59		
_		Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	5	0,84	0,7	74.
E	Part	XII Financial Statements and Reporting					
		Check if Schedule O contains a response to any question in this Part XII					<u>Ш</u>
						Yes	No
•	1 /	Accounting method used to prepare the Form 990: L Cash LX Accrual L Other			1 1		
		If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						X
	b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit	t ,			
	I	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	L
		If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule ()			
	d I	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a				
	;	separate basis, consolidated basis, or both			1 1		
		Separate basis			1 1		
3	3a /	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Aı	ıdıt			
	,	Act and OMB Circular A-133?			3a		X
	b I	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	ıdıt			
		or audits, explain why in Schedule O and describe any steps taken to undergo such audits			36		I

SCHEDULE A (Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support

2011

Open to Public

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

NATIONAL CHRISTIAN FOUNDATION REAL

Inspection
Employer identification number

		PROPERT							58	3-2655939
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part) See inst	tructions		
The orga	nization is not a	a private foundation	because it is. (For lines 1	I through 1	11, check	only one b	ox)			
1 🗀	A church, co	nvention of churche	s, or association of churc	ches desci	ribed in se	ction 170	(b)(1)(A)(i)	١.		
2	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E)						
з 🗀	A hospital or	a cooperative hospi	tal service organization of	described	n section	170(b)(1)(A)(iii).			
4 🗀	A medical res	search organization	operated in conjunction	with a hos	pital desci	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter tl	ne hospital's name,
	city, and stat	e:								
5 🗀	An organizati	on operated for the	benefit of a college or ur	niversity ov	vned or op	erated by	a governi	mental uni	t describe	ed in
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)							
6	A federal, sta	ite, or local governm	ent or governmental uni	t described	ın sectio	n 170(b)(1	I)(A)(v).			
7	An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	general p	oublic described in
	section 170(b)(1)(A)(vi). (Comple	ete Part II.)							
в 🖳	A community	trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II.)					
9 🖳	An organizati	on that normally red	eives (1) more than 33 1	1/3% of its	support f	rom contri	butions, n	nembershi	p fees, an	d gross receipts from
	activities rela	ited to its exempt fu	nctions - subject to certa	un exception	ons, and (2) no more	than 33 1	1/3% of its	support	from gross investment
	income and i	unrelated business t	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	ınızatıon a	ifter June 30, 1975.
	See section	509(a)(2). (Complete	e Part III.)							
10 🖳		ion organized and op	perated exclusively to te	st for publi	c safety. S	See sectio	n 509(a)(4	1).		
11 X	•	-	perated exclusively for th							
	more publicly	supported organization	ations described in section	on 509(a)(1	l) or section	on 509(a)(2	?). See se c	ction 509 (a)(3). Che	ck the box that
		· · · · · · · · · · · · · · · · · · ·	organization and compli		_				. —	
TV.	a X Type I		**			tionally int	•		d L	Type III - Other
e X	,	=	at the organization is not							
_			han one or more publicly						3(a)(1) or s	section 509(a)(2)
f			tten determination from t	the IRS tha	it it is a Ty	pe I, Type	II, or Type	e III		
		rganization, check tl	<u>-</u>						0	
g	-		organization accepted ar			-				Van Ma
		•	lirectly controls, either al	one or tog	etner with	persons c	escribed	ın (II) and (iii) below,	Yes No
	_		upported organization?							
		•	n described in (i) above?		. 0					
L			person described in (i) o							11g(iii) X
h	Provide the to	ollowing information	about the supported or	ganization	(S).					
(1) No		(2) 514	(iii) Type of	Viv) Is the o	raanization	(v) Did you	i notify the	(vi) Is	the I	(vill) A
	e of supported	(ii) EIN	organization	in col. (i) lis				organization	on in col. i	(vii) Amount of support
UI	ganization		(described on lines 1-9 above or IRC section	governing				(i) organız U.S	.?	Support
			(see instructions))	Yes	No	Yes	No	Yes	No	
NATI	ONAL		<u>"</u>						1	
		58-1493949	7		Х	х		x		6255377.
-										
								<u></u>		
		ļ							├	
Fatal	1									6.255.377.

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

LHA For Paperwork Reduction Act Notice, see the Instructions for

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 or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	ction A. Public Support	·					
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")			}			
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to			İ			
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to				1		
	the organization 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			1			
	supported organization) included						
	on line 1 that exceeds 2% of the		Ì				
	amount shown on line 11,	,		!			
	column (f)						
	Public support. Subtract line 5 from line 4						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4		•				<u></u>
8	Gross income from interest,					ĺ	
	dividends, payments received on			ļ			
	securities loans, rents, royalties			1			
	and income from similar sources						
9	Net income from unrelated business					<u> </u>	
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain			1			
	or loss from the sale of capital					-	
	assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10			<u> </u>			
12	Gross receipts from related activities,	etc (see instructi	ons)			12	
13	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a section	n 501(c)(3)	. —
S	organization, check this box and stor	here	t				<u> </u>
	ction C. Computation of Publ						
	Public support percentage for 2011 (I	, ,,,	•	column (f))		14	%
	Public support percentage from 2010	•	•		44 00 4/00/	15	<u>%</u>
168	33 1/3% support test - 2011. If the c	-			14 IS 33 1/3% or r	nore, cneck this bo	ox and
	stop here. The organization qualifies		•		d l 45 00 4/00	/	
	33 1/3% support test - 2010. If the c				ı ime 15 is 33 1/3%	o or more, check th	IIS DOX
47-	and stop here. The organization qual	•			0 10 160 0-165	and line 14 is 100/	or more
	10% -facts-and-circumstances tes	7					
	and if the organization meets the "fac			-	•	rt iv now the organ	nzation
	meets the "facts-and-circumstances"	•	•		-	17a and l 45	100/ 07
	10% -facts-and-circumstances tes	-					
	more, and if the organization meets the				-		; ▶[¬
10	organization meets the "facts-and-circ		-				
10	Private foundation. If the organization	п ии посспеска	DOX OF THE 13, 16	oa, 100, 17a, 0r 17		and see instruction edule A (Form 990	
					GCH6	Judie A (FUI II) 550	, o, 330-E4140

