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AMENDED TAX RETURN

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Department of the Tre

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

Interr	nal Reve	nue Service	▶ Information about Form 990 and its instructions is at w	ww.irs.	aov/form990	Inspection			
A F	or th	e 2014 calend	dar year, or tax year beginning and endin		_				
В	Check if	C Name o	of organization		D Employer identific	ation number			
а	pplicab								
	Addre	e NCF	CHARITABLE TRUST						
	Name chang	Doing b	ousiness as		20-43	326440			
	lnıtıal return	Numbe	r and street (or P.O. box if mail is not delivered to street address) Room,	/suite	E Telephone number				
	Final		BOX 172211		(813)				
	termir _ated	City or 1	town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	342,987,286.			
X	Amen return	1 4441	PA, FL 33672		H(a) Is this a group ref				
	Applic	F Name a	and address of principal officer SAME AS C ABOVE		for subordinates?	Yes X No			
_	pendi	ng .			H(b) Are all subordinates ind	ctuded? Yes No			
I Tax-exempt status X 501(c)(3) 501(c) () ((Insert no.) 4947(a)(1) or 527 If "No," attach a list (see									
		te: ► N/A		H(c) Group exemption					
	_	f organization:		Year o	f formation: 2006 M	State of legal domicile: ${f FL}$			
Pá	art I	Summary							
e G	1	Briefly descri	be the organization's mission or most significant activities THE TRU	STE	E ACCEPTS GI	IFTS OF			
Activities & Governance			STS IN S CORPORATIONS AND PARTNERSHIP						
ē	1		ox In the organization discontinued its operations or disposed of	more	1 1	sets			
Ĝ	3		oting members of the governing body (Part VI, line 1a)		3				
٠ŏ	4		dependent voting members of the governing body (Part VI, line 1b)		4				
ţį	5		of individuals employed in calendar year 2014 (Part V, line 2a)		5				
Ž	6		of volunteers (estimate if necessary)		6 7a	136,730,794.			
¥			ed business revenue from Part VIII, column (C), line 12 I business taxable income from Form 990-T, line 34		7b	50,686,002.			
	"	ivet uniterated	Dusiness taxable income nom Form 9901, line 04	T	Prior Year	Current Year			
•	8	Contributions	s and grants (Part VIII, line 1h)	1	16,660,986.	167,635,355.			
Ž	9		rice revenue (Part VIII, line 2g)		0.	0.			
Revenue	10	Investment in	ncome (Part VIII, column (A), lines 3, 4, and 7RECEIVED		11,099,514.	39,383,403.			
Œ	11				44,544,361.	99,607,362.			
	12		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1	72,304,861.	306,626,120.			
	13	Grants and s	imilar amounts paid (Part IX, column (A) lines 13)		65,616,282.	139,944,749.			
	14	Benefits paid	to or for members (Part IX, column (A), line-4)		0.	0.			
S	15	Salaries, other	er compensation, employee benefits (Part I) (A) (Innes 5-10)		25,000.	28,000.			
ŠĽ	16a	Professional	fundraising fees (Part IX, column (A), line 11e)		0.	0.			
Expenses	b	Total fundrais	sing expenses (Part IX, column (D), line 25)	·					
ш	17	Other expens	ses (Part IX, column (A), lines 11a-11d, 11f-24e)		14,277,463.	13,463,174.			
	18	Total expens	es Add lines 13-17 (must equal Part IX, column (A), line 25)		79,918,745.	153,435,923.			
- 0	19	Revenue less	s expenses Subtract line 18 from line 12	_	92,386,116.	153,190,197.			
Net Assets or Fund Balances					ginning of Current Year	End of Year			
Sse	20		(Part X, line 16)	3	93,866,187.	428,408,228.			
et	21		s (Part X, line 26)	12	5,839,658. 88,026,529.	6,903,146.			
	22 art II		r fund balances Subtract line 21 from line 20	3	00,040,349	441,505,004.			
			, I declare that I have examined this return, including accompanying schedules and s	etatemo	inter and to the heet of my	knowledge and belief it is			
			e. Declare that i have examined this return, including accompanying schedules and s e. Declareron of preparer (other than officer) is based on all information of which pr			KITOWICUYC ATIU DEREI, IL IS			
- ue	,	Ci, and complete	e. Deciding on or propagati (other trial officer) is based on all information of which pr	υμαιτι	e/2.	111			
Sin	n	Signatu	re of officer		Date Date	/ / b			

KENNETH C. COLLINS, PRESIDENT, NCF CORPORATION Here Type or print name and title Date PTIN Preparer's signature Print/Type preparer's name if self-emplor Paid Preparer Firm's name Firm's EIN Use Only Firm's address

May the IRS discuss this return with the preparer shown above? (see instructions) LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2014)

∐ No

Yes

Phone no.

Form	990 (2014) NCF CHARITABLE TRUST	20-4326440	Page 2
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission		
	THE TRUSTEE ACCEPTS GIFTS OF INTERESTS IN S CORPORATIONS	S AND	
	PARTNERSHIP-TYPE ENTITIES AND GRANTS THE PROCEEDS TO NAT	FIONAL	
	CHRISTIAN CHARITABLE FOUNDATION, INC. AND OTHER CHARITIE		AME
	CLASS OF TAX EXEMPT CHARITABLE ORGANIZATIONS.		
2	Did the organization undertake any significant program services during the year which were not listed on	<u> </u>	
_	the pror Form 990 or 990-EZ?		s X No
	If "Yes," describe these new services on Schedule O	1 <i>C</i> ;	3 LAL 140
_	·		s X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Ye:	SLALINO
_	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total expenses	s, and
	revenue, if any, for each program service reported	118	
4a	(Code) (Expenses \$ 139,944,749. including grants of \$ 139,944,749.) (Revenue)
	SUPPORTED THE MISSION AND PERFORMED FUNCTIONS OF THE NAT		
	CHARITABLE FOUNDATION, INC. BY MAKING GRANTS TO IT AND (TIES
	IN THE SAME CLASS OF TAX-EXEMPT CHARITABLE ORGANIZATIONS	5.	
			
4b	(Code) (Expenses \$ including grants of \$) (Revenue	0	· · · · · · · · · · · · · · · · · · ·
40	(Code) (Expenses \$) (Revenue)	ie \$	
		<u> </u>	
		.	
			-
			_
4c	(Code) (Expenses \$ including grants of \$) (Revenue	ıe \$)
		-	
		<u> </u>	
		- · · · · · · · · · · · · · · · · · · ·	
			_
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ Including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 139,944,749.		
465		Form	990 (2014)
43200:			

Form 990 (2014) NCF CHARITAB
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	Х	<u> </u>
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			, v
_	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	5		x
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III			<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	х	
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	 -		
0	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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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,			
	Part VI .	11a	X	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	<u> </u>
С	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
đ	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	444		x
	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e	X	<u> </u>
e	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	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		1	l
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	ļ	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any]	.
	foreign organization? 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 other assistance to	40		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	 	 ^
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		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	- '	<u> </u>	
.0	1c and 8a? If "Yes," complete Schedule G, Part II	18	Ì	x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		ļ —	T -
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990	(2014)

432003 11-07-14

Form 990 (2014) NCF CHARITABLE TRU

Part IV Checklist of Required Schedules (continued)

			res	NO
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
	domestic government 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 or other assistance to or for domestic individuals on			х
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
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			x
04-	Schedule J	23		
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 25a	24a		х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to 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), 501(c)(4), and 501(c)(29) 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		X
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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	ŀ		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			٠,,
	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			
	instructions for applicable filing thresholds, conditions, and exceptions)			Х
a	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 An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28b		
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
-	If "Yes," complete Schedule N, Part I	31		Х
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	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	i		
	Part V, line 1	34	X	
35a		35a	X	-
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	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-charitable related organization?	26		x
27	If "Yes," complete Schedule R, Part V, line 2	36		<u>^</u>
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?	- 3,		
	Note. All Form 990 filers are required to complete Schedule O	38	х	
	The second secon			(2014)

Page 5

Part V | Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V					<u> </u>					
					Yes	No					
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	10								
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0								
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	reporta	ble gamıng								
	(gambling) winnings to prize winners?			1c	Х						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,										
	filed for the calendar year ending with or within the year covered by this return	2a	1								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ms?		2b	X						
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)									
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	X						
b	b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O										
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	author	rty over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a	X						
b	If "Yes," enter the name of the foreign country ► CANADA										
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accour	its (FBAR)								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		<u>X</u>					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transfer	action?	•	5b_		X					
С	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	he orga	anization solicit								
	any contributions that were not tax deductible as charitable contributions?			6a		<u>X</u>					
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions o	r gifts								
	were not tax deductible?			6b							
7	Organizations that may receive deductible contributions under section 170(c).										
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices p	rovided to the payor?	7a		<u> </u>					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uired	_		v					
	to file Form 8282?	1 1		7c		<u> </u>					
	If "Yes," indicate the number of Forms 8282 filed during the year		.0	_							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		π,	7e							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f							
g	If the organization received a contribution of qualified intellectual property, did the organization file F		·	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			7h							
8	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained sponsoring organization have excess business holdings at any time during the year?	a by th	e	8		X					
9	Sponsoring organizations maintaining donor advised funds.			-							
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		X					
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		$\overline{\mathbf{x}}$					
10	Section 501(c)(7) organizations. Enter		•								
	Initiation fees and capital contributions included on Part VIII, line 12	10a									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b									
11	Section 501(c)(12) organizations. Enter										
	Gross income from members or shareholders	11a									
ь	Gross income from other sources (Do not net amounts due or paid to other sources against										
	amounts due or received from them)	11b									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	>	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.										
а	is the organization licensed to issue qualified health plans in more than one state?			13a							
	Note. See the instructions for additional information the organization must report on Schedule O										
ь	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	13b									
С	Enter the amount of reserves on hand	13c									
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		<u>X</u>					
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	le O		14b	لييا						
				Form	990	(2014)					

432005 11-07-14

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to lines 2 through 7b below, and for a 'No' response to lines 2 through 7b below, and for a 'No' response to lines 2 through 7b below.

	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 or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
-			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1									
	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 O.	ľ								
b	Enter the number of voting members included in line 1a, above, who are independent 1b 1			İ						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
_	officer, director, trustee, or key employee?	2		Х						
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		х						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X						
	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X						
5		6		X						
6	•									
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	- -		x						
	more members of the governing body?	7a								
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	_ !								
	persons other than the governing body?	7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	X							
b	Each committee with authority to act on behalf of the governing body?	8b	X							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х						
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						
	if "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		ŀ						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х							
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х						
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b								
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		-							
C	in Schedule O how this was done	12c								
43	Did the organization have a written whistleblower policy?	13	X							
13		14	X	\vdash						
14	Did the organization have a written document retention and destruction policy?	14								
15	Did the process for determining compensation of the following persons include a review and approval by independent			l						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			l Ţ						
	The organization's CEO, Executive Director, or top management official	15a	_	X						
b	Other officers or key employees of the organization	15b	ļ	Α.						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			ļ						
	taxable entity during the year?	16a	<u> </u>	X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			1						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		1							
	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 ►FL , 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 Another's website X Upon request Other (explain in Schedule O)									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial							
13	statements available to the public during the tax year	- 141601	Jiai							
~	State the name, address, and telephone number of the person who possesses the organization's books and records									
20	NCF CORPORATION - (813) 567-1499									
	P O BOX 172211, TAMPA, FL 33672			-						
		Form	000	(2014)						
43200	6 11-07-14	COLL	1 JJU	(2014)						

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A)	(B)			(0	C)			ed any current officer, o	(E)	(F)
Name and Title	Average hours per	box	not c , unle	Position t check more than one nless person is both an and a director/trustee)			h an	Reportable compensation	Reportable compensation	Estimated amount of
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
1) NCF CORPORATION, TTEE TRUSTEE	20.00		x					0.	0.	0
.										
,										
		-								
		T			-					
		1			-					
		1								
		1								
		-								
		T		\vdash	┢	\vdash				

Form **990** (2014)

	(A) Name and title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					h an	(D) Reportable compensation from the	Reportable compensation from related	en I	ar	(F) stimate nount o other	of
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W·2/1099-MISC)	organization (W-2/1099-MIS		org an	pensa om the anizati d relate anizatio	e on ed
	-		_	ļ 										
<u> </u>														
														
										<u> </u>				
										:				
	Cub Askel				!				0.		0.			0.
С	Sub-total Total from continuation sheets to Part \ Total (add lines 1b and 1c)	/II, Section A							0.		0.			0.
2	Total number of individuals (including but compensation from the organization	not limited to th	nose	liste	ed a	bove	e) wł	no r	L),000 of reportab				0
3	Did the organization list any former officer	, director, or tr	uste	e, ke	ey er	nplo	yee	, or	highest compensated e	mployee on			Yes	No
4	line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the s	um of reportab	le c						•	the organization		3		<u> </u>
5	and related organizations greater than \$15 Did any person listed on line 1a receive or	accrue compe	nsat	ion 1	from	any	y unr			idual for services		5		x x
	rendered to the organization? If "Yes," contion B. Independent Contractors								that recovered more than	\$100,000 of com				
1 —	Complete this table for your five highest compensation Report compensation for (A)	-	-						n the organization's tax		ipens			
	Name and busines	s address	N	ONI	<u> </u>				(B) Description of s	ervices		ompe	nsatio	n
								_						_
														
													<u> </u>	
2	Total number of independent contractors \$100,000 of compensation from the organ	_	not l	mite	d to		se l:	stec	d above) who received n	nore than				
40000		neation	_									Form	990 (2	2014)

Form 990 (2014) NCF CHA
Part VIII Statement of Revenue

ــــــــــــــــــــــــــــــــــــــ			Check if Schedule O cont	ains a responsi	e or note to any line	e in this Part VIII			
			Check ii Ochedale O Cont	ans a response	s of note to any mix	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
इध	1	а	Federated campaigns	1a		-		-	
┋히		b	Membership dues	1b					
P, E		С	Fundraising events	1c					
護희		d	Related organizations	1d	6,416,362.				
S,E		е	Government grants (contribut	tions) 1e					
rigin		f	All other contributions, gifts, gran	its, and					
돌			similar amounts not included abo	ve 1f	161,218,993.				
들읶		a	Noncash contributions included in lines	1a-1f \$	144,055,003.				
Contributions, Gifts, Grants and Other Similar Amounts		_	Total. Add lines 1a-1f		•	167,635,355.			
					Business Code				
g	2	а							
꽃		b							
S E		c							
E S		d							
Program Service Revenue		_							
<u>۾</u>		f	All other program service reve	enue					
ĺ			Total. Add lines 2a-2f	Si Ide	<u> </u>				
	3	9	Investment income (including	dividends inte					
- 1	Ū		other similar amounts)	arridorido, arre	► I	827,065.	827,065.		
	4		Income from investment of ta	x-exemnt bond	proceeds	, .	,		
	5		Royalties	x oxompt bond	proceeds				
	Ŭ		rioyanios	(i) Real	(II) Personal				-
	6	2	Gross rents	43,902					
	٠		Less rental expenses	238,981					
			Rental income or (loss)	<195,079					
			Net rental income or (loss)		·	<195,079.			<195,079.>
	7		Gross amount from sales of	(i) Securities					, , , , , ,
	•	a		54,381,564					
		_	assets other than inventory	31,002,00	20,000,000				
		U	Less cost or other basis	16 691 092	19,431,093.				
		_	and sales expenses	37,690,472			ļ		1
			Gain or (loss)	31,050,111	<u> </u>	38,556,338.		37,653,280.	903,058.
			Net gain or (loss)	a ovente (not		30,000,000.		0.,000,200.	300,000.
enne/	8	а	Gross income from fundraisin including \$	=					
			including \$contributions reported on line						
Other Re					_				
ř		_	Part IV, line 18		a				
ಕ			Less direct expenses Net income or (loss) from fund		D				
	_			-			-		
	9	d	Gross income from gaming as Part IV, line 19		<u> </u>				
		_	•		a				
			Less direct expenses		•——				
	40		Net income or (loss) from gan	•					
	10	а	Gross sales of inventory, less		_				
		L	and allowances		a				
			Less cost of goods sold		b				
	_	С	Net income or (loss) from sale		Business On the				
	-	_	Miscellaneous Revenu		Business Code 900003	99 077 614		99 077 514	
	11			16	900003	99,077,514. 724,927.	724,927.	99,077,514.	<u></u>
	l	b	OTHER INCOME		300033	124,341.	124,721.		
		C	Att - 41						
		d	All other revenue			99,802,441.			
	_۔ ا	е	Total rayana San patrustiana			306,626,120.	1,551,992.	136,730,794.	707,979.
43200	12 9		Total revenue. See instructions.			300,020,120.	1,331,332.	130,730,734.	Form 990 (2014)

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Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, Total expenses Management and Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations 139,944,749.139,944,749. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 28,000 28,000. Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 10 Payroll taxes Fees for services (non-employees) Management 86,502 86,502. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 13 Office expenses 14 Information technology Royalties 15 16 Occupancy 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization Insurance 23 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 O.) TAXES 13,188,329 13,188,329. <u>22,350.</u> MISCELLANEOUS PROP EXP 22,350. LICENSES & FEES 2,547. 2,547. C d 163,446. 163,446. All other expenses 153,435,923.139,944,749. 13,491,174. 0. Total functional expenses. Add lines 1 through 24e 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 If following SOP 98-2 (ASC 958-720)

Form 990 (2014)
Part X | Balance Sheet

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash · non-interest-bearing	472,052.	1	2,973,536
2	Savings and temporary cash investments	15,276,373.	2	11,217,583
3	Pledges and grants receivable, net		з	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,		-	
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	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	ı. !		
	employers and sponsoring organizations of section 501(c)(9) voluntary			
:	employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
7	Notes and loans receivable, net	14,976,832.	7	18,634,40
8	Inventories for sale or use		8	<u> </u>
9	Prepaid expenses and deferred charges	35,632.	9	34,08
10a				
į.	basis Complete Part VI of Schedule D 10a 691,500			
b	Less accumulated depreciation 10b 0	691,500.	10c	691,50
11	Investments - publicly traded securities		11	
12	Investments - other securities See Part IV, line 11	350,213,251.	12	387,988,88
13	Investments - program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11	12,200,547.	15	6,868,23
16	Total assets. Add lines 1 through 15 (must equal line 34)	393,866,187.	16	428,408,22
17	Accounts payable and accrued expenses	4,447,485.	17	4,748,54
18	Grants payable	100 600	18	4.00
19	Deferred revenue .	180,632.	19	179,08
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons			
22	Complete Part II of Schedule L	400 207	22	1 100 40
23	Secured mortgages and notes payable to unrelated third parties	420,397.	23	1,188,49
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third		ŀ	
i	parties, and other liabilities not included on lines 17-24) Complete Part X of	701 144		707 02
1	Schedule D	791,144.	25	787,02 6,903,14
26_	Total liabilities. Add lines 17 through 25	3,033,030.	26	0,303,14
	Organizations that follow SFAS 117 (ASC 958), check here ▶ 🛣 and			
	complete lines 27 through 29, and lines 33 and 34.	388,026,529.		421,505,08
27	Unrestricted net assets	300,020,323.	27 28	421,303,00
28	Temporarily restricted net assets			
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here		1	İ
-	and complete lines 30 through 34.		20	
30	Capital stock or trust principal, or current funds		30 31	
31	Paid-in or capital surplus, or land, building, or equipment fund	-	32	
27 28 29 30 31 32	Retained earnings, endowment, accumulated income, or other funds	388,026,529.	33	421,505,08
33	Total net assets or fund balances	393,866,187.	34	428,408,22
34	Total liabilities and net assets/fund balances	1 333,000,107.	J-4	Form 990 (20

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

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990. Inspection

Employer identification number

OMB No 1545-0047

Open to Public Inspection

	NCF	CHARITABLE	TRUST				2	0-4326440
Part I	Reason for Public	Charity Status (A	All organizations must co	omplete th	ıs part) Se	e instructions		
The organ	ization is not a private found	lation because it is (For lines 1 through 11, o	check only	one box)			
1 🖳	A church, convention of ch	urches, or associatio	on of churches describe	d ın sectio	n 170(b)(1	I)(A)(i).		
2 🔲	A school described in sect	ion 170(b)(1)(A)(ii). (/	Attach Schedule E)					
з 🗀	A hospital or a cooperative	hospital service orga	anization described in s	ection 170	(b)(1)(A)(ii	ii).		
4 🔲	A medical research organiz	ation operated in cor	njunction with a hospita	l described	d ın sectio	n 170(b)(1)(A)(iii). Enter t	the hospital's name,
	city, and state							
5 🗔	An organization operated for	or the benefit of a col	llege or university owner	d or opera	ted by a g	overnmental ur	nt describ	ed in
	section 170(b)(1)(A)(iv). (0	Complete Part II)						
6 🗀	A federal, state, or local go	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7 🗔	An organization that norma	illy receives a substai	ntial part of its support	from a gov	ernmental	unit or from th	e general	public described in
	section 170(b)(1)(A)(vi). (C	omplete Part II)						
8 🗀	A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II)				
9 🗀	An organization that norma	illy receives (1) more	than 33 1/3% of its sup	port from	contribution	ons, membersh	np fees, au	nd gross receipts from
	activities related to its exer	npt functions - subjec	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of it	s support	from gross investment
	income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	iired by the org	anization :	after June 30, 1975
	See section 509(a)(2). (Co	mplete Part III)						
10 🖳	An organization organized	and operated exclusi	wely to test for public sa	afety Sees	section 50)9(a)(4).		
11 X	An organization organized	and operated exclusi	vely for the benefit of, t	o perform i	the functio	ons of, or to car	ry out the	purposes of one or
	more publicly supported or	ganizations describe	ed in section 509(a)(1) d	r section :	509(a)(2)	See section 50)9(a)(3) . C	heck the box in
	lines 11a through 11d that	describes the type o	f supporting organization	n and com	nplete lines	s 11e, 11f, and	11g	
a LX	Type I. A supporting orga	anızatıon operated, s	upervised, or controlled	by its sup	ported org	ganization(s), ty	pically by	giving
	the supported organization	on(s) the power to re	gularly appoint or elect	a majority	of the dire	ctors or trustee	s of the s	upporting
	organization You must o	complete Part IV, Se	ections A and B.					
ь∟	☐ Type II. A supporting org	anızatıon supervised	or controlled in connec	tion with it	s support	ed organization	(s), by hav	ving
	control or management of	of the supporting orga	anization vested in the s	same perso	ons that co	ontrol or manag	e the sup	ported
_	_ organization(s) You mus	t complete Part IV,	Sections A and C.					
c L	☐ Type III functionally interest.	egrated. A supporting	g organization operated	in connec	tion with, a	and functionally	y integrate	ed with,
_	its supported organizatio	n(s) (see instructions) You must complete	Part IV, Se	ections A,	D, and E.		
d L_	☐ Type III non-functionally	y integrated. A supp	orting organization ope	rated in co	nnection v	vith its support	ed organiz	zation(s)
	that is not functionally inf	tegrated The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and	an attenti	veness
_	requirement (see instruct	tions) You must con	nplete Part IV, Sections	s A and D,	and Part	V.		
e L	$oldsymbol{ol}}}}}}}}}}}}}}}}}}}}}}$	anization received a v	written determination fro	om the IRS	that it is a	a Type I, Type I	I, Type III	
	functionally integrated, o	r Type III non-function	nally integrated support	ing organi	zation			
f Ent	er the number of supported	organizations						1
	vide the following information			Vind to the a				(-1) A
	(i) Name of supported organization	(n) EIN	(iii) Type of organization (described on lines 1.9	listed	rganization in your			(vi) Amount of other support (see
	Organization		above or IRC section		document?	Instructio		Instructions)
			(see instructions))	Yes	No			,
MOOR	TNO	E 0 1402040	7			70 721	100	
NCCF,	INC.	58-1493949	/	X		79,731	,100.	
				 				
				-				
		1						
								<u>-</u>
						70 731	100	٥

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	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						
	by each person (other than a						
	governmental unit or publicly				i		
	supported organization) included						
	on line 1 that exceeds 2% of the					i i	
	amount shown on line 11,		NI				
	column (f)						
	Public support. Subtract line 5 from line 4						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties				}		
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital			1			
	assets (Explain in Part VI)			<u> </u>	<u> </u>		
11	Total support. Add lines 7 through 10		[<u></u>	<u> </u>		
12	Gross receipts from related activities	, etc (see instruction	ons)			12	
13	First five years. If the Form 990 is fo	r the organization's	s first, second, thii	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	
Sec	organization, check this box and sto ction C. Computation of Pub	o here ic Support Pe	rcentage		· · · · · · · · · · · · · · · · · · ·		<u>▶</u> ∟
14	Public support percentage for 2014 (line 6, column (f) d	ıvıded by line 11,	column (f))		14	%
	Public support percentage from 2013					15	%
16a	33 1/3% support test - 2014. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization	1			▶□
t	33 1/3% support test - 2013. If the	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check th	nis box
	and stop here. The organization qua	lifies as a publicly :	supported organiz	ation			▶□
17a	10% -facts-and-circumstances tes	t - 2014. If the org	anization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	cts-and-circumstan	ices" test, check t	his box and stop l	h ere. Explain in Pa	rt VI how the organ	nization
	meets the "facts-and-circumstances"	test The organiza	ition qualifies as a	publicly supporte	d organization		
t	10% -facts-and-circumstances tes	it - 2013. If the org	anization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets t	he "facts-and-circu	ımstances" test, c	heck this box and	stop here. Explair	n in Part VI how the	,
	organization meets the "facts-and-cir		_				▶Щ
18	Private foundation. If the organization	on did not check a	box on line 13, 16	6a, 16b, 17a, or 17			,
					Sche	edule A (Form 990	or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 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
and formed a the tests between below placed associate David II \	

Se	ction A. Public Support	<u></u>	<u> </u>				
Cale	endar year (or fiscal year beginning in) 🖊	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
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 the organization without charge						
6	Total. Add lines 1 through 5						
7:	a Amounts included on lines 1, 2, and 3 received from disqualified persons						
1	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)						
	ction B. Total Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
10:	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
1	b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is for	r the organization's	s first, second, thi	rd. fourth, or fifth t	tax vear as a section	n 501(c)(3) organiz	zation.
_	check this box and stop here					<u> </u>	<u> </u>
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2014 (line 8, column (f) d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2013	Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20)14 (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from 2	2013 Schedule A,	Part III, line 17			18	%
19	a 33 1/3% support tests - 2014. If the	-					17 is not
	more than 33 1/3%, check this box a	-	= -				▶□
	b 33 1/3% support tests - 2013. If the	•					
	line 18 is not more than 33 1/3%, che		-	•		-	₽;;
<u>20</u>	Private foundation. If the organization	in did not check a	box on line 14, 19	a, or 190, check t	mis box and see in	structions	D

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Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E if you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section	Δ	ΔΙΙ	Supporting Organizations
Je ction:	~ :	\sim 11	Suppoi tilly Sigailizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI. including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes, " answer (b) below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		Yes	No
	1		x
	2		<u>X</u>
	3a		<u> </u>
	3b		
	3c		
	4a		Х
	4 b		
	4c		
	70		
	5a		x
	5b 5c		<u> </u>
	6		x
	7		x
			х
	8		_
	9a		x
	9b		X
	9c		х
	10a		x
n 9	10b 90 or 99	(O-EZ)	2014

other Type III non-functionally integrated supporting organizations must complete Sections A through E action A - Adjusted Net Income (A) Prior Year (B) Current Year (cptional) 1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Other gross income (see instructions) 4 Add lines 1 through 3 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or mantenance of property held for production of income (see instructions) 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or mantenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 Current Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) 1 Aggregate fair market value of other non-exempt-use assets 1 a Average monthly value of securities 1 b Average monthly value of securities 1 a Total (add lines 1a, 1b, and 1c) 2 Discount claimed for blockage or other factors (explain in detail in Part VI) 2 Acquistion indebtedness applicable to non-exempt-use assets 1 c d Total (add lines 1a, 1b, and 1c) 4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) 5 Net value of non-exempt use assets (subtract line 4 from line 3) 5 Net value of non-exempt use assets (subtract line 4 from line 3) 5 Minimum Asset Amount (add line 7 to line 6) 8 Multiply line 5 by 035 6 B Minimum Asset Amount (add line 7 to line 6) 8 Minimum asset amount for prior year (from Section A, line 8, Column A) 1 Adjusted net income for prior year (from Section B, line 8, Column A) 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 5 Income tax imposed in prior year 6 Distributa	Pai	irt V Type III Non-Functionally Integrated	i 509(a)(3) Supporting Org	janizations	
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(A) Pnor Year (optonal) Net short-term capital gain Recoveries of prior-year distributions Cities and the process of prior-year distributions Cities and the prior-		other Type III non-functionally integrated support	ting organizations must complete	Sections A through E	
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a Average monthly value of securities b Average monthly cash balances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI) 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) 4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 035 6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 7 Aminimum Asset Amount (add line 7 to line 6) 8 Minimum Asset Amount (add line 7 to line 6) 8 Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6 Minimum asset amount, Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6 Distributable Amount.	1	Aggregate fair market value of all non-exempt-use asse	ts (see		
b Average monthly cash balances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) d Total (add lines 1a, 1b, and 1c) d Discount claimed for blockage or other factors (explain in detail in Part VI) 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d 3 Subtract line 2 from line 1d 4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 035 6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Mection C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 Adjusted net income for prior year (from Section B, line 8, Column A) 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6		instructions for short tax year or assets held for part of	year)		
c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI) 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Minimum Asset Amount (add line 7 to line 6) 8 Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6	а	Average monthly value of securities	1a		
d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI) 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d 3 3 4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) 4 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by 035 6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 ection C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Enter greater of line 2 or line 3 4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6	b	Average monthly cash balances	1b		
e Discount claimed for blockage or other factors (explain in detail in Part VI) 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d 3 4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) 4 Very line 5 by 0.35 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by 0.35 6 Multiply line 5 by 0.35 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Minimum Asset Amount (add line 7 to line 6) 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 2 Inter greater of line 2 or line 3 4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6	С	Fair market value of other non-exempt-use assets	1c		
factors (explain in detail in Part VI) 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d 3 4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) 4 See instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 7 Recoveries of prior-year distributions 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 2 Sinter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6	d	Total (add lines 1a, 1b, and 1c)	1d		
2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d 3 4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) 4 Value of non-exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Vection C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6	е	Discount claimed for blockage or other			
3 Subtract line 2 from line 1d 4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 ection C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6		factors (explain in detail in Part VI)	<u> </u>		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 Current Year 2 Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Enter greater of line 2 or line 3 4 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6	2	Acquisition indebtedness applicable to non-exempt-use	e assets 2		
see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 ection C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6	3	Subtract line 2 from line 1d	3		
5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 ection C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 Enter 85% of line 1 2 Income tax imposed in prior year 2 Income tax imposed in prior year 3 Income tax imposed in prior year 4 Income tax imposed in prior year 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6	4	Cash deemed held for exempt use Enter 1-1/2% of line	e 3 (for greater amount,		
6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 cection C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6		see instructions)	4		
7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 ection C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Enter greater of line 2 or line 3 4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6	5	Net value of non-exempt-use assets (subtract line 4 from	m line 3) 5		
8 Minimum Asset Amount (add line 7 to line 6) ection C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6	6	Multiply line 5 by 035	6		
Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6	7	Recoveries of prior-year distributions	7		
1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Enter greater of line 2 or line 3 4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6	8	Minimum Asset Amount (add line 7 to line 6)	8		
2 Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Enter greater of line 2 or line 3 4 Income tax imposed in prior year 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6	ect	tion C - Distributable Amount			Current Year
2 Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Enter greater of line 2 or line 3 4 Income tax imposed in prior year 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6	1	Adjusted net income for prior year (from Section A, line	9 8, Column A) 1		
4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6	2				
5 Income tax imposed in prior year 5 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6	3	Minimum asset amount for prior year (from Section B,	line 8, Column A) 3		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6	4	Enter greater of line 2 or line 3	4		
emergency temporary reduction (see instructions) 6	5	Income tax imposed in prior year	5		
	6	Distributable Amount. Subtract line 5 from line 4, unle	ess subject to		
7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see		emergency temporary reduction (see instructions)	6		<u></u>
	7	Check here if the current year is the organization	's first as a non-functionally-integ	rated Type III supporting org	ganization (see

Schedule A (Form 990 or 990-EZ) 2014

Par	t V Type III Non-Functionally Integrated 509	9(a)(3) Supporting Orga	anizations _(continued)	i
Secti	on D - Distributions		· · · · · · · · · · · · · · · · · · ·	Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		···
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which	the organization is responsive	9	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2014 from Section C, line 6		<u> </u>	
10	Line 8 amount divided by Line 9 amount			<u> </u>
		(i)	(ii)	(iii)
C+	an E. Dietribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
	on E - Distribution Allocations (see instructions)		Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)		 	
3	Excess distributions carryover, if any, to 2014			
a				
<u> </u>				
<u> </u>				
<u>d</u>				
е	From 2013			
f_	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2014 distributable amount			
_ <u>i</u> _	Carryover from 2009 not applied (see instructions)			
<u>j_</u>	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section D,			
	line 7 \$			
a	Applied to underdistributions of prior years			
<u>b</u>	Applied to 2014 distributable amount			
c	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2014, if			
	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)			
6	Remaining underdistributions for 2014 Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions)			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c			
8	Breakdown of line 7			
<u>a</u>				
<u>b</u>				
	Excess from 2013			
6	Excess from 2014	i	i	I

Schedule A (Form 990 or 990-EZ) 2014

SCHEDULE D (Form 990)

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Inspection

Nam	e of the organization NCF CHARITABLE TRU	ST		dentification -43264	
Pai		**			
	organization answered "Yes" to Form 990, Part IV, lin			omploto il tili	•
			(b) Funds and	other accour	nts
1	Total number at end of year	271			22
2	Aggregate value of contributions to (during year)	167,305,355.		330	,000.
3	Aggregate value of grants from (during year)	134,859,563.			,687.
4	Aggregate value at end of year	407,576,997.		15,529	
5	Did the organization inform all donors and donor advisors in		nds		
_	are the organization's property, subject to the organization's	_		X Yes	☐ No
6	Did the organization inform all grantees, donors, and donor a				
_	for charitable purposes and not for the benefit of the donor of		•		
	impermissible private benefit?	or deriver action, or the arry outer purpose deriver		X Yes	☐ No
Pai		ganization answered "Yes" to Form 990, Part IV,		100	
1	Purpose(s) of conservation easements held by the organizat				
	Preservation of land for public use (e.g., recreation or e		/ important lan	d area	
	Protection of natural habitat	Preservation of a certified h	•		
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a co	onservation ea	sement on th	ne last
	day of the tax year				
	•		Held at	the End of the	Tax Year
а	Total number of conservation easements	<u>.</u>	2a		
b	Total acreage restricted by conservation easements	·	2b		
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c		
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure			
	listed in the National Register		2d		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the organ	nization during	the tax	
	year ▶				
4	Number of states where property subject to conservation ea	sement is located >			
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	_		
	violations, and enforcement of the conservation easements i	t holds?	L	Yes	└─ No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements during t	the year 🕨 _		
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during the ye	ear ▶ \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)(l	3)(i)	_	
	and section 170(h)(4)(B)(ii)?		L	Yes	L No
9	In Part XIII, describe how the organization reports conservation	ion easements in its revenue and expense state	ment, and bala	ance sheet, a	nd
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes the or	ganızatıon's ad	counting for	
Do.	conservation easements	f Ant Historical Tracerras an Other	Oinsiles Ass		
Pai	t III Organizations Maintaining Collections o		Similar Ass	sets.	
	Complete if the organization answered "Yes" to Form				_
та	If the organization elected, as permitted under SFAS 116 (AS				
	historical treasures, or other similar assets held for public ext		public service	, provide, in i	Part XIII,
	the text of the footnote to its financial statements that described as assembled window SEAS 116 (A)				
b	If the organization elected, as permitted under SFAS 116 (AS	•		•	
	treasures, or other similar assets held for public exhibition, e-	ducation, or research in furtherance of public se	rvice, provide	the following	amounts
	relating to these items		▶ ¢		
	(i) Revenue included in Form 990, Part VIII, line 1		~ * —		
2	(ii) Assets included in Form 990, Part X	ageurop or other empley exacts for forces:			
2	If the organization received or held works of art, historical tre the following amounts required to be reported under SFAS 1	•	provide		
_	Revenue included in Form 990, Part VIII, line 1	TO (NOC 900) relating to these items	•		
a h	Assets included in Form 990, Part X		_		
U	resets moluced in Form 550, Fait A		- •		

Part VII	Investments -	Other Secu	rities.

Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va	aluation Cost or en	d-of-year market value
(1) Financial derivatives	001 061 151	0000		
(2) Closely-held equity interests	201,864,451	. COST		
(3) Other	174 000 050	GO GE		
(A) LLCS AND PARTNERSHIPS	174,890,258	. COST		
(B) ALTERNATIVE	11 224 170	COCM		
(C) INVESTMENTS/HEDGE FUNDS	11,234,178	. COST		· <u> </u>
(D)				
(E)				
<u>(F)</u>	l —			
(G) (H)		+		
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	387,988,887	_		
Part VIII Investments - Program Related.	307,300,007	•		
Complete if the organization answered "Yes"	to Form 990. Part IV line	11c See Form 990 E	Part Y line 13	
(a) Description of investment	(b) Book value			d-of-year market value
(1)	(4) = 1000 (400	(4,		,
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"		11d See Form 990, F	Part X, line 15	
	Description			(b) Book value
(1)			<u>.</u>	
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)	<u> </u>			
(9) Total. (Column (b) must equal Form 990, Part X, col (B) lin	e 15)			
Part X Other Liabilities.	 	<u> </u>		
Complete if the organization answered "Yes"	to Form 990. Part IV. line	e 11e or 11f See Form	990. Part X. line 25	
1. (a) Description of liability	<u> </u>	(b) Book value		
(1) Federal income taxes				
(2) CHARITABLE GIFT ANNUITY P	AYABLE	787,023.		
(3)				
(4)				
(5)				
(6)				
<u> </u>				
(7)				
		787,023.		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

NCF CHARITABLE TRUST 20-4326440 Page 4 Schedule D (Form 990) 2014 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments 2a 2b b Donated services and use of facilities Recoveries of prior year grants 2c d Other (Describe in Part XIII) 2e Add lines 2a through 2d Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b 4b b Other (Describe in Part XIII) 4c c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities 2a 2b **b** Prior year adjustments 2¢ Other losses 2d d Other (Describe in Part XIII) Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 4c 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information PART X, LINE 2: PART X FIN 48 FOOTNOTE THE FOLLOWING FOOTNOTE APPLIES TO THE CONSOLIDATED FINANCIAL STATEMENTS OF THE NATIONAL CHRISTIAN CHARITABLE FOUNDATION, INC., AND SUPPORTING **ORGANIZATIONS:** THE FINANCIAL STATEMENT EFFECTS OF A TAX POSITION TAKEN OR EXPECTED TO BE

TAKEN ARE RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS WHEN IT IS MORE LIKELY THAN NOT, BASED ON THE TECHNICAL MERITS, THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION. INTEREST AND PENALTIES, IF ANY, ARE INCLUDED IN EXPENSES IN THE CONSOLIDATED STATEMENTS OF ACTIVITIES.

432054 10-01-14

SCHEDULE ! (Form 990)

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

▶ Attach to Form 990.

Open to Public Inspection OMB No 1545-0047 2014

▶ Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990.

Name of the organization NCF CHART	CHARITABLE TRUST	IST.					20-4326440
	and Assistance						
1 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 criteria used to award the grants or assistance?	to substantiate the stance?	e amount of the grants	s or assistance, the	grantees' eligibilit	y for the grants or ass	istance, and the select	tion X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ocedures for moni	toring the use of grant	funds in the Unite	d States			
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Domestic Organi	izations and Domestic	c Governments. C	complete if the orga	anization answered "Y	'es" to Form 990, Part	iV, line 21, for any
recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	\$5,000 Part II car	t be duplicated if addit	ional space is need	ded			
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL CHRISTIAN CHARITABLE FDN,							
INC 11625 RAINWATER DRIVE; STE				i			
500 - ALPHARETTA, GA 30009	58-1493949	501(C)(3)	79,731,100.	0.	CASH		SUPPORT OF GRANT-MAKING
NCF CORPORATION							
P O BOX 22774							GRANT TO SUPPORT THE
TAMPA, FL 33622	20-4281656	501(C)(3)	25,000.	0.	сазн		MISSION
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	and government or	rganizations listed in th	ne line 1 table				2.
3 Enter total number of other organizations listed in the line 1 table	s listed in the line	1 table					2.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instruct	tions for Form 990.					Schedule I (Form 990) (2014)

20-4326440

Schedule I (Form 990) (2014) NCF CHARITABLE TRUST

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

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information DART TITME 2.	uired in Part I, line	e 2, Part III, column	(b), and any other ac	iditional information	
RGANIZAT	THE USE (OF FUNDS G	RANTED TO	ORGANIZATIONS	
IN THE UNITED STATES SINCE IT GRANTS		TO ORGANI	FUNDS TO ORGANIZATIONS HERE	RE ONLY IF	
THOSE ORGANIZATIONS QUALIFY AS EXEN	EXEMPT FROM	FEDERAL	INCOME TAX	TAX UNDER CODE	
SECTION 501(C)(3)AND THEREFORE, ARE	BOUND	TO USE SUC	SUCH FUNDS ONLY FOR	LY FOR	
RELIGIOUS, CHARITABLE, EDCATIONAL (OR OTHER	PURPOSES	DESCRIBED	IN THAT CODE	
SECTION.					

SCHEDULE M (Form 990)

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

Noncash Contributions

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Name of the organization

NCF CHARITABLE TRUST

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990 Employer identification number 20-4326440

Pai	ti Types of Property								
		(a) Check if applicable	(b) Number of contributions or tems contributed	(c) Noncash contri amounts report Form 990, Part VII	ed on	Method of noncash contr			s
1	Art - Works of art								
2	Art - Historical treasures			-					
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods		-				_		
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property					-		_	
9	Securities - Publicly traded								
		X	47	66,361,	228.	APPRAISED	FMV		
10	Securities - Closely held stock		 	00,002,					
11	Securities - Partnership, LLC, or	x	52	72,050,	282.	APPRAISED	FMV		
40	trust interests			72,030,		111111111111111111111111111111111111111			
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures					_			
14	Qualified conservation contribution - Other	X	9	5,613,	493.				
15	Real estate - Residential			3,013,	1	l			
16	Real estate - Commercial								
17	Real estate - Other						-		
18	Collectibles	<u> </u>	 						
19	Food inventory	<u> </u>							
20	Drugs and medical supplies		<u> </u>						
21	Taxidermy		 						
22	Historical artifacts		 						
23	Scientific specimens	<u> </u>							
24	Archeological artifacts	77	1	30	000				
25	Other (OTHER ASSETS)	Х	1	30,	000.				
26	Other ()		ļ						
27	Other ()								
28	Other (<u></u>	<u> </u>					
29	Number of Forms 8283 received by the organ							100	
	for which the organization completed Form 82	283, Part IV,	Donee Acknowled	gement	29			109	
								Yes	No
30a	During the year, did the organization receive to								
	must hold for at least three years from the date	te of the initi	al contribution, an	d which is not requ	ired to be	used for			l
	exempt purposes for the entire holding period	1,5					30a		Х
b	If "Yes," describe the arrangement in Part II								1
31	Does the organization have a gift acceptance	policy that i	requires the review	of any non-standa	rd contrib	outions? -	31	X	
32a	Does the organization hire or use third parties	or related o	rganizations to so	icit, process, or se	ll noncash	1			l
	contributions?						32a	Х	
b	If "Yes," describe in Part II								
33	If the organization did not report an amount in	n column (c)	for a type of prope	erty for which colun	nn (a) is c	hecked,			
	describe in Part II								L
LHA		e the Instru	ctions for Form 9	90.		Schedule	M (Form	990)	2014

432142 08-12-14

SCHEDULE O (Form 990 or 990-EZ)

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.

2014
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

NCF CHARITABLE TRUST

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

Employer identification number 20-4326440

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

THE PROCEEDS TO NATIONAL CHRISTIAN CHARITABLE FOUNDATION, INC. AND

OTHER CHARITIES IN THE SAME CLASS OF TAX EXEMPT CHARITABLE

ORGANIZATIONS.

SUPPORTED THE MISSION AND PERFORMED FUNCTIONS OF THE NATIONAL CHRISTIAN

CHARITABLE FOUNDATION, INC. BY MAKING GRANTS TO IT AND OTHER CHARITIES

IN THE SAME CLASS OF TAX-EXEMPT CHARITABLE ORGANIZATIONS.

THE DRAFT FORM 990 IS PREPARED BY TAX COMPLIANCE MANAGER AND COMPARED WITH

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

FORM 990, PART VI, SECTION C, LINE 19:

FORM 990, PART VI, SECTION B, LINE 11:

NCF CHARITABLE TRUST'S AUDITED FINANCIAL STATEMENT ARE AVAILABLE ON NCF'S
WEBSITE AND UPON REQUEST. NCF CHARITABLE TRUST'S FORM 990, ITS BYLAWS AND
SIGNIFICANT OPERATIONAL POLICIES ARE AVAILABLE TO THE PUBLIC ONLY UPON
REQUEST.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432211 08-27-14

Schedule O (Form 990 or 990-EZ) (2014)

SCHEDULE R (Form 990)

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships ▶ Attach to Form 990.

2014 Open to Public Inspection

OMB No 1545-0047

Pinformation about Schedule R (Form 990) and its instructions is at www.lrs.gov/form990.

Employer identification number 20-4326440

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Part

NCF CHARITABLE TRUST

Name of the organization Department of the Treasury Internal Revenue Service

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
WEBBOATS.NET, LLC P. O. BOX 1153					
MOREHEAD CITY, NC 28557	HOLDS YACHT FOR HIRE	NORTH CAROLINA	86.	1,889,197.	1,889,197.NCF CHARITABLE TRUST
CHARLESTON HOUSE, LLC					
5203 SOUTH DIVISION					
GRAND RAPIDS, MI 49548	HOLDS RENTAL REAL ESTATE	MICHIGAN	<171,415.		660,994.NCF CHARITABLE TRUST
PROVIDENCE CHRISTIAN FUND, LLC					
15060 FREEMANVILLE ROAD					
ALPHARETTA, GA 30004	HOLDS INVESTMENTS	GEORGIA	<976.	.0	O.NCF CHARITABLE TRUST
K CHARITABLE FUND, LLC					
1125 SANCTUARY PARKWAY; STE. 275					
ALPHARETTA, GA 30004	HOLDS INVESTMENTS	GEORGIA	<115,408.	377,105.	377,105.NCF CHARITABLE TRUST

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

(6)	3	[3]	5	(6)	(4)	[3	
(6)	2	2	3	<u> </u>	=	Control 5 (2/h) 13	2/5×131
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 3 12(D)	(c) You
of related organization		foreign country)	section	status (if section	entrty	entity?	٧,
				501(c)(3))		Yes	ę
NATIONAL CHRISTIAN CHARITABLE FDN, INC							1
58-1493949, 11625 RAINWATER DRIVE; STE 500,						•	
ALPHARETTA, GA 30009-8678	GRANT MAKING	GEORGIA	501(C)(3)	7	N/A		×
NCCF SUPPORT, INC 58-2268010					NTL CHRISTIAN		
11625 RAINWATER DRIVE; STE 500					CHARITABLE FDN,		
ALPHARETTA, GA 30009-8678	GRANT MAKING	GEORGIA	501(C)(3)	11 I	INC.	×	
NATL CHRISTIAN FON REAL PROPERTY, INC					NTL CHRISTIAN		
58-2655939, 11625 RAINWATER DRIVE; STE 500,					CHARITABLE FDN,		
ALPHARETTA, GA 30009-8678	GRANT MAKING	GEORGIA	501(C)(3)	11 I	INC.	×	
NCF CORPORATION - 20-4281656					NTL CHRISTