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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)

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

Open to Public Inspection

M	roi uie	20 12 Calendar year, or tax year beginning	anc	r chang	-					
В	Check if	C Name of organization	ND 1 0 1 0 1 0 1 1		D Employer ide	entification number				
г	Addres	NATIONAL CHRISTIAN FOO	NDATION REAL							
F	lchange Rame change		 		58	3-2655939				
	Initial return	Number and street (or P.O. box if mail is not de	ivered to street address)	Room/suite	 	Telephone number				
	Termin		,	500		4.252.0100				
	Amend return	City, town, or post office, state, and ZIP cod			G Gross receipts \$	11,747,058	•			
	Applic tion pendir	AUTIMIUTIA, GA 30003			H(a) Is this a gro					
	pondii	F Name and address of principal officer: DAV	ID D. JOHNSON		for affiliates					
_		11625 RAINWATER DRIVE S	<u> </u>		-	es included? X Yes No	D			
		empt status: X 501(c)(3) 501(c)() te: > WWW.NATIONALCHRISTIAN.		or 527	⊣ " " " " " ~ " ~ " ~ " ~ " ~ " ~ " ~ "	ich a list. (see instructions)				
			sociation Other	I Vaar		nption number 1 M State of legal domicile G	<u> </u>			
	art i	Summary	Sociation other		oriorination. 200	I M State of legal doffficile G	=			
_		Briefly describe the organization's mission or most	significant activities: THE	CORPOR	RATION ACC	EPTS GIFTS OF	—			
Activities & Governance	1	REAL ESTATE INTERESTS, LI	QUIDATES THE IN	TERES'	'S AND GRA	NTS THE	_			
rna		Check this box F I if the organization disco		· · · · · · · · · · · · · · · · · · ·			_			
ove.		Number of voting members of the governing body				3	3			
ص ھ	4	Number of independent voting members of the go		4	<u>1</u>					
es	5	Total number of individuals employed in calendar y	ear 2012 (Part V, line 2a)				0			
iviti	1	Total number of volunteers (estimate if necessary)			0					
Act	1	Total unrelated business revenue from Part VIII, co	` ''			7a 0				
_	Ь	Net unrelated business taxable income from Form	990-T, line 34			7b 0	<u>•</u>			
	١.	Ocabello Acord and Arrata (Dark VIII Inc. 4b)		-	Prior Year 17,823,36	Current Year 5, 290, 007	,			
Jue		Contributions and grants (Part VIII, line 1h)	-	<u> </u>	17,023,30	0. 0.007	Ė			
Revenue	1	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4	and 7d)	·	624,90	<u> </u>	Ė			
æ	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8d	•		212,59					
	1	Total revenue - add lines 8 through 11 (must equa			18,660,85					
		Grants and similar amounts paid (Part IX, column			6,255,37					
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0. 0				
es	15	Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)			0. 0				
Expenses	16a	Professional fundraising fees (Part IX, column (A),	line 11e)	, L		0. 0	•			
X		Total fundraising expenses (Part IX, column (D), lin	•	0.	E 2 E 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	70 262 020	_			
		Other expenses (Part IX, column (A), lines 11a-11d		_	525,87					
		Total expenses. Add lines 13-17 (must equal Fart Revenue less expenses Subtract line 48 from line		-	6,781,25					
Or Ses		Hevenue less expenses Subtract ine 16 from line	70	, B	eainning of Current Y		•			
ets c	20	Total assets (Part X, line 16) NOV 2 5 2		<u> -</u>	51,190,24		_			
Net Assets	21	Total assets (Part X, line 16) NOV 252	013 80	<u> </u>	349,47					
E SE	22	Net assets or fund balances Subtract line 21 from			50,840,77					
P		Signature Block UGDEN	UT		.					
Unc	ler pena	Ities of perjury, I declare that I have examined this return.	including ac companying schedul	es and staten	nents, and to the best	of my knowledge and belief, it is	<u> </u>			
true	, correc	t, and complete. Declaration of preparer (other than office	er) is based on all information of v	vhich prepare	r has any knowledge.	·	_			
		Janua				5-13	_			
Sig		Signature of officer	mpra cupup hee	D Adres	Date	1/con				
He	re	DAVID D. JOHNSON, CFO/ Type or print name and title	TREASURER DEVI	SN GOTTON	2204, 221-22	190	_			
_			Preparer's signature		Date Che	ck PTIN				
Pai	d	Print/Type preparer's name	riepaiei s signature		ıt.	·· —				
	parer	Firm's name	Firm's EIN	employed N	—					
	Only	Firm's address	7 3	·	_					
	•	· · · · · · · · · · · · · · · · · · ·			Phone no	J <u>.</u>				
Ma	y the IF	RS discuss this return with the preparer shown abo	ove? (see instructions)			Yes N				
	101 12-1			ions		Form 990 (201	2			

C	(Code) (Expenses \$	including grants of \$) (R	evenue \$)
			 	 	-		
				 	··		
					<u> </u>		
						_	

Other program services (Describe in Schedule O.)

Total program service expenses

) (Revenue \$

5,826,515.

Form **990** (2012)

Form 990 (2012) 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)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	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	4	х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť		
	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		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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			
44	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	2007.1.128	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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.	2237		1 20 E 2 A
Ī	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	<u>-</u> -		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11Ь	X	
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	<u> </u>	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			**
.	Schedule D, Parts XI and XII Was the appropriation polyidad in consolidated undependent suidted frameual attackment for the transport	12a		<u> </u>
D	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 and XII is optional	40.	x	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, 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		
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		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		<u> </u>
2 0a	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		
		Form	990 (2012)

Form 990 (2012) PROPERTY, INC. Part IV Checklist of Required Schedules (continued)

٠			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the 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 Part 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 current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
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 member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		1	12.00
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	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			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		<u> </u>	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		ا ـ ا	
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990 ((2012)

PROPERTY, INC. Statements Regarding Other IRS Filings and Tax Compliance Part V

	Check it 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 25	()	•	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	_	۳.	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportable gaming		ا نين	
	(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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ms?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)	· .		٠
3а	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		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	•			
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		Х
þ	If "Yes," enter the name of the foreign country: ▶		,	7	
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accounts.	_		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction.	iction?	5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	ne organization solicit	1 _		.
_	any contributions that were not tax deductible as charitable contributions?		6a		X
D	If "Yes," did the organization include with every solicitation an express statement that such contribu-	tions or giπs			
7	were not tax deductible?		6b		-
7 a	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	nuces provided to the payor?	7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	vices provided to the payor:	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required	''		
·	to file Form 8282?	ao roquirou	7c		х
d	If "Yes," Indicate the number of Forms 8282 filed during the year	7d	1	·	1.
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	.	7e		$\tilde{\mathbf{x}}$
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file F		7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz	·	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D	id the supporting	(,;	- 4	1
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any time during the year?	8		x
9	Sponsoring organizations maintaining donor advised funds.			/ = 0	`_
а	Did the organization make any taxable distributions under section 4966?		9a		X
ь	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		X
10	Section 501(c)(7) organizations. Enter:		,	1	i
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		,	i
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	· **	2.7	
11	Section 501(c)(12) organizations. Enter:	1 1	3	- a 🗓	
а	Gross income from members or shareholders	11a		ξ · 15	
b	Gross income from other sources (Do not net amounts due or paid to other sources against				i
	amounts due or received from them.)	11b	. '	-	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a	AC 10 \$	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		h (Si	ļ
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u> </u>	£ 1	-
а	Is the organization licensed to issue qualified health plans in more than one state?		13a	-	
L	Note. See the instructions for additional information the organization must report on Schedule O.		, ,	-	
D	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	136	ار ا	'- 'à	
_	Enter the amount of reserves on hand	13c	, ,	1	-
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	 le O	14b	 _	 -
	in 100, into it into a form 120 to report these payments in 110, provide an expandation in concede			990	(2012)
			3,,,,		, ·-/

NATIONAL CHRISTIAN FOUNDATION REAL

PROPERTY, INC.

Page 6

Form 990 (2012) PROPERTY, INC. 58-2655939 Page 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			\mathbf{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			4								
	If there are material differences in voting rights among members of the governing body, or if the governing											
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.											
ь	Enter the number of voting members included in line 1a, above, who are independent 1b 1			W.								
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?	2		X								
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?	3		X								
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X								
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X								
6												
7a	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	l .	X								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		1	ZX.								
а	The governing body?	8a	X									
b	Each committee with authority to act on behalf of the governing body?	8b	Х									
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		X								
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?	10ь										
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.		***	37.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	· · · · · · · · · · · · · · · · · · ·	Χ̈́								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b										
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe											
	ın Schedule O how this was done	12c										
13	Did the organization have a written whistleblower policy?	13	Х									
14	Did the organization have a written document retention and destruction policy?	14		X								
15	Did the process for determining compensation of the following persons include a review and approval by independent		2.9									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	選										
а	The organization's CEO, Executive Director, or top management official	15a		X								
b	Other officers or key employees of the organization	15b		X								
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100		灰								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		W.	X								
	taxable entity during the year?	16a		X								
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		1	1								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			بعثلج								
	exempt status with respect to such arrangements?	16b										
Sec	tion C. Disclosure											
17	List the states with which a copy of this Form 990 is required to be filed ►GA, CA											
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)	availab	le									
	for public inspection. Indicate how you made these available. Check all that apply. Own website											
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, ar	d fina-	acial									
	statements available to the public during the tax year.	iu iiildi	icidi									
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	tion: Þ										
	CORPORATION - 404.252.0100	alon.										
232008	11625 RAINWATER DRIVE; STE. 500, ALPHARETTA, GA 30009-8678											
12-10-	12	Form	990	2012)								

Form 990 (2012) Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a re	esponse to any	question in this Part VII
Citeck ii ocitedalo o contanto a r	coponico to any	440000000000000000000000000000000000000

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

- 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.

Check this box if neither the organizatio (A)	(B)			(C Pos)			(D)	(E)	(F)
Name and Title	Average hours per	(do	not c	heck I	more	than	one	Reportable compensation	Reportable compensation	Estimated amount of
	week		box, unless person is both an officer and a director/trustee)					from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	or dire				ated	1 1	organization	(W-2/1099-MISC)	from the
	related	ustee	truste		85	Suadi		(W-2/1099-MISC)		organization and related
	organizations below	lual tr	tional		plog	st com yee	_			organizations
	line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	огшег			
(1) TERRILL A. PARKER	1.00	_								
DIRECTOR AND VICE PRESIDENT	49.00	X		X				0.	226,190.	15,405
(2) CAREY BARNES	1.00									
DIRECTOR	1.00	X						0.	0.	0
(3) WILLIAM WILLIAMS	1.00									
DIRECTOR AND PRESIDENT	49.00	X		X		L		0.	197,437.	22,129
(4) GREGORY L. SPERRY	1.00								202 425	00 540
DIRECTOR	49.00	X	_		_	<u> </u>	_	0.	209,106.	22,540
(5) KENNETH M. BOWERS	1.00	1						_	150 000	25 277
SECRETARY	49.00	┡	_	X	_	┝	H	0.	158,093.	25,977
(6) DAVID D. JOHNSON	1.00	ł		x				0.	157,892.	25,970
TREASURER (7) WILLIAM MATTHEW LAWSON	1.00	-		₽	├	╀		0.	137,632.	23,970
VICE PRESIDENT	49.00	ł	ļ	x				0.	96,952.	23,148
(8) DAVID H. WILLS	0.00	\vdash	-	<u> </u>	⊢	┢	\vdash		30,3321	23,110
FORMER DIRECTOR	20.00	1					x	0.	207,632.	31,489
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Form 990 (2012)

•	(A) Name and title	(B) Average		(C) Position (do not check more			1		(D) Reportable	(E) Reportable	,	Est	(F) timate	d
		hours per week (list any hours for related organizations below line)	tee or director	, unle	ss pe	erson tirecto	Highest compensated composited composited composited composited compensated composited compensated com	th an stee)	compensation from the organization (W-2/1099-MISC)	compensation from related organization (W-2/1099-MI	d is	comp fro orga and	ount o other censa om the anizati d relati nizatio	tion e ion ed
			_		_						:			
			<u> </u>				1						<u>.</u>	
-			_	ļ	_	-	-		'					
														
			-							<u>-</u>				<u>-</u> -
С	Sub-total Total from continuation sheets to Part V	II, Section A					\		0.	1,253,3	0.		6,6	0.
2	Total (add lines 1b and 1c) Total number of individuals (including but recompensation from the organization	not limited to th	nose	liste	ed a	bov	e) w	ho r	 					C
3	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s				ey er	•	oyee	, or	•	mployee on		3	Yes X	No
4	For any individual listed on line 1a, is the si and related organizations greater than \$15	um of reportab	le c	omp	ensa	atıor		d ot	her compensation from	the organization		4	x	
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," continue B. Indonesian Contractors							relat	ted organization or indiv	idual for services	\$	5	` .	X
1	complete this table for your five highest countries the organization. Report compensation for	-									npens	ation f	rom	
	(A) Name and business			ON					(B) Description of s		C	(C omper		n
	-							_						
		 -	_				_	\dashv					<u></u>	
2	Total number of independent contractors (not l	mite	ed to		_	stec	d above) who received r	nore than				
	\$100,000 of compensation from the organ	ization >				ı	0					Form 9	990 (<u>.</u> . 2012)

PROPERTY, INC. 58-2655939 Form 99Q (2012) Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII Revenue excluded from tax under sections 512, 513, or 514 C Related or Unrelated Total revenue exempt function business revenue revenue Gifts, Grants ilar Amounts Federated campaigns Membership dues 1b c Fundraising events 1c 216,708. d Related organizations 1d Contributions, and Other Simi e Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 5,073,299 4,995,398 g Noncash contributions included in lines 1a-1f \$ 5,290,007 h Total. Add lines 1a-1f Business Code Program Service Revenue 2 a All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and 227,676 227,676. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 407,596 6 a Gross rents 75,101 b Less: rental expenses 332 495 Rental income or (loss) 332,495 d Net rental income or (loss) 332,495 7 a Gross amount from sales of (i) Securities (ii) Other 5,760,889 assets other than inventory b Less: cost or other basis 6,064,263 and sales expenses -303,374 c Gain or (loss) -303,374 -303,374 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 Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** OTHER INCOME 60,890 60,890. 11 a All other revenue 60,890 Total. Add lines 11a-11d

317,687.

5,607,694

232009 12-10-12

Total revenue. See instructions.

Form 990 (2012) PROPERTY, INC.
Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	er organizations must co	omplete column (A).	
	Check if Schedule O contains a respon	se to any question in th			
	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	5,826,515.	5,826,515.).	
2	Grants and other assistance to individuals in			-\$ V4	· , · · · ·
	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			. 3	
5	Compensation of current officers, directors,	1			_
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				· · · · · · · · · · · · · · · · · · ·
9	Other employee benefits				
10	Payroll taxes .				
11	Fees for services (non-employees):				
a	Management	6 605			
þ	Legal	6,675.		6,675.	
С	Accounting .			. <u>.</u>	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	2 (52		2 (52	
	column (A) amount, list line 11g expenses on Sch O.)	2,652.	-	2,652.	
12	Advertising and promotion				
13	Office expenses				-
14	Information technology				.
15	Royalties		·		•
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials Conferences, conventions, and meetings				****
19 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.)				
а	GRANTS TO AFFILIATES	90,943.		90,943.	
ь	PROPERTY TAXES	82,672.		82,672.	=
С	MISCELLANEOUS PROPERTY	66,476.		66,476.	
d	OUTSIDE CONSULTANTS	12,695.		12,695.	
e	All other expenses	907.		907.	
25	Total functional expenses. Add lines 1 through 24e	6,089,535.	5,826,515.	263,020.	0.
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)				

Part X | Balance Sheet Check if Schedule O contains a response to any question in this Part X (A) (B) Beginning of year End of year Cash - non-interest-bearing 547,799. 1,407,532. 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 54,287. 4 Accounts receivable, net 56,943. 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other 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 instr). Complete Part II of Sch L 6 Notes and loans receivable, net 5.827.864. 2,852,986. 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 38,638,105. basis Complete Part VI of Schedule D 40,331,322. 38,638,105. Less: accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 4,342,416. 12 Investments - other securities. See Part IV, line 11 6,192,416. 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 86,561. 15 Other assets. See Part IV, line 11 585,304. 15 51,190,249. 16 Total assets. Add lines 1 through 15 (must equal line 34) 49,733,286. 16 262,914. 17 216,007. Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 -iabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable 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 86,561 83,939. Schedule D 25 349.475. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 50,840,774. 49,433,340. 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 50,840,774. Total net assets or fund balances 33 49,433,340. 51,190,249 Total liabilities and net assets/fund balances 34 49,733,286.

Form 990 (2012)

PROPERTY, INC.

Pa	rt XI Reconciliation of Net Assets										
•	Check if Schedule O contains a response to any question in this Part XI					X					
			_								
1	Total revenue (must equal Part VIII, column (A), line 12)	_1_		,60							
2	Total expenses (must equal Part IX, column (A), line 25)	2		,08		35. 41.					
3											
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))										
5	Net unrealized gains (losses) on investments	5		-97	9,8	94.					
6	Donated services and use of facilities	6									
7	Investment expenses	7									
8	Prior period adjustments	8									
9	Other changes in net assets or fund balances (explain in Schedule O)	9		5	4,3	01.					
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,										
_	column (B))	10	49	,43	3,3	40.					
Pa	rt 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: Cash X Accrual Other			Ι.	- 3	1 1					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.		1 2							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewer	d on a				'					
	separate basis, consolidated basis, or both:										
	Separate basis Consolidated basis Both consolidated and separate basis										
b	Were the organization's financial statements audited by an independent accountant?			2b		X					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e bası	s,		,						
	consolidated basis, or both:			'	- 4						
	Separate basis Consolidated basis Both consolidated and separate basis				7,	. !					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audı	t,	, , ,	A						
	review, or compilation of its financial statements and selection of an independent accountant?	-		2c	X	<u> </u>					
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule ^l	Ο.	l ,,	7						
За	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit										
Act and OMB Circular A-133?											
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit											
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		<u> </u>					
				Form	990	(2012)					

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

2012
Open to Public Sulfispection Section

OMB No 1545-0047

Name of	the organizat		L CHRISTIAN	FOUND	ATION	REAL)	E	mployer	identification number
		PROPERT	Y, INC.						5	8-2655939
Part I;	Reason	for Public Cha	r ity Status (All organiz	zations mu	st comple	te this par	t.) See ins	tructions.		
The organ	nzation is not	a private foundation	because it is: (For lines	1 through	11, check	only one b	ox.)	_		
1 🖳	A church, co	nvention of churche	s, or association of chur	ches desc	nbed in se	ection 170	(b)(1)(A)(i).		
2 🖳	A school des	scribed in section 1	70(b)(1)(A)(ii). (Attach Sc	hedule E.)						
з 🖳	A hospital or	a cooperative hosp	ital service organization	described	ın section	170(b)(1)	(A)(iii).			
4 📙			operated in conjunction	with a hos	pital desc	nbed in se	ction 170	(b)(1)(A)(i	iii). Enter	the hospital's name,
	city, and stat									
5 📖			benefit of a college or u	niversity o	wned or o	perated by	a govern	mental ur	nt describ	ped in
		(b)(1)(A)(iv). (Compl								
6 📙			nent or governmental uni							
7 📖			ceives a substantial part	of its supp	ort from a	governme	ental unit o	or from the	e general	public described in
		b)(1)(A)(vi). (Comple	•							
8			section 170(b)(1)(A)(vi).							
9 📖			ceives: (1) more than 33							
			nctions - subject to certa							
			axable income (less sec	tion 511 ta	x) from bu	isinesses a	acquired b	y the org	anızatıon	after June 30, 1975.
40		509(a)(2). (Complet	•			_				
10 L			perated exclusively to te							_
11 L <u>X</u> .			perated exclusively for the							
			ations described in secti				2). See se	ction 509	(a)(3). Ch	eck the box that
	a X Type		organization and compl ype II	ype III - Fu	_		_			
e X			ype II		•	-				n-functionally integrated
6 (22)			than one or more publicly							
f			tten determination from						9(a)(1) or	section 509(a)(2).
•		rganization, check t			atitis at ry	pe i, Type	ii, oi Type	5 III		
9	· · · · · ·	-	organization accepted ar	ny aift or ci	ontabution	from any	of the follo	 Del Dallwo	eone?	<u> </u>
9	_		lirectly controls, either al			-		٠,		Yes No
			upported organization?			p 0.00.10 C		(, aa	(, 55,511	11g(i) X
		- ·	n described in (i) above?	•	• •	•				11g(ii) X
		•	ı person described in (i) o		e?			•	•	11g(iii) X
h		=	about the supported or		•		• •	-	•	
		•	• • • • • • • • • • • • • • • • • • • •	-	` ,					
(i) Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Did you	notify the	(vi) !	s the	(vii) Amount of monetary
	anization	(.,,=	(described on lines 1-9	in col. (i) lis			ion ın col.	organizáti (i) organiz	on in col. zed in the	support
			above or IRC section (see instructions))	governing	document?	(i) of you	supporty	(i) organi U.S	5.?	
			(acc instructions))	Yes	No	Yes	No	Yes	No	
NATIO			<u> </u>							
CHRIS	TIAN CH	58-1493949	7		Х	X		X		5,255,466.
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Total	1				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				V.	5,255,466.
							* 40 - 4 -	~ /~ 15 4	1 7 4 55 724	

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

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 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.)

	tion A. Public Support						_
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and		-				
	membership fees received. (Do not						
	include any "unusual grants.")				1	I	_
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to		•				
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions					S. 6. 3.	
	by each person (other than a					23	
	governmental unit or publicly		•		!		
	supported organization) included				4,4		
	on line 1 that exceeds 2% of the	,			· ×		
	amount shown on line 11,	-			,	' ', " ', "	
	column (f)].			1		
6	Public support. Subtract line 5 from line 4					7. 7. 7. 7. 7.	
	tion B. Total Support					*	
Caler	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties				i	!	
	and income from similar sources			ı			
	Net income from unrelated business				1	-	
	activities, whether or not the						
	business is regularly carried on						
	Other income. Do not include gain			····	 	···	-
	or loss from the sale of capital]		
	assets (Explain in Part IV.)						•
	Total support. Add lines 7 through 10	3.					
	Gross receipts from related activities,	etc. (see instruction	ons)		-1	12	
	First five years. If the Form 990 is for	•	•	d, fourth, or fifth t	lax vear as a sectio		
	organization, check this box and stor	here		_, .ou, or mur t	your ao a ocollo	55 ((5)(5)	
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2012 (I			column (fl)		14	9
	Public support percentage from 2011	_	-	.,,.		15	94
			•	n line 13, and line	14 is 33 1/3% or n		
16a	33 1/3% support test - 2012. If the c		· -			-,	
	33 1/3% support test - 2012. If the c stop here. The organization qualifies		orted organization	1			
	stop here. The organization qualifies	as a publicly supp	_		d line 15 is 33 1/3%	or more, check this	s box
b		as a publicly supp organization did no	t check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	or more, check this	s box
b	stop here. The organization qualifies 33 1/3% support test - 2011. If the cand stop here. The organization qual	as a publicly supp organization did no lifies as a publicly s	t check a box on supported organiz	line 13 or 16a, and ation	-	-	ightharpoons
b 17a	stop here. The organization qualifies 33 1/3% support test - 2011. If the cand stop here. The organization qual 10% -facts-and-circumstances tes	as a publicly supp organization did no lifies as a publicly s t - 2012. If the org	ot check a box on l supported organiz anization did not d	line 13 or 16a, and ation check a box on lin	ne 13, 16a, or 16b, a	and line 14 is 10% o	▶ □
b 17a	stop here. The organization qualifies 33 1/3% support test - 2011. If the cand stop here. The organization qual 10% -facts-and-circumstances test and if the organization meets the "facts and if the organization meets and if the organizat	as a publicly supporganization did no ifies as a publicly see t - 2012. If the orgets and circumstan	ot check a box on of supported organize anization did not of ces" test, check the	line 13 or 16a, and ation check a box on lin his box and stop l	ne 13, 16a, or 16b, a here. Explain in Pai	and line 14 is 10% o	or more,
b 17a	stop here. The organization qualifies 33 1/3% support test - 2011. If the cand stop here. The organization qual 10% -facts-and-circumstances test and if the organization meets the "facts-and-circumstances"	as a publicly supporganization did no ifies as a publicly standers. If the orgonstanders. The organizates. The organiza	at check a box on a supported organizanization did not commer test, check the tion qualifies as a	line 13 or 16a, and ation check a box on lin his box and stop l publicly supporte	ne 13, 16a, or 16b, a here. Explain in Par ad organization	and line 14 is 10% o	or more,
b 17a b	stop here. The organization qualifies 33 1/3% support test - 2011. If the cand stop here. The organization qual 10% -facts-and-circumstances test and if the organization meets the "facts-and-circumstances" 10% -facts-and-circumstances test	as a publicly supporganization did no infes as a publicly standers. If the orgets and circumstantest. The organizate - 2011. If the org	at check a box on a supported organization did not commerces, check the strong qualifies as a anization did not commerce.	line 13 or 16a, and ation check a box on lin his box and stop l publicly supporte check a box on lin	ne 13, 16a, or 16b, a here. Explain in Pai ad organization ne 13, 16a, 16b, or	and line 14 is 10% of t IV how the organia	or more,
b 17a b	stop here. The organization qualifies 33 1/3% support test - 2011. If the cand stop here. The organization qual 10% -facts-and-circumstances test and if the organization meets the "facts-and-circumstances" 10% -facts-and-circumstances test more, and if the organization meets the stop of the organization meets the organization	as a publicly supporganization did no infes as a publicly set - 2012. If the orgets-and-circumstantest. The organizatr - 2011. If the orgene "facts-and-circumstantest"	ot check a box on a supported organization did not commerced the commerced to the commerced	line 13 or 16a, and ation check a box on lin his box and stop l publicly supporte check a box on lin heck this box and	he 13, 16a, or 16b, a here. Explain in Par ad organization he 13, 16a, 16b, or I stop here. Explain	and line 14 is 10% of t IV how the organia 17a, and line 15 is 1 in Part IV how the	or more,
b 17a b	stop here. The organization qualifies 33 1/3% support test - 2011. If the cand stop here. The organization qual 10% -facts-and-circumstances test and if the organization meets the "facts-and-circumstances" 10% -facts-and-circumstances test	as a publicly supporganization did not iffes as a publicly set - 2012. If the orgets and circumstantest. The organizat - 2011. If the orgene "facts and circumstand curstand curstand curstances" test.	ot check a box on a supported organization did not deces test, check the tion qualifies as a support and anization did not demonstances test, cl. The organization of	line 13 or 16a, and ation check a box on linh box and stop I publicly supporte check a box on linheck this box and qualifies as a publ	he 13, 16a, or 16b, a here. Explain in Par ad organization he 13, 16a, 16b, or listop here. Explain licly supported orga	and line 14 is 10% of t IV how the organia I7a, and line 15 is 1 in Part IV how the anization	or more,

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 qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	relow, please comp	olete Fait II.)			· · · · · · · · · · · · · · · · · · ·	
	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and			, ,	1	1,7,2,1,2	(4) : 0.10.
	membership fees received. (Do not					Ì	
	include any "unusual grants.")						
2	Gross receipts from admissions,					1	
	merchandise sold or services per-					1	
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to					ļ	
	the organization without charge						
6	Total. Add lines 1 through 5						•
7 <i>a</i>	Amounts included on lines 1, 2, and			*		<u> </u>	
	3 received from disqualified persons						
t	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 line 7c from line 6.)	THE PARTY OF THE P	かかい はいまでは	THE COMMA	ACCEPTANCE OF THE PARTY OF THE	· KARTANA	
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
_	Amounts from line 6				ļ		
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						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b.				}		
	whether or not the business is						
40	regularly carned on						
12	Other income. Do not include gain or loss from the sale of capital				-		
40	assets (Explain in Part IV.)						
	Total support. (Add lines 9, 10c, 11, and 12)		<u> </u>		<u> </u>		
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	on 501(c)(3) organiz	ation,
80	check this box and stop here	io Support Po	roontono			·	
_							
	Public support percentage for 2012 (•	olumn (t))		15	<u>%</u>
	Public support percentage from 2011 ction D. Computation of Investigation			<u> </u>		16	%
			·	12 column (6)		142	
	Investment income percentage for 20	- ·	•	ie is, column (t))		17	<u>%</u>
	Investment income percentage from 2	·	<u> </u>	on line 14 and line		18	<u>%</u>
198	33 1/3% support tests - 2012. If the						r is not
	more than 33 1/3%, check this box a	-	-				. ▶∟
0	33 1/3% support tests - 2011. If the						#110
20	line 18 is not more than 33 1/3%, che			•		•	₹ ∺
<u> 20</u>	Private foundation. If the organization	ar did not check a	<u>204 On line 14, 198</u>	a, or 190, check th	IIIS DUX AND SEE IN	suuctions	

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.

2012
Open to Rublic
Linspection

Name of the organization

NATIONAL CHRISTIAN FOUNDATION REAL PROPERTY INC.

Employer identification number 58 – 2655939

	PROPERTY, INC.		58-2655939
Pa		ds or Other Similar Funds or <i>i</i>	Accounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.		
			(b) Funds and other accounts
1	Total number at end of year	60	
2	Aggregate contributions to (during year)	5,290,007.	
3	Aggregate grants from (during year)	5,826,515.	
4	Aggregate value at end of year	48,903,322.	
5	Did the organization inform all donors and donor advisors in writing the	nat the assets held in donor advised fu	
	are the organization's property, subject to the organization's exclusive	e legal control?	X Yes No
6	Did the organization inform all grantees, donors, and donor advisors	in writing that grant funds can be used	only
	for charitable purposes and not for the benefit of the donor or donor	advisor, or for any other purpose confe	
	ımpermıssible private benefit?		X Yes No
Pa	rt II Conservation Easements. Complete if the organization	n answered "Yes" to Form 990, Part IV	⁷ , line 7.
1	Purpose(s) of conservation easements held by the organization (chec	ck all that apply).	
	Preservation of land for public use (e.g., recreation or education	n) Preservation of an historica	ally important land area
	Protection of natural habitat	Preservation of a certified h	nistone structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified cons	servation contribution in the form of a c	conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic structure in	ncluded in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/1	7/06, and not on a historic structure	
	listed in the National Register	•	2d
3	Number of conservation easements modified, transferred, released, e	extinguished, or terminated by the orga	inization during the tax
	year ▶		
4	Number of states where property subject to conservation easement	s located >	
5	Does the organization have a written policy regarding the periodic mo	onitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?		└─ Yes └─ No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enf	orcing conservation easements during	the year
7	Amount of expenses incurred in monitoring, inspecting, and enforcing	g conservation easements during the y	rear ▶ \$
8	Does each conservation easement reported on line 2(d) above satisfy	y the requirements of section 170(h)(4)((B)(i)
	and section 170(h)(4)(B)(ii)?		└── Yes └── No
9	In Part XIII, describe how the organization reports conservation ease	•	•
	include, if applicable, the text of the footnote to the organization's fin	ancial statements that describes the o	rganization's accounting for
Б-	conservation easements.	1:	0:-:1
Pai	rt III Organizations Maintaining Collections of Art, I		Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Pa	···	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958),		
	historical treasures, or other similar assets held for public exhibition,		if public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes the		
Þ	If the organization elected, as permitted under SFAS 116 (ASC 958),	•	·
	treasures, or other similar assets held for public exhibition, education	n, or research in furtherance of public s	ervice, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
_	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treasures,	<u> </u>	, provide
	the following amounts required to be reported under SFAS 116 (ASC	958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1	•	. • \$
b	Assets included in Form 990, Part X		. > \$

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

Schedule D (Form 990) 2012

NATIONAL CHRISTIAN FOUNDATION REAL

Sche	dule D (Form 990) 2012 PROPERT	Y, INC.	_, _ ,				58	-26	55939	Page 2
Pa	rt III Organizations Maintaining C	collections of A	rt, His	torical Tr	easures,	or Othe				
3	Using the organization's acquisition, access	on, and other record	ds, chec	k any of the	following that	at are a si	gnıficant use	of its	collection	items
	(check all that apply):									
а	Public exhibition	c	. 🗀	Loan or exc	hange progr	ams				
b	Scholarly research	€	, 🗀	Other			_			
С	Preservation for future generations								_	
4	Provide a description of the organization's co	ollections and explai	in how th	ney further t	he organizat	ion's exer	mpt purpose	ın Par	t XIII.	
5	During the year, did the organization solicit of	r receive donations	of art, h	storical trea	sures, or oth	ner sımılar	assets		_	
	to be sold to raise funds rather than to be m								Yes	No No
Pai	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered	"Yes" to	Form 990, Pa	art IV, I	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for	contribution	ns or other as	ssets not	ıncluded		_	
	on Form 990, Part X?							L,	_ Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table:						
									Amount	
C	Beginning balance						1c			
d	Additions during the year						. 1d			
е	Distributions during the year						. <u>1e</u>			
f	Ending balance						1f			
2 a	Did the organization include an amount on F							L_		∐ No
	If "Yes," explain the arrangement in Part XIII.									
Pai	t V Endowment Funds. Complete		I		1				r _	
		(a) Current year	(b) F	rior year	(c) Two yea	rs back	(d) Three year	s back	(e) Four	years back
1a	Beginning of year balance				-			_	<u> </u>	
Ь	Contributions		ļ						ļ	
C	Net investment earnings, gains, and losses		-		ļ				ļ	
đ	Grants or scholarships									
е	Other expenditures for facilities									
_	and programs	· · · · · · · · · · · · · · · · · · ·	-						<u> </u>	
	Administrative expenses		 					_		
9	End of year balance					<u>.</u>	·		<u> </u>	
2	Provide the estimated percentage of the cur	rent year end baland	• .	g, column (a	a)) neid as:					
a	Board designated or quasi-endowment	<u> </u>	_%							
b	Permanent endowment	· -								
С	Temporarily restricted endowment	%								
20	The percentages in lines 2a, 2b, and 2c shown Are there endowment funds not in the posses	•	ation the	st are bold a	ad administr	and for th				
Ja		ssion of the organiz	auon m	at are nelo a	ina aaministi	erea for tr	ie organizatii	חכ	r	Yes No
	by: (i) unrelated organizations									Yes No
	(ii) related organizations								3a(i)	-
Ь	If "Yes" to 3a(ii), are the related organization:	s listed as required r	n Sche	dule R2					3a(ii) 3b	
4	Describe in Part XIII the intended uses of the	•				•	-		30 1	
	t VI Land, Buildings, and Equipm									
	Description of property	(a) Cost or o	•		or other	(c) Ac	cumulated	\top	(d) Book	value
	boothpart of property	basis (investr			(other)		reciation		(a) DOOK	· value
1a	Land	23,428,	-		`'		CORNE PORTO	a 2	3,428	3,823.
b	Buildings	15,209,					- American Marian		5,209	282.
c	Leasehold improvements							╅╧	-,	,
ď	Equipment							+-		
	Other		-					+		-

► 38,638,105. Schedule D (Form 990) 2012

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

Schedule D	(Form	aan)	2012
Schedule 5	(Form)	9901	2012

PRC	PERTY	. INC

Schedule of this society 22				2033333 Tage 0
Part VII Investments - Other Securities. See (a) Description of security or category (including name of security)	Form 990, Part X, line 12 (b) Book value		alustiani Coat ar an	d of year market value
	(b) Book value	(c) Metriod of V	aluation: Cost or end	d-of-year market value
(1) Financial derivatives	.			
(2) Closely-held equity interests		· · · · · · · · · · · · · · · · · · ·		
(3) Other (A) CLOSELY HELD STOCK	2,250,000.	END-OF-Y	EAR MARKET	VALUE
(B) INTERESTS IN LIMITED	2,230,000.	LIND OF T	DIM PARKET	VIIIO
(C) PARTNERSHIPS	1,002,666.	END-OF-Y	EAR MARKET	VALUE
(D) INTERESTS IN LLC'S	2,939,750.		EAR MARKET	
(E)				· · · · · · · · · · · · · · · · · · ·
(F)	·		·	
(G)				· · · · · · · · · · · · · · · · · · ·
(H)				
(1)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	6,192,416.			,
Part VIII Investments - Program Related. See				
(a) Description of investment type	(b) Book value	(c) Method of v	aluation: Cost or end	d-of-year market value
(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 1	5.	,		`
	Description		-	(b) Book value
(1)	-			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)		. <u> </u>		
(9)				
(10)				-
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. See Form 990, Part X, line			<u>_</u>	
		(b) Book value	-	
		(b) DOOK VAIGE	4	
(1) Federal income taxes (2) ANNUITIES PAYABLE		83,939.	, ,	
(3)		00,000	, ,	1 2 1
(4)				
(5)				
(6)			· ·	
(7)	·			
(8)			1	
(9)	<u> </u>		1	
(10)				
(11)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	83,939.	<u> </u>	
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text	of the footnote to the or	ganization's financia	I statements that rea	oorts the organization's

liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2012

			AL CHRISTIAN FOU	NDATION	REAL	
		<u> </u>	TY, INC.			58-2655939 Page 4
Par	t XI	Reconciliation of Revenue	per Audited Financial St	atements V	Vith Revenue per R	leturn
†	Total	revenue, gains, and other support pe	er audited financial statements			1
2	Amou	ints included on line 1 but not on For	m 990, Part VIII, line 12:			
а	Net u	nrealized gains on investments	-	2a		Sel.
b	Dona	ted services and use of facilities	_	2b]]
С	Reco	veries of prior year grants		2 c] .1
d	Othe	(Describe in Part XIII.)		2d		
е	Add I	ines 2a through 2d				
3	Subti	act line 2e from line 1			•	3
4	Amou	ınts ıncluded on Form 990, Part VIII, I	ine 12, but not on line 1:			, ,
а	Inves	tment expenses not included on Forr	n 990, Part VIII, line 7b	4a		j `]
b	Other	(Describe in Part XIII.)		4b		
С	Add I	nes 4a and 4b				4c
5		revenue. Add lines 3 and 4c. (This mi				5
Par	t XII	Reconciliation of Expenses	s per Audited Financial S	Statements	With Expenses per	Return
1	Total	expenses and losses per audited fina	ancial statements			1
2	Amou	ints included on line 1 but not on For	m 990, Part IX, line 25:			135
а	Dona	ted services and use of facilities		2a		- 1/2 (p)
b	Prior	year adjustments		2b		ر المراجع ا
C	Othe	losses	_	2c] '']
d	Other	(Describe in Part XIII.)		. 2d		
е	Add I	ines 2a through 2d				
3	Subti	act line 2e from line 1				3
4	Amou	ints included on Form 990, Part IX, Iir	ne 25, but not on line 1:			î
а	Inves	tment expenses not included on Forr	n 990, Part VIII, line 7b	4a	<u> </u>	* * * * * * * * * * * * * * * * * * *
b	Other	(Describe ın Part XIII.)		4b		
C	Add I	nes 4a and 4b				4c
5		expenses. Add lines 3 and 4c. (This r	nust equal Form 990, Part I, line	18.)		5
Pại	t XIII	Supplemental Information		···		
		nis part to provide the descriptions re	- T			
		irt XI, lines 2d and 4b; and Part XII, lin				
PAF	RT X	, LINE 2: INCOME T	AX EXPENSE IS RE	CORDED I	FOR ACTIVITIE	S THAT
GEN	IERA	TE UNRELATED BUSIN	ESS INCOME. FOR	THE YEAR	RS ENDED DECE	MBER 31, 2012
ANI	20	11, THE FOUNDATION	INCURRED INCOME	TAX EXI	PENSE OF \$0 A	ND \$0,
RES	SPEC	TIVELY. INCOME TAX	EXPENSE IS INCL	UDED IN	GENERAL AND	ADMINISTRATIVE
EXI	ENS	SES IN THE CONSOLID	ATED FINANCIAL S	TATEMEN	rs. THE FINAN	ICIAL STATEMENT
EFF	ECI	S OF A TAX POSITIO	N TAKEN OR EXPEC	TED TO I	BE TAKEN ARE	RECOGNIZED IN
THE	CC	NSOLIDATED FINANCI	AL STATEMENTS WH	EN IT IS	S MORE LIKELY	THAN NOT,
BAS	SED	ON THE TECHNICAL M	ERITS, THAT THE	POSITION	N WILL BE SUS	
						Schedule D (Form 990) 2012

Part XIII Supplemental Information (continued)	_
EXAMINATION. INTEREST AND PENALTIES, IF ANY, ARE INCLUDED IN EXPENSES IN	
THE CONSOLIDATED STATEMENTS OF ACTIVITIES. AS OF DECEMBER 31, 2012, THE	
FOUNDATION HAD NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR RECOGNITION OR	
DISCLOSURE IN THE FINANCIAL STATEMENTS.	

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

OMB No 1545-0047

2 [] Employer identification number 58-2655939 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 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 : : (f) Method of valuation (book, FMV, appraisal, other) CASH ö (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of 5,255,466 cash grant NATIONAL CHRISTIAN FOUNDATION REAL (c) IRC section if applicable 501(C)(3) 58-1493949 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? PROPERTY, NATIONAL CHRISTIAN CHARITABLE FDN, INC. - 11625 RAINWATER DRIVE, STE 1 (a) Name and address of organization 500 - ALPHARETTA, GA 30009 or government Name of the organization Partiliza Partill

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

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

Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2012)

NATIONAL CHRISTIAN FOUNDATION REAL

PROPERTY, INC.

58-2655939 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 can be duplicated if additional space is needed. Schedule I (Form 990) (2012)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(book, FMV, appraisal, other)	(f) Description of non-cash assistance
法Part)[Vs] Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	le the information	required in Part I,	ine 2, Part III, columr	(b), and any other additional inf	ormation.
SCHEDULE I, PART I, LINE 2: THE ORGA	GANIZATIO	ON DOES NO	NIZATION DOES NOT MONITOR THE	THE USE OF	
FUNDS GRANTED TO ORGANIZATIONS IN TH	THE UNITED	STATES	SINCE IT G	GRANTS FUNDS	
TO ORGANIZATIONS HERE ONLY IF THOSE	- 1	ORGANIZATIONS QUALIFY AS		EXEMPT FROM	
FEDERAL INCOME TAX UNDER CODE SECTION		501(C)(3)AND THEREFORE,		ARE BOUND TO	
USE SUCH FUNDS ONLY FOR RELIGIOUS,	CHARITABLE,	- 1	EDCATIONAL OR OF	OTHER PURPOSES	
DESCRIBED IN THAT CODE SECTION.					

Schedule I (Form 990) (2012)

SCHEDULE J

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

Department of the Treasury
Internal Revenue Service
Name of the organization

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

Employer identification number 58-2655939

Questions Regarding Compensation Part I Yes No ta 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. First-class or charter travel Housing allowance or residence for personal use 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 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 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's 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, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study \lrcorner Form 990 of other organizations Approval by the board or compensation committee 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: Receive a severance payment or change-of-control payment? 4a **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? 4c 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. 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: a The organization? 5a **b** Any related organization? 5b If "Yes" to line 5a or 5b, describe in Part III. 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: a The organization? 6a **b** Any related organization? **6**b If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments X not described in lines 5 and 6? If "Yes," describe in Part III 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the X initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes." describe in Part III 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

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

Schedule J (Form 990) 2012

Regulations section 53.4958-6(c)?

58-2655939

Schedule J (Form 990) 2012

[Part][]當 Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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).

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 W-2		and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(a) (a/c)	in prior Form 990
(1) TERRILL A. PARKER	Ξ	0		0	0	0	0	0
DIRECTOR AND VICE PRESIDENT	<u> </u>	226,190.	0	0	4,524.	10,881.	241,59	0
(2) WILLIAM WILLIAMS	Ξ			0.				0
DIRECTOR AND PRESIDENT		197,43		0.	3,94	18,180.	219,56	0.
(3) GREGORY L. SPERRY	Θ			0	,			0.
DIRECTOR	Ξ	205,24	3,861.	0.	4,182.	18,358.	231,64	0.
(4) KENNETH M. BOWERS	(1)	1		0	•			0
SECRETARY	€	153,75	4,33	0.	3,16	22,815.	184,07	0
(5) DAVID D. JOHNSON	€							0
TREASURER	€	153,508.	7 384	0.	3,15	22,812.	183,86	0
(6) DAVID H. WILLS	Ξ			0.		1		0.
FORMER DIRECTOR	€	201,618.	6,014.	0.	4,153.	27,336.	239,121.	0.
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NATIONAL CHRISTIAN FOUNDATION REAL PROPERTY, INC.

58-2655939

Schedule J (Form 990) 2012 [Parillil] 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 additional information.
PART I, LINE 7: PART I, LINE 7: THE RELATED ORGANIZATION PAYS BONUS
AND EXPENSE REIMBURSEMENT.

Schedule J (Form 990) 2012

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

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

Attach to Form 990.

Name of the organization

NATIONAL CHRISTIAN FOUNDATION REAL PROPERTY, INC.

OMB No 1545-0047

2012

Open to Public

Unspection

Employer identification number 58-2655939

r.a.	Types of Floperty	(0)	[/b]	(c)		<u>d)</u>
		(a) Check if	(b) Number of	Noncash contribution		determining
		applicable	contributions or	amounts reported on		ibution amounts
		ļ	tems contributed	Form 990, Part VIII, line 1g		
1	Art - Works of art	ļ				
2	Art - Historical treasures					
3	Art - Fractional interests		<u> </u>			
4	Books and publications		TO THE SECOND			
5	Clothing and household goods		1. 清に表する			
6	Cars and other vehicles					
7	Boats and planes					
8	Intellectual property					
9	Securities - Publicly traded					
10	Securities - Closely held stock					
11	Securities - Partnership, LLC, or					
	trust interests	X	1	2,204,398.	APPRAISED	FMV
12	Securities - Miscellaneous					
13	Qualified conservation contribution -					
•••	Historic structures				ŀ	
14	Qualified conservation contribution - Other					
15	Real estate - Residential	Х	4	1,561,000.	APPRAISED	FMV
16	Real estate - Commercial	X	2		APPRAISED	
17	Real estate - Other		,			
18	Collectibles					
19	Food inventory					
20	Drugs and medical supplies		-	ı.	_	
21	Taxidermy					
22	Historical artifacts					
23	Scientific specimens	 				<u>·</u> _
24	Archeological artifacts					
	Other (ROYALTY INTER)	$\overline{\mathbf{x}}$	 	200,000.	APPRAISED	VM7
25				200,000.	111111111111111111111111111111111111111	
26	Other ()				 	
27	Other ()				"	
28	Other ()		a the tay year for	antributions	<u> </u>	
29	Number of Forms 8283 received by the organi			1 1		
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement		IV N-
	D			Dowl Imag 4 00 th		Yes No
30a	During the year, did the organization receive b					
	at least three years from the date of the initial	contribution	, and which is not	required to be used for exel	npt purposes for	30a X
	the entire holding period?	•	•	•	-	
	If "Yes," describe the arrangement in Part II.					
31	Does the organization have a gift acceptance					31 X
32a	Does the organization hire or use third parties	or related o	rganizations to sol	icit, process, or sell noncash)	
	contributions?	-	••			32a X
b	If "Yes," describe in Part II.					
33	If the organization did not report an amount in	column (c)	for a type of prope	rty for which column (a) is c	necked,	
	describe in Part II.					
LHA	For Paperwork Reduction Act Notice, see	the Instruc	ctions for Form 99	Ю.	Schedule	M (Form 990) (2012)

NATIONAL CHRISTIAN FOUNDATION REAL

Schedule M (Form 990) (2012) FROFERII, INC. 56-2653535 Page 2
Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
SCHEDULE M, LINE 32B: THE ORGANIZATION IS AFFILIATED WITH NUMEROUS
LOCAL CHRISTIAN FOUNDATIONS LOCATED THROUGHOUT THE UNITED STATES.
ALTHOUGH THIS ORGANIZATION DOES NOT CONTROL THOSE FOUNDATIONS, THE
LOCAL FOUNDATIONS ENCOURAGE POTENTIAL DONORS TO CONTRIBUTE NON-CASH
ASSETS TO THIS ORGANIZATION.
THE ORGANIZATION CONTRACTS WITH NUMEROUS UNRELATED BROKERS TO SELL ITS
NON-CASH ASSETS.

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.

QD 12
Open to Public Inspection

Name of the organization

NATIONAL CHRISTIAN FOUNDATION REAL PROPERTY, INC.

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.

FINALLY, THE FORM IS FILED WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION C, LINE 19: NATIONAL CHRISTIAN FOUNDATION REAL PROPERTY, INC.'S AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON NCF'S WEBSITE AND UPON REQUEST. NATIONAL CHRISTIAN FOUNDATION REAL PROPERTY, INC.'S ANNUAL REPORT (990), ITS BYLAWS AND SIGNIFICANT OPERATIONAL POLICIES ARE AVAILABLE TO THE PUBLIC ONLY UPON REQUEST..

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

SHAREHOLDER DISTRIBUTION 59,340.

CHANGE IN VALUE OF ANNUITIES AND TRUSTS -5,040.

ROUNDING 1.

TOTAL TO FORM 990, PART XI, LINE 9 54,301.

FORM 990, PART VI, LINE 15B COMPENSATION

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

Employer identification number 58-2655939

FORM 990, PART VI, LINE 12A CONFLICT POLICY

POLICY ON CONFLICT OF INTEREST

THE CORPORATION INTENDS TO IMPLEMENT A CONFLICT OF INTEREST POLICY AS

FOLLOWS: OFFICERS, DIRECTORS, AND KEY EMPLOYEES ARE REQUIRED TO REVIEW

AND CERTIFY ON AN ANNUAL BASIS THEIR UNDERSTANDING OF THE CORPORATION'S

CONFLICT OF INTEREST POLICY AS ADOPTED BY THE BOARD OF DIRECTORS OF THE

CORPORATION. FURTHERMORE, OFFICERS, DIRECTORS, AND KEY EMPLOYEES MUST

CERTIFY THAT THEY AND THEIR FAMILY MEMBERS HAD NO INTEREST IN ANY

TRANSACTION NOR TOOK ANY ACTION, WHICH WOULD CONTRAVENE THE

CORPORATION'S CONFLICT OF INTEREST POLICY, EXCEPT SUCH INTEREST OR

ACTION AS THEY HAVE FULLY DISCLOSED. EACH YEAR, GENERAL COUNSEL

REVIEWS THE CERTIFICATIONS AND DETERMINES WHETHER EACH OFFICER,

DIRECTOR, OR KEY EMPLOYEE HAS ANY CONFLICTS AND HOW TO ADDRESS SUCH

CONFLICTS.

IF A CONFLICT OF INTEREST IS PRESENT, THE DIRECTOR WITH THE CONFLICT OF

INTEREST IS REQUIRED TO MAKE ADEQUATE DISCLOSURE REGARDING THE NATURE

OF THE CONFLICT TO THE OTHER DIRECTORS. IF ADEQUATE DISCLOSURE IS

MADE, THEN ACTION BY THE BOARD RESPECTING THE TRANSACTION IS EFFECTIVE

IF THE TRANSACTION RECEIVED THE AFFIRMATIVE VOTE OF A MAJORITY (BUT NOT

LESS THAN TWO) OF THOSE DIRECTORS, OR A DULY EMPOWERED COMMITTEE

THEREOF, WHO DO NOT HAVE EITHER (1) A CONFLICTING INTEREST RESPECTING

THE TRANSACTION, OR (2) A FAMILIAL, FINANCIAL, PROFESSIONAL, OR

EMPLOYMENT RELATIONSHIP WITH THE DIRECTOR WHO DOES HAVE A CONFLICTING

INTEREST RESPECTING THE TRANSACTION, WHICH RELATIONSHIP WOULD

REASONABLY BE EXPECTED TO EXERT AN INFLUENCE ON THE DIRECTORS'

JUDGMENT.

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

NATIONAL CHRISTIAN FOUNDATION REAL

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

2012 TOpenito Publication Publication

OMB No 1545-0047

Employer identification number 58-2655939

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activrty	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
BOUWER-CWP, LLC - 58-2655939 PO BOX 524					NATIONAL CHRISTIAN FON
ALPHARETTA, GA 30009-0524	HOLDS REAL ESTATE	MICHIGAN	-798.	ਜ	1.REAL PROPERTY, INC.
SIKWA-CWP, LLC 58-2655939					
PO BOX 524					NATIONAL CHRISTIAN FDN
ALPHARETTA, GA 30009-0524	HOLDS REAL ESTATE	MICHIGAN	-470.	TH.	1. REAL PROPERTY, INC.
MARYVALE PROPERTY, LLC 58-2655939					
PO BOX 524					NATIONAL CHRISTIAN PDN
ALPHARETTA, GA 30009-0524	HOLDS REAL ESTATE	GEORGIA	-50	300,667.	300,667. REAL PROPERTY, INC.
NCCF SUPPORT 100, LLC 58-2655939					
12910 SHELBYVILLE RD., STE 137					NATIONAL CHRISTIAN FDN
LOUISVILLE, KY 40243	ногов ггс.	KENTUCKY	198,877.	1,335,537.	1,335,537, REAL PROPERTY, INC.

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.) Parting

francis on British of Comments and Comments of Comment							
(a)	(p)	(0)	<u>(5)</u>	(0)	(J)	(6)	
Name, address, and EiN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)(13)	2(b)(13) led
of related organization		foreign country)	section	status (if section	entity	entity?	٠
				501(c)(3))		Yes	ş
NATIONAL CHRISTIAN CHARITABLE FDN, INC							
58-1493949, 11625 RAINWATER DRIVE; STE 500,							
ALPHARETTA, GA 30009-8678	GRANT MAKING	GEORGIA	501(C)(3)	4	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 1	CHARITABLE FDN,	×	
NCF CORPORATION - 20-4281656					NATIONAL		
1408 N. WESTSHORE BLVD; STR. 504	ı				CHRISTIAN		
TAMPA, FL 33607-4539	CHARITABLE TRUSTEESHIP	FLORIDA	501(C)(3)	11 1	CHARITABLE FON,	×	
NATIONAL CHRISTIAN FOUNDATION, INC					NATIONAL		
30-0209280, 11625 RAINWATER DRIVE; STE 500,				<u> </u>	CHRISTIAN		
ALPHARETTA, GA 30009-8678	GRANT MAKING	GEORGIA	501(C)(3)	11 I	CHARITABLE FDN,	×	

For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART VII FOR CONTINUATIONS

232161 12-10-12 LHA

Schedule R (Form 990) 2012

NATIONAL CHRISTIAN FOUNDATION REAL PROPERTY, INC.

58-2655939

Schedule R (Form 990) PRO

াপুল্মাট্টা Continuation of Identification of Disregarded Entitles

(a)	(q)	(0)	(0)	(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	25,881.	704,994.	,994. 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. REAL PROPERTY, INC.
HOTHOUSE TOWNSHIP, LLC 58-2655939					
11 LUMPKIN STREET, SUITE 200					NATIONAL CHRISTIAN FDN
LAWRENCEVILLE, GA 30045	HOLDS REAL ESTATE	GEORGIA	-323,213.	556,543.	543, REAL PROPERTY, INC.
GRANT ACTS 434, LLC 58-2655939					
PO BOX 524	·				NATIONAL CHRISTIAN FDN
ALPHARETTA, GA 30009-0524	HOLDS REAL ESTATE	GEORGIA	-6,244.	1,157,929.	1,157,929. 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	80,457.	2,289,793.	2,289,793.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	41,523.	706,925.	706,925. REAL PROPERTY, INC.
NCT-103, LLC 58-2655939					
PO BOX 524			-		NATIONAL CHRISTIAN FDN
ALPHARETTA, GA 30009-0524	HOLDS REAL ESTATE	FLORIDA	-4,102.	210,900.	210,900.REAL PROPERTY, INC.
NCT-105, LLC 58-2655939					
340 N. POTTEBAUM AVENUE					NATIONAL CHRISTIAN FDN
CASA GRANDE, AZ 85222	HOLDS REAL ESTATE	FLORIDA	-7,663.		1,000,216.REAL PROPERTY, INC.
NCT-104, LLC 58-2655939					
1319 BAYOU DRIVE					NATIONAL CHRISTIAN FDN
OCEAN SPRINGS, MS 39564	HOLDS REAL ESTATE	FLORIDA	-49,389.	73,600.	73,600.REAL PROPERTY, INC.
NCT-112, LLC 58-2655939					
PO BOX 97365					NATIONAL CHRISTIAN FDN
RALEIGH, NC 27614	HOLDS REAL ESTATE	FLORIDA	-8,040,	2,900,763.	2,900,763. REAL PROPERTY, INC.

58-2655939

NATIONAL CHRISTIAN FOUNDATION REAL PROPERTY, INC.

Schedule R (Form 990)

|Part।।।।
Continuation of Identification of Disregarded Entities

					1
(B)	(g)	(2)	<u>6</u>	(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
NCT-119, LLC 58-2655939					
10304 NE 62ND STREET					NATIONAL CHRISTIAN FDN
KIRKLAND, WA 98033	HOLDS REAL ESTATE	FLORIDA	-576,267.	843,119.	843,119. REAL PROPERTY, INC.
TOUCHING LIVES II, LLC 58-2655939					
PO BOX 674					NATIONAL CHRISTIAN FDN
WINDERMERE, FL 34786	HOLDS REAL ESTATE	FLORIDA	-17,571.	880,207.	880,207. REAL PROPERTY, INC.
CARTERSVILLE I, LLC 58-2655939			; ;		
4200 NORTHSIDE PKWY, NW, BLDG 2, SUITE 220					NATIONAL CHRISTIAN FDN
ATLANTA, GA 30327-3054	HOLDS REAL ESTATE	GEORGIA	0.	1,287,650.	1,287,650. REAL PROPERTY, INC.
HILLCREST (LILBURN) I, LLC 58-2655939					
4200 NORTHSIDE PKWY, NW, BLDG 2, SUITE 220			-		NATIONAL CHRISTIAN FDN
ATLANTA, GA 30327-3054	HOLDS REAL ESTATE	GEORGIA	0		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	8,200.	1,169,899.	1,169,899. REAL PROPERTY, INC.
JEPPERSON (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	6,300.	1,324,222.	1,324,222. 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	9,703.	1,631,494.	1,631,494. 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	8,268.	1,321,222.	222. REAL PROPERTY, INC.
MUSTARD SEED LAND FUND, LLC 58-2655939					
3191 WOOD VALLEY ROAD					NATIONAL CHRISTIAN FON
ATLANTA, GA 30327	HOLDS REAL ESTATE	GEORGIA	-10,065.	400,291.	400,291. REAL PROPERTY, INC.
NCPRP-104, LLC, - 58-2655939					
1110 EAST MISSOURI AVE., STE. 200					NATIONAL CHRISTIAN FDN
PHOENIX, AZ 85014	HOLDS REAL ESTATE	GEORGIA	-5,234.	391,801.	391,801.REAL PROPERTY, INC.

NATIONAL CHRISTIAN FOUNDATION REAL

58-2655939

INC. PROPERTY,

Schedule R (Form 990)

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NATIONAL CHRISTIAN FOUNDATION REAL PROPERTY, INC.

58-2655939

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

						•	1
(a)	(q)	(c)	9	(e)	E	(b)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	controlled	
of related organization		foreign country)	section	status (if section	entity	organization?	ı
-				501(c)(3))		Yes No	
NCCF TRUST - 58-6370659					NATIONAL		
952 ECHO LANE, SUITE 190					CHRISTIAN		
HOUSTON, TX 77024	GRANT MAKING	TEXAS	501(C)(3)	11 I	CHARITABLE FON,	×	
NCF CHARITABLE TRUST - 20-4326440					NATIONAL	-	ı
1408 N. WESTSHORE BLVD; STE, 504			•		CHRISTIAN		
TAMPA, FL 33607-4539	GRANT MAKING	FLORIDA	501(C)(3)	11 I	CHARITABLE FON,	×	
GIVERS TRUST, INC 30-0075789					NATIONAL		ı
11625 RAINWATER DR; STE 500					CHRISTIAN		
ALPHARETTA, GA 30009-8678	GRANT MAKING	GEORGIA	501(C)(3)	4	CHARITABLE FDN,	×	
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FOR ADDL RELATED ORGS, SEE THE 2011 990 FOR			_				
NATL CHRISTIAN CHARITABLE FDN, INC 58-1493949						×	
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NATIONAL CHRISTIAN FOUNDATION REAL

INC. PROPERTY, Schedule R (Form 990) 2012

58-2655939 Partills 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

(a)	(q)	3	(p)	(e)	ε	(6)	3	6	8	3
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	ଞ	Share of end-of-year assets	fons 5	Code V-UBI amount in box '20 of Schedule K-1 (Form 1065)	General or managing partner?	ညီ ဝ
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Hannes of the character and the second of the contract of the	Township Township		C) date as Taken		\	7 4 2	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		-

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.) Partily

	_	(S)	ty?	Ŷ								
) (512(b)(13)	ant	Yes								
	(h)	Percentage	diusianio									
j	(6)	Share of	end-or-year									
	(j)	Share of total	псоше									
	(0)	Type of entity	(C corp, S corp, or trust)	,								
	(e) (p)	Direct controlling	entiry				•		į		-	
	(0)	Legal domicite	foreign	country)								
ing the tax years	(Q)	Primary activity										
the transfer of the second of	(a)	Name, address, and EIN	or related organization									

Schedule R (Form 990) 2012

232162 12-10-12

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

Make Complete line 4 is any another in linear in Darke II III as IV of this and and I						ľ	"	1
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?	s with one or more re	lated organizations listed	in Parts II-IV?			-8:	÷	2
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				٠		1a		×
 Gift, grant, or capital contribution to related organization(s) 						₽	×	
c Gift, grant, or capital contribution from related organization(s)	:	:	•	:	:	10	×	
d Loans or loan guarantees to or for related organization(s)		:		,		1d		×
	· :	:				9		×
			:	:	: : :	7		
f Dividends from related organization(s)						<u>व</u> म	in in the second	×
					•	Ş		×
	. :	•			:	<u>.</u>	7	4 >
h Purchase of assets from related organization(s)		:	•			=	7	ا ه
I Exchange of assets with related organization(s)	:	: : : : : : : : : : : : : : : : : : : :			:	=		×
j Lease of facilities, equipment, or other assets to related organization(s)	:	:		:		1j		×
						333	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- ;
k Lease of facilities, equipment, or other assets from related organization(s)			•	:		4		×
l Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)	:				1		×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)				•	1m		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)	•		:	:	1n		×
o Sharing of paid employees with related organization(s)	:			· :	: :	10	_	×
	:	:		:	:	St. Chart.	1-3 1-5 WHY.	3
p Reimbursement paid to related organization(s) for expenses			:				1_	×
						19		×
		•		:	•	7200	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	4
r Other transfer of cash or property to related organization(s)						=		×
		:		· :	. :	\$		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete the	is line, including covered	relationships and	transaction thres	holds.			
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1-7		-				
(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	Meth	(a) Method of determining amount involved	g amount invo	peyc		
CHRISTIAN CHARITABLE	ф	5,255,466.	CASH					
NATIONAL CHRISTIAN CHARITABLE FOUNDATION, (2) INC.	ບ	216,708.CASH	CASH			;		
(6)								
(4)				:				
(5)								
(9)								
232163 12-10-12	45				Schodule B (Form 990) 2012	(Erem C	200	3

NATIONAL CHRISTIAN FOUNDATION REAL

PROPERTY, INC.

Schedule R (Form 990) 2012

58-2655939

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.

	(L)	[[]	4	[9	1	3	9	5	[2
(B)	(a)	(2)	Ē.	Ye all	€ ;	B	<u> </u>		∋ `	<u> </u>
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	(related, unrelated, 501(c)(3)	partners sec 501(c)(3)	Share of total	Share of end-of-year	Dispropor- tionate allocations?	Dispropor CODE V-UBI General of Percentage total amount in Dox 20 managing ownership allocations?	General managin partner	Percentage ownership
`		country)	under section 512-514)	oN Se	Income	assets	Yes No	(Form 1065)	Yes	
						i				
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Schedule R (Form 990) 2012

	11 01111 000/ 2012	
Part VII	Supplemental	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.

Form 8868 (Rev. 1-2013)					
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box					
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.					
If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).					
Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).					
Enter filer's identifying number, see instructions					
				Employer identification number (EIN) or	
print NATIONAL CHRISTIAN FOUNDATION REAL				,	
PROPERTY, INC.				58-2655939	
date for Number, street, and room or suite no. If a P.O. box see instructions			Social se	Social security number (SSN)	
g your 11625 RAINWATER DRIVE, NO. 500			000101 00	ounty nam	501 (5514)
City, town or post office, state, and ZIP code. For a foreign address, see instructions.					
ALPHARETTA, GA 30009-8678					
Enter the Return code for the return that this application is for (file	e a separa	te application for each return)			0 1
- The state of the state of the state of the application to the state of the state	о и оорили	to application for each retainly			. (-)-
Application	Return	Application			Return
is For	Code	Is For			Code
Form 990 or Form 990-EZ	01				
Form 990-BL	02	Form 1041-A	-		08
Form 4720 (individual)	03	Form 4720			09
Form 990-PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)					12
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.					
CORPORATION - 11625 RAINWATER DRIVE; STE. 500 -					
• The books are in the care of ▶ ALPHARETTA, GA 30009-8678					
Telephone No. ► 404.252.0100 FAX No. ►					
If the organization does not have an office or place of business in the United States, check this box					
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this					
box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.					
4 I request an additional 3-month extension of time until NOVEMBER 15, 2013					
5 For calendar year 2012, or other tax year beginning, and ending .					
6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return					
Change in accounting period					
7 State in detail why you need the extension					
TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER THE NECESSARY					
INFORMATION REQUIRED TO PREPARE A COMPLETE AND ACCURATE TAX RETURN.					
			-		
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any			
nonrefundable credits. See instructions.			8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated					
tax payments made. Include any prior year overpayment allowed as a credit and any amount paid					
previously with Form 8868.				\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using					
EFTPS (Electronic Federal Tax Payment System). See instructions.			8c	\$	0.
Signature and Verification must be completed for Part II only.					
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.					
Signature ► Title ► CFO/TREASURER Date ►					
					

Form 8868 (Rev. 1-2013)