| 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 or if the organization failed to qualify under Part II If the organization fails to

quality under the tests listed be Section A. Public Support	now, please com	piete Part II)					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	Τ ,	e) 2011	(f) Total
1 Gifts, grants, contributions, and	(4) 2001	(5) 2000	(6) 2000	(4) 2010	 	0,2011	(1) / O.C.
membership fees received. (Do not include any "unusual grants.")							
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any 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							
Tax revenues levied for the organ- ization'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					1		
7a Amounts included on lines 1, 2, and		-			t		
3 received from disqualified persons		ŀ			İ		
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
c Add lines 7a and 7b							
8 Public support (Subtract fine 7c from line 6)						, ,	
Section B. Total Support							
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	1 (e) 2011	(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 Total support (Add lines 9, 10c, 11, and 12)	the error ==	o front page of the	d fourth as fifth t	av voor oo a cast	1 20 501	(a)(3) arass	ration
14 First five years. If the Form 990 is for check this box and stop here	the organization	s iirst, second, thir	u, iourui, or iiith t	ax year as a section	UC 11U	(U)(U) Organiz	.auon,
Section C. Computation of Publi	c Support Pe	ercentage					
 , , ,			column (fl)		15		%
Public support percentage for 2011-(liiPublic support percentage from 2010			Joiumm (I))		16		%
Section D. Computation of Inves				•	110 1	_	
17 Investment income percentage for 20					17		%
18 Investment income percentage from 2			10, 00,00		18		
19a 33 1/3% support tests - 2011. If the			on line 14, and lin	e 15 is more than	-	%, and line 1	
more than 33 1/3%, check this box an	-					, , , and in C	▶ □
b 33 1/3% support tests - 2010. If the	•	•		• •		an 33 1/3%	and
line 18 is not more than 33 1/3%, chec	•						▶ □
20 Private foundation. If the organization							
20072 01 24 12	or or oon a					A (Form 90	0 000 F7) 004

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, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions. 2011
Open to Public

Name of the organization

NATIONAL CHRISTIAN FOUNDATION REAL PROPERTY INC.

Employer identification number 58 – 26 5 5 9 3 9

D =	PROPERTY, INC.	d Francis on Other Olas II Francis	30-2033939
Pai			ACCOUNTS. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		(h) Funda and other-security
	-	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	61	
2	Aggregate contributions to (during year)	17,823,361.	
3	Aggregate grants from (during year)	6,294,711.	
4	Aggregate value at end of year	44,673,738.	
5	Did the organization inform all donors and donor advisors in w		funds
	are the organization's property, subject to the organization's e		X Yes No
6	Did the organization inform all grantees, donors, and donor ac	• •	•
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose con	Iferring
B	impermissible private benefit?		X Yes No
Pai			IV, line /
1	Purpose(s) of conservation easements held by the organization	. —————————————————————————————————————	
	Preservation of land for public use (e.g., recreation or ed	· —	
	Protection of natural habitat	Preservation of a certified	I historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualific	ed conservation contribution in the form of a	conservation easement on the last
	day of the tax year.		Unidade Fadade Tary
			Held at the End of the Tax 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 stru	· ·	2c
d	Number of conservation easements included in (c) acquired a	itter 8/1//06, and not on a historic structure	
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the org	ganization during the tax
	year •	amont in located N	
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the peri		Yes No
e	violations, and enforcement of the conservation easements it		
6 7	Staff and volunteer hours devoted to monitoring, inspecting, a Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) above		<u> </u>
J	and section 170(h)(4)(B)(ii)?	e satisfy the requirements of section 17 o(n)(-	Yes No
9	In Part XIV, describe how the organization reports conservation	on easements in its revenue and expense sta	
•	include, if applicable, the text of the footnote to the organizati	•	
	conservation easements	orro manda statemento trial accombos trio	organization o accounting to:
Pai	t III Organizations Maintaining Collections of	Art. Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" to Form 9	-	
1a	If the organization elected, as permitted under SFAS 116 (ASC		t and balance sheet works of art.
	historical treasures, or other similar assets held for public exhi	•	
	the text of the footnote to its financial statements that describ		, , , , , , , , , , , , , , , , , , , ,
b	If the organization elected, as permitted under SFAS 116 (ASC		d balance sheet works of art, historical
_	treasures, or other similar assets held for public exhibition, ed		
	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 trea	isures, or other similar assets for financial da	in. provide
_	the following amounts required to be reported under SFAS 11	•	,
а	Revenues included in Form 990, Part VIII, line 1		▶ \$
	Assets included in Form 990, Part X		\$
_			

Schedule D (Form 990) 2011

NATIONAL CHRISTIAN FOUNDATION REAL

Sche	dule D (Form 990) 2011 PROPERT	Y, INC.				_		<u> 58-2</u>	<u>655939</u>	Page 2
Pai	t III Organizations Maintaining C	ollections of A	rt, Histo	rical Tr	easures, d	or Other	Simila	ar Ass	ets (contir	nued)
3	Using the organization's acquisition, accession (check all that apply)	on, and other record		•	_		nificant i	use of it	s collection	items
а	Public exhibition	d			hange progra	ams				
b	Scholarly research	е	L Ot	her						
С	Preservation for future generations									
4	Provide a description of the organization's co	•	-		-			ose in Pa	art XIV.	
5	During the year, did the organization solicit o					er sımılar a	ssets	Г	٦.,	
Do	to be sold to raise funds rather than to be ma					*** " - =			Yes	No_
Pai	t IV Escrow and Custodial Arrang		ete if the o	rganızatıo	n answered	"Yes" to F	orm 990	, Part IV	, line 9, or	
	reported an amount on Form 990, Par									
ıa	Is the organization an agent, trustee, custodi	an or other intermed	nary for co	ntribution	s or other as	sets not in	iciuaea	Г	¬ _V	□ No
	on Form 990, Part X?		والمراج والمراجع المراجع المراجع	ala.					Yes	L NO
D	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing tax	oie:					Amount	
_	Paginning halanas						10		Amount	
ی	Additions during the year						1c 1d			
u	Additions during the year						1e			
4	Distributions during the year Ending balance						1f			
) 22	Did the organization include an amount on Fo	orm 000 Part Y line	212				L <u></u>	- 1	Yes	No
	If "Yes," explain the arrangement in Part XIV.		211					_	163	
Pai			swered "Y	'es" to Fo	rm 990. Part	IV. line 10				
		(a) Current year	(b) Prio		(c) Two year) Three y	ears bac	k (e) Four	years back
1a	Beginning of year balance	(a) Carrorne your	(5) 1 115	, you.	(6) 1110 7000	(4	· , ····· ,		1	
b	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships					Ì		-		
e	Other expenditures for facilities									
	and programs									ì
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent year end baland	e (line 1g,	column (a	ı)) held as:	•				
а	Board designated or quasi-endowment	•	%	·						
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶	 %								
	The percentages in lines 2a, 2b, and 2c should	ıld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiz	ation that a	are held a	nd administe	ered for the	e organiz	zation	_	
	by								, , , ,	Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Schedul	le R?					3b	
4	Describe in Part XIV the intended uses of the									
Pai	t VI Land, Buildings, and Equipm	ent. See Form 990), Part X, III	ne 10.						
	Description of property	(a) Cost or o		(b) Cost			umulate		(d) Book	value
	- · · · · · · · · · · · · · · · ·	basis (investr		basis ((other)	depr	eciation		05 151	
1a	Land	25,456,							25,456	
b	Buildings	14,875,	282.						14,875	,282.
С	Leasehold improvements									
	Equipment			-	•			-		
	Other								40 334	200
Total	. Add lines 1a through 1e. (Column (d) must e	gual Form 990, Part	X, column	(B), line 1	O(c))				40,331	.,322.

Schedule D (Form 990) 2011

Schedule D (Form 990) 2011

DDA	DEDUA	TNC

Part VIII .investinents - Other Securities. See	e Form 990, Part X, line 1			
(a) Description of security or category . (including name of security)	(b) Book value		(c) Method of valua or end-of-year mar	
	<u> </u>		- Crid Or year mar	
(1) Financial derivatives		 		
(2) Closely-held equity interests		<u> </u>		
(3) Other (A) CLOSELY HELD STOCK	400 000	END OF VE	AR MARKET	VAT IID
(B) INTERESTS IN LIMITED	400,000	END-OF-IE	AK MAKKET	VALUE
	600 666	EMD OF VE	AD MADEEM	173 T TTD
(C) PARTNERSHIPS	602,666.		AR MARKET	
(D) INTERESTS IN LLC'S	3,339,750	END-OF-YE	AR MARKET	VALUE
<u>(E)</u>				
(F)				
(G)				
(H)				
()_	4 242 416			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	4,342,416.			
Part VIII Investments - Program Related. Se	ee Form 990, Part X, line			
(a) Description of investment type	(b) Book value		(c) Method of valua or end-of-year mar	
(1)				•
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				·
(8)		†		
(9)		-		
(10)			**	
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, line	15.	<u> </u>		
	Description			(b) Book value
(1)				
(2)				
(3)	-			
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				-
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B) line	15)		<u></u>	
Part X Other Liabilities. See Form 990, Part X, I				
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2) ANNUITIES PAYABLE		86,561.		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
	25.)	86,561.		
Total. (Column (b) must equal Form 990, Part X, col (B) line Fin 48 (ASC 740) Foomble in Part XIV, provide the text of the roomble to Fin 48 (ASC 740)	tne organization s financial state	nents that reports the organiza	mon's liability for uncertal	n tax positions under
132053				

NATIONAL CHRISTIAN FOUNDATION REAL 58-2655939 Page 4 PROPERTY, INC. Schedule D (Form 990) 2011 Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements 18,660,857. Total revenue (Form 990, Part VIII, column (A), line 12) 6,781,255. 2 Total expenses (Form 990, Part IX, column (A), line 25) 2 11,879,602. 3 Excess or (deficit) for the year Subtract line 2 from line 1 3 -4,714,540. Net unrealized gains (losses) on investments 4 5 5 Donated services and use of facilities Investment expenses 6 6 7 7 Prior period adjustments 122,477 8 8 Other (Describe in Part XIV) -4,592,063 9 Total adjustments (net) Add lines 4 through 8 9 ,287,539 10 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 14,853,424. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: -4,714,540. a Net unrealized gains on investments 2b b Donated services and use of facilities c Recoveries of prior year grants 2c 907,107 d Other (Describe in Part XIV.) 2d -3,807,433. e Add lines 2a through 2d 18,660,857. Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV.) c Add lines 4a and 4b **4c** 18,660 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12. 5 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 7,565,885. Total expenses and losses per audited financial statements 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 2c c Other losses 784,630 d Other (Describe in Part XIV.) 2d 784,630. e Add lines 2a through 2d 2e 6,781,255 Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1. a Investment expenses not included on Form 990, Part VIII, line 7b 4b b Other (Describe in Part XIV.) c Add lines 4a and 4b **4**c 6,781 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 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, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also complete this part to provide any additional information. PART X, LINE 2: INCOME TAX EXPENSE IS RECORDED FOR ACTIVITIES THAT GENERATE UNRELATED BUSINESS INCOME. FOR THE YEARS ENDED DECEMBER 31, AND 2010, THE FOUNDATION INCURRED INCOME TAX EXPENSE OF \$0 AND \$0, RESPECTIVELY. INCOME TAX EXPENSE IS INCLUDED IN GENERAL AND ADMINISTRATIVE EXPENSES IN THE CONSOLIDATED FINANCIAL STATEMENTS. THE FINANCIAL STATEMENT EFFECTS OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN ARE RECOGNIZED IN

Schedule D (Form 990) 2011

132054 01-23-12

THE CONSOLIDATED FINANCIAL STATEMENTS WHEN IT IS MORE LIKELY THAN NOT,

BASED ON THE TECHNICAL MERITS, THAT THE POSITION WILL BE SUSTAINED UPON

PROPERTY, INC.

Schedule D (Form 990) 2011 PROPERTY, INC.	58-2655939 Page 5
Part XIV .Supplemental Information (continued)	
EXAMINATION. INTEREST AND PENALTIES, IF ANY, ARE INCLUDED	IN EXPENSES IN
THE CONSOLIDATED STATEMENTS OF ACTIVITIES. AS OF DECEMBER	31, 2011, THE
FOUNDATION HAD NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR	RECOGNITION OR
DISCLOSURE IN THE FINANCIAL STATEMENTS.	
PART XI, LINE 8 - OTHER ADJUSTMENTS:	
SHAREHOLDER DISTRIBUTION	116,699.
CHANGE IN VALUE OF ANNUITIES AND TRUSTS	5,777.
ROUNDING	1.
TOTAL TO SCHEDULE D, PART XI, LINE 8	122,477.
	·•
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
INTERNAL GENERAL/PROGRAM FUND TRANSFERS	668,097.
RECLASS FROM EXPENSE TO REAL GAIN/LOSS	6,136.
RECLASS RENTAL EXP	71,064.
RECLASS TO GRANTS	39,335.
SHAREHOLDER DISTRIBUTIONS	116,699.
CHANGE IN VALUE OF ANNUITIES AND TRUSTS	5,777.
ROUNDING	-1.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	907,107.
	· · · · · · · · · · · · · · · · · · ·
PART XIII, LINE 2D - OTHER ADJUSTMENTS:	
RECLASS TO GRANTS	39,335.
RECLASS FR EXP TO REAL GAIN/LOSS	6-,136.
RECLASS RENTAL EXP	71,064.
INTERNAL GENERAL/PROGRAM FUND TRANSFERS	668,097.
ROUNDING	-2.
TOTAL TO SCHEDULE D, PART XIII, LINE 2D	
122055	Schedule D (Form 990) 2011

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

2 Employer identification number 58-2655939 inspection SUPPORT OF GRANT-MAKING (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 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. Part II can be duplicated if additional space is needed Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection non-cash assistance (g) Description of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. CASH 0 (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ► Attach to Form 990. (d) Amount of cash grant 6,255,377. NATIONAL CHRISTIAN FOUNDATION REAL (c) IRC section if applicable 501(C)(3) 58-1493949 General Information on Grants and Assistance (p) EIN PROPERTY. INC. criteria used to award the grants or assistance? INC. - 11625 RAINWATER DRIVE, STE 1 (a) Name and address of organization NATIONAL CHRISTIAN CHARITABLE FDN 500 - ALPHARETTA, GA 30009 or government Name of the organization Department of the Treasury Internal Revenue Service Part

ons listed in the line 1 table	
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	Enter total number of other organizations listed in the line 1 table

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

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Schedule I (Form 990) (2011)

LHA

58-2655939

Schedule I (Form 990) (2011) PROPERTY, INC.

-Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to 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	ide the informatio	n required in Part I,	line 2, and any other	information required in Part I, line 2, and any other additional information.	
SCHEDULE I, PART I, LINE 2: THE OR	ORGANIZATION	ON DOES NOT	MONITOR	THE USE OF	
FUNDS GRANTED TO ORGANIZATIONS IN	THE UNITED	STATES	SINCE IT G	GRANTS FUNDS	
TO ORGANIZATIONS HERE ONLY IF THOSE		ORGANIZATIONS QU	QUALIFY AS E	EXEMPT FROM	
FEDERAL INCOME TAX UNDER CODE SECT	SECTION 501(501(C)(3)AND THEREFORE,	- 1	ARE BOUND TO	
USE SUCH FUNDS ONLY FOR RELIGIOUS,	, CHARITABLE,		EDCATIONAL OR O	OTHER PURPOSES	
DESCRIBED IN THAT CODE SECTION.					
-					

Schedule I (Form 990) (2011)

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Attach to Form 990. See separate instructions. NATIONAL CHRISTIAN FOUNDATION REAL PROPERTY, INC.

Employer identification number 58-2655939

Pe	rt i Questions negarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items	Į		
	First-class or charter travel Housing allowance or residence for personal use	1		
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
2	Indicate which if any of the fellowing the filling arrangement and to establish the companyation of the arganization's			
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's	1		
	CEO/Executive Director Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director. Explain in Part III			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	-	X
þ	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of.			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.	·		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			_
а	The organization?	6a		Х
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7	X	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
-	ınıtıal contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		

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Schedule J (Form 990) 2011

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PROPERTY, INC.

Schedule J (Form 990) 2011

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(0)	<u>(a)</u>	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive	(iii) Other reportable	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(I)-(D)	Compensation reported as deferred in prior Form 990
			compensation	compensation				
	Ξ			0	0			0
1 WILLIAM WILLIAMS		137,927.	0	• 0	0	19,413.	157,340.	0
	Ξ			0	0	0		0.
2 TERRILL A. PARKER	: 🗉	202,437.	9,111.	0	0	14,849.	226,397.	0
	Ξ				0			0
3 GREGORY L. SPERRY	<u> </u>	178,69	5,404.		0	24,163.	208,257.	0.
	Ξ				0		1 1	• 0
4 KENNETH M. BOWERS	<u> </u>	142,76	9 ' 20		0 • [24,736.	174,000.	0.
	(i)				0.)		0.
5 DAVID D. JOHNSON	(E)	137,91	6,57		0 •	24,579.	169,067.	0
-	(i)			0	0			0.
6 DAVID H. WILLS	(iii)	181,087.	8,392.	• 0	0 •	26,309.	215,788.	0
-	(:)							
7	▣							
-	Ξ							
8	<u> </u>							
	(E)							
6	(ii)							
	(1)							
10	(ii)							
-	Ξ							
11	≘							
	Ξ							
12	(ii)							
	Ξ							
13	(ii)							
	Ξ							
14	≞							
	Ξ							
15	₿							
	≘							
16	(ii)							

Schedule J (Form 990) 2011

Schedule J (Form 990) 2011

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Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any

								1				Schedule J (Form 990) 201
THE RELATED ORGANIZATION PAYS BONUS												
PART I, LINE 7: PART I, LINE 7:	AND EXPENSE REIMBURSEMENT.	-			 -			-	_		_	_

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

2011

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

NATIONAL CHRISTIAN FOUNDATION REAL PROPERTY, INC.

Employer identification number 58-2655939

Types of Property (d) (a) (b) (c) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts tems contributed Form 990, Part VIII, line 1g Art - Works of art 2 Art - Historical treasures 3 Art - Fractional interests 4 Books and publications Clothing and household goods 5 6 Cars and other vehicles 7 Boats and planes R Intellectual property 9 Securities - Publicly traded Securities - Closely held stock 10 11 Securities - Partnership, LLC, or 2,009,750. APPRAISED FMV $\overline{\mathbf{X}}$ trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution -Historic structures 14 Qualified conservation contribution - Other 15 Real estate - Residential 3,038,600. APPRAISED FMV X 16 Real estate - Commercial X 12,041,001. APPRAISED FMV Real estate - Other 17 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 420,710. (NOTE RECEIVAB) APPRAISED FMV X 25 Other -5,992. APPRAISED MINERAL INTER X 26 Other 27 Other Other 28 Number of Forms 8283 received by the organization during the tax year for contributions 29 16 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 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 X 30a the entire holding period? b If "Yes," describe the arrangement in Part II. X 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X 32a contributions? b If "Yes," describe in Part II. If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II Schedule M (Form 990) (2011) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2011)

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

NATIONAL CHRISTIAN FOUNDATION REAL PROPERTY.

Employer identification number 58-2655939

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PROCEEDS TO NATIONAL CHRISTIAN CHARITABLE FOUNDATION, INC. AND OTHER

CHARITIES THAT ORGANIZATION SUPPORTS.

FORM 990, PART VI, SECTION B, LINE 11: LINE 11A EXPLANATION - 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 FOR INFORMATIONAL PURPOSES ONLY. THE FORM IS FILED WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION C, LINE 19: NCFRP'S ANNUAL REPORT AND ITS AUDITED FINACIAL STATEMENTS ARE AVAILABLE ON NCF'S WEBSITE AND UPON REQUEST. NCFRP'S BYLAWS AND SIGNIFICANT OPERATIONAL POLICIES, SUCH AS THE CONFLICT OF INTEREST POLICY, ARE NOT AVAILABLE TO THE PUBLIC.

FORM 990, PART VI, LINE 12A CONFLICT POLICY

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 OFFICERS, DIRECTORS, AND KEY EMPLOYEES MUST CORPORATION. FURTHERMORE, CERTIFY THAT THEY AND THEIR FAMILY MEMBERS HAD NO INTEREST IN ANY

TRANSACTION NOR TOOK ANY ACTION, WHICH WOULD CONTRAVENE THE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 01-23-12

Schedule O (Form 990 or 990-EZ) (2011)

Employer identification number 58 – 2655939

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.

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

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► See separate instructions. ► Attach to Form 990.

2011 Openito Public Inspection

OMB No 1545-0047

Employer identification number 58-2655939

INC. PROPERTY

CHRISTIAN FOUNDATION REAL

NATIONAL

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Part

(a)	(q)	(0)	(p)	(e)	(t)
Name, address, and EIN	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
of disregarded entity		foreign country)			entity
BOUWER-CWP, LLC - 58-2655939					
PO BOX 524					NATIONAL CHRISTIAN FDN
ALPHARETTA, GA 30009-0524	HOLDS REAL ESTATE	MICHIGAN	-6,665.	1.	1. REAL PROPERTY, INC.
SIKMA-CWP, LLC 58-2655939					
PO BOX 524					NATIONAL CHRISTIAN FDN
ALPHARETTA, GA 30009-0524	HOLDS REAL ESTATE	MICHIGAN	-3,921.	1.	1. REAL PROPERTY, INC.
MARYVALE PROPERTY, LLC 58-2655939					
PO BOX 524					NATIONAL CHRISTIAN FDN
ALPHARETTA, GA 30009-0524	HOLDS REAL ESTATE	GEORGIA	-8,909.	300,717.	300,717, REAL PROPERTY, INC.
NCCF SUPPORT 100, LLC 58-2655939					
12910 SHELBYVILLE RD., STE 137					NATIONAL CHRISTIAN FDN
LOUISVILLE, KY 40243	HOLDS LLC.	KENTUCKY	69,921.	1,335,567.	1,335,567, REAL PROPERTY, INC.
		1			

Identification of Related Tax-Exempt Organizations (Complete If the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Part II

(a)	(q)	(0)	(p)	(e)	(J)	(g) Section 5 (2(b) (13)	7/b/(13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	controlled	led (S)
of related organization		foreign country)	section	status (if section	entity	entity?	U
				501(c)(3))		Yes	No
NATIONAL CHRISTIAN CHARITABLE FDN, INC							
58-1493949, 11625 RAINWATER DRIVE; STE 500,							
ALPHARETTA, GA 30009-8678	GRANT MAKING	GEORGIA	501(C)(3)	7	N/A		×
NCCF SUPPORT, INC 58-2268010					NATIONAL		
11625 RAINWATER DRIVE; STE 500					CHRISTIAN		
ALPHARETTA, GA 30009-8678	GRANT MAKING	GEORGIA	501(C)(3)	11 I	CHARITABLE FDN,	X	
NCF CORPORATION - 20-4281656					NATIONAL		
1408 N. WESTSHORE BLVD; STE. 504					CHRISTIAN		
TAMPA, FL 33607-4539	CHARITABLE TRUSTEESHIP	FLORIDA	501(C)(3)	11 I	CHARITABLE FDN,	×	
NATIONAL CHRISTIAN FOUNDATION, INC					NATIONAL		
30-0209280, 11625 RAINWATER DRIVE; STE 500,					CHRISTIAN		
ALPHARETTA, GA 30009-8678	GRANT MAKING	GEORGIA	501(C)(3)	11 г	CHARITABLE FDN,	×	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ns for Form 990.				Schedule R (Form 990) 2011	Form 990) 2011

58-2655939

NATIONAL CHRISTIAN FOUNDATION REAL PROPERTY, INC.

Schedule R (Form 990)

Part 1 Continuation of Identification of Disregarded Entities

(a)	(q)	(0)	Ð	(e)	. 😉
Name, address, and EIN	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
of disregarded entity		foreign country)			entity
ZECHARIAH, LLC 58-2655939					
860 SEREDIPITY DRIVE					NATIONAL CHRISTIAN FDN
AURORA, IL 60504	HOLDS REAL ESTATE	ILLINOIS	37,709.	694,112.	REAL PROPERTY, INC.
MINISTRY BILLBOARDS, LLC 58-2655939					
11 LUMPKIN STREET, SUITE 200	HOLDS BILL BOARD FOR				NATIONAL CHRISTIAN FDN
LAWRENCEVILLE, GA 30045	CHRISTIAN MESSAGES	GEORGIA	0	42,000.	42,000.REAL PROPERTY, INC.
HOTHOUSE TOWNSHIP, LLC 58-2655939					
11 LUMPKIN STREET, SUITE 200					NATIONAL CHRISTIAN FDN
LAWRENCEVILLE, GA 30045	HOLDS REAL ESTATE	GEORGIA	2,325.	969,757.	757, REAL PROPERTY, INC.
GRANT ACTS 434, LLC 58-2655939					
PO BOX 524					NATIONAL CHRISTIAN FDN
ALPHARETTA, GA 30009-0524	HOLDS REAL ESTATE	GEORGIA	-815,000.	1,144,108.	1,144,108. REAL PROPERTY, INC.
MAX 2COR 97 INVESTMENTS, LLC 58-2655939					
2118 HARBOR VIEW COURT					NATIONAL CHRISTIAN FDN
SANTA CRUZ, CA 95062	HOLDS REAL ESTATE	CALIFORNIA	724,602.	2,309,335.	335, REAL PROPERTY, INC.
NCT-1 COR 2:9, LLC 58-2655939					
63 WINDY RIDGE LANE	HOLDS REAL ESTATE AND				NATIONAL CHRISTIAN FDN
KETTLE FALLS, WA 99141	PROMISSORY NOTE	FLORIDA	87,893.	665,402.	REAL PROPERTY, INC.
NCT-103, LLC 58-2655939					
PO BOX 524					NATIONAL CHRISTIAN FDN
ALPHARETTA, GA 30009-0524	HOLDS REAL ESTATE	PLORIDA	-2,895.	225,030.	030, REAL PROPERTY, INC.
NCT-105, LLC 58-2655939					
340 N. POTTEBAUM AVENUE					NATIONAL CHRISTIAN FDN
CASA GRANDE, AZ 85222	HOLDS REAL ESTATE	FLORIDA	0.	1,000,280.	280 REAL PROPERTY, INC.
NCT-104, LLC 58-2655939					
1319 BAYOU DRIVE					NATIONAL CHRISTIAN FDN
OCEAN SPRINGS, MS 39564	HOLDS REAL ESTATE	FLORIDA	-3,587.	231,	931, REAL PROPERTY, INC.
NCT-112, LLC 58-2655939					
PO BOX 97365					NATIONAL CHRISTIAN FDN
RALEIGH, NC 27614	HOLDS REAL ESTATE	FLORIDA	-385,000.	2,900,504.	2,900,504.REAL PROPERTY, INC.

Schedule R (Form 990)

Part | Continuation of Identification of Disregarded Entities

(a)	(q)	(2)	(p)	(9)	. (g)
Name, address, and EIN	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
of disregarded entity	`	foreign country)		`	entity
NCT-119, LLC 58-2655939					
10304 NE 62ND STREET				2	NATIONAL CHRISTIAN FDN
KIRKLAND, WA 98033	HOLDS REAL ESTATE	FLORIDA	35,880.	1,449,885.	REAL PROPERTY, INC.
TOUCHING LIVES II, LLC 58-2655939					
PO BOX 674					NATIONAL CHRISTIAN FDN
WINDERMERE, FL 34786	HOLDS REAL ESTATE	FLORIDA	.0	881,277.	277, REAL PROPERTY, INC.
CARTERSVILLE I, LLC 58-2655939					
4200 NORTHSIDE PKWY, NW, BLDG 2, SUITE 220				2	NATIONAL CHRISTIAN FDN
ATLANTA, GA 30327-3054 :	HOLDS REAL ESTATE	GEORGIA	.0	1,287,650.	REAL PROPERTY, INC.
HILLCREST (LILBURN) I, LLC 58-2655939					
4200 NORTHSIDE PKWY, NW, BLDG 2, SUITE 220				2	NATIONAL CHRISTIAN FDN
ATLANTA, GA 30327-3054	HOLDS REAL ESTATE	GEORGIA	0.	1,328,045.	1,328,045, REAL PROPERTY, INC.
MIDDLEFIELD (BROAD ST.) I, LLC 58-2655939					
4200 NORTHSIDE PKWY, NW, BLDG 2, SUITE 220					NATIONAL CHRISTIAN FDN
ATLANTA, GA 30327-3054	HOLDS REAL ESTATE	GEORGIA	6,300.	1,169,999.	1,169,999, REAL PROPERTY, INC.
JEFFERSON (CHESTNUT ST.) I, LLC					
58-2655939, 4200 NORTHSIDE PKWY, NW, BLDG 2,					NATIONAL CHRISTIAN FDN
SUITE 220, ATLANTA, GA 30327-3054	HOLDS REAL ESTATE	GEORGIA	6,700.	1,324,322.	324, 322, REAL PROPERTY, INC.
CLEVELAND HEIGHTS (LEE RD.) I, LLC					
58-2655939, 4200 NORTHSIDE PKWY, NW, BLDG 2,					NATIONAL CHRISTIAN FDN
SUITE 220, ATLANTA, GA 30327-3054	HOLDS REAL ESTATE	GEORGIA	9,300.	1,631,594.	594, REAL PROPERTY, INC.
ASHTABULA (PROSPECT RD.) I, LLC					
58-2655939, 4200 NORTHSIDE PKWY, NW, BLDG 2,					NATIONAL CHRISTIAN FDN
SUITE 220, ATLANTA, GA 30327-3054	HOLDS REAL ESTATE	GEORGIA	6,900.	1,321,322.	REAL PROPERTY, INC.
MUSTARD SEED LAND FUND, LLC 58-2655939					
3191 WOOD VALLEY ROAD					NATIONAL CHRISTIAN FDN
ATLANTA, GA 30327	HOLDS REAL ESTATE	GEORGIA	-1,599,999.	400,955.	955, REAL PROPERTY, INC.
NCPRP-104, LLC, - 58-2655939					
1110 EAST MISSOURI AVE., STE. 200					NATIONAL CHRISTIAN FDN
PHOENIX, AZ 85014	HOLDS REAL ESTATE	GEORGIA	0.	391,635.	391,635, REAL PROPERTY, INC.

Part I Continuation of Identification of Disregarded Entities Schedule R (Form 990)

(a)	(q)	(၁)	(p)	(e)	· (4)
Name, address, and EIN of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
NCFRP-103, LLC, - 58-2655939					
1110 EAST MISSOURI AVE, STE, 200					NATIONAL CHRISTIAN FDN
PHOENIX, AZ 85014	HOLDS REAL ESTATE	GEORGIA	0.	261,639.	261,639. REAL PROPERTY, INC.
NCFRP-102, LLC 58~2655939					
5121 MCKINNEY AVENUE	ī				NATIONAL CHRISTIAN FDN
DALLAS, TX 75205	HOLDS REAL ESTATE	GEORGIA	21,723.	347,973.	347,973. REAL PROPERTY, INC.
NCFRP-101, LLC, - 58-2655939					
4934 SAINT CROIX DRIVE					NATIONAL CHRISTIAN FDN
TAMPA, FL 33629	HOLDS REAL ESTATE	GEORGIA	-99,748.	1,005.	1,005.REAL PROPERTY, INC.
C&D OF INDIANA HOLDINGS #2, LLC					
58-2655939, 150 SOUTH MADISON AVENUE,					NATIONAL CHRISTIAN FDN
GREENWOOD, IN 46142	HOLDS REAL ESTATE	INDIANA	0	1,650,000.	1,650,000. REAL PROPERTY, INC.
NCFRP-105, LLC 58-2655939					
PO BOX 1643					NATIONAL CHRISTIAN FDN
GAYLORD, MI 49734	HOLDS REAL ESTATE	GEORGIA	o	250,000.	REAL PROPERTY, INC.
NCFRP-106, LLC, - 58-2655939					
5203 DIVISION AVENUE					NATIONAL CHRISTIAN FDN
SOUTH GRAND RAPIDS, MI 49548	HOLDS REAL ESTATE	GEORGIA	0.	500,000.	500,000, REAL PROPERTY, INC.
					,

58-2655939

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

	•						
(a)	(a)	(0)	(Đ	(e)	€	(b)	20,770
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	controlled	led led
of related organization		foreign country)	section	status (if section	entity	organization?	tion?
				501(c)(3))		Yes	S N
NCCF TRUST - 58-6370659					NATIONAL		
952 ECHO LANE; SUITE 190					CHRISTIAN		
HOUSTON, TX 77024	GRANT MAKING	TEXAS	501(C)(3)	11 I	CHARITABLE FDN,	×	
NCF CHARITABLE TRUST - 20-4326440					NATIONAL		
1408 N. WESTSHORE BLVD; STE, 504					CHRISTIAN	·	
TAMPA, FL 33607-4539	GRANT MAKING	FLORIDA	501(C)(3)	11 I	CHARITABLE FDN,	×	
GIVERS TRUST, INC 30-0075789					NATIONAL		
11625 RAINWATER DR; STE 500					CHRISTIAN		
ALPHARETTA, GA 30009-8678	GRANT MAKING	GEORGIA	501(C)(3)	7	CHARITABLE FDN,		×
FOR ADDL RELATED ORGS, SEE THE 2011 990 FOR							
NATL CHRISTIAN CHARITABLE FDN, INC 58-1493949							×
	1						
	-						
	:						
					•		

Schedule R (Form 990) 2011

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

Page 2

58-2655939

(j) (k). General or Percentage managing ownership ownership			ve related	(h) Percentage ownership			 Schedule R (Form 990) 2011
(j) General or managing partner?			ne or mo	e of year sts			R (Forr
(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			scause it had or	(g) Otal Share of end-of-year assets			Schedule
(h) Disproportion- ate atlocations? Yes No K			t IV, line 34 b	(f) Share of total Income			
(g) Share of tend-of-year a assets			to Form 990, Par	(e) Type of entity (C corp, S corp, or trust)			
(f) Share of total income			on answered "Yes"	(d) Direct controlling entity			
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)			te if the organization	(c) Legal domicile (state or foreign country)			46
		_	(Comple	ctivity			
(d) Direct controlling entity		-	ration or Trust ear)	(b) Primary activity			
(c) Legal domicile (state or foreign			s a Corpo g the tax y				
(b) Primary activity			ianizations Taxable as poration or trust during	Z c			
(a) Name, address, and EIN of related organization			Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	(a) Name, address, and EIN of related organization			132162 01-23-12

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58-2655939

Schedule R (Form 990) 2011 PROPERTY, INC

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	Ιž
1 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?	ns with one or more r	elated organizations listed	I in Parts II-IV?		-	l
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		⋈
b Gift, grant, or capital contribution to related organization(s)				1	×	ĺ
c Gift, grant, or capital contribution from related organization(s)				15	×	
d Loans or loan guarantees to or for related organization(s)				7		∣×
				5 4		×
				2		1
f Sale of assets to related organization(s)				11		,⊠
g Purchase of assets from related organization(s)				19		×
h Exchange of assets with related organization(s)				1h		×
i Lease of facilities, equipment, or other assets to related organization(s)				=		×
i lease of familties enument or other assets from related organization(s)					,	
 Eccase of radiations, equipments, or other assets from related organization (s) Parformance of conjuget or mainheights or fundaments collections for related organization(s) 	(a)dotation(a)		`	= ;		×اۃ
Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			€ ∓		ï∣×
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			Ε.		∣⋉
n Sharing of paid employees with related organization(s)				1n		ا≫ا
 Reimbursement paid to related organization(s) for expenses 				9		×
p Reimbursement paid by related organization(s) for expenses				0		×∣
					-	ı,>
_				-		⋖∣⋗
 Other transfer of cash or property from related organization(s) 				+		۲
2 If the answer to any of the above is "Yes," see the instructions for information on v	who must complete t	is line, including covered	nformation on who must complete this line, including covered relationships and transaction thresholds.			- 1
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved			
NATIONAL CHRISTIAN CHARITABLE FOUNDATION,	В	6,255,377.CASH	CASH			
NATIONAL CHRISTIAN CHARITABLE FOUNDATION,	ر	135 220	220 CASH			1
	,	_	110112			
(3)						Ì
(4)						
(5)						
(9)						
132163 01-23-12	47	-	Schedule	Schedule R (Form 990) 201	n 990) 2	Ď

58-2655939 , Page 4

NATIONAL CHRISTIAN FOUNDATION REAL

Schedule R (Form 990) 2011 PROPERTY, INC.

Part'VI | Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

Percentage Schedule R (Form 990) 2011 ownership 乏 General or P managing partner? Yes No Dispropor Code V-UBI Garbonate amount in box 20 mallocations? of Schedule K-1 PYes No (Form 1065) Ξ end-of-year Share of assets Share of total income Predominant income partners sec (related, unrelated, 5010(3) excluded from tax under section 512-514) | Ves No (e)
Are all
partners sec
501(c)(3)
orgs? ਉ (state or foreign Legal domicile country) Primary activity Name, address, and EIN of entity

Part VII	Suppleme	ntal Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

NCCF SUPPORT, INC.

DIRECT CONTROLLING ENTITY: NATIONAL CHRISTIAN CHARITABLE FDN, INC.

NAME OF RELATED ORGANIZATION:

NCF CORPORATION

DIRECT CONTROLLING ENTITY: NATIONAL CHRISTIAN CHARITABLE FDN, INC.

NAME OF RELATED ORGANIZATION:

NATIONAL CHRISTIAN FOUNDATION, INC.

DIRECT CONTROLLING ENTITY: NATIONAL CHRISTIAN CHARITABLE FDN, INC.

NAME OF RELATED ORGANIZATION:

NCCF TRUST

DIRECT CONTROLLING ENTITY: NATIONAL CHRISTIAN CHARITABLE FDN, INC.

NAME OF RELATED ORGANIZATION:

NCF CHARITABLE TRUST

DIRECT CONTROLLING ENTITY: NATIONAL CHRISTIAN CHARITABLE FDN, INC.

NAME OF RELATED ORGANIZATION:

GIVERS TRUST, INC.

DIRECT CONTROLLING ENTITY: NATIONAL CHRISTIAN CHARITABLE FDN, INC.

01-23-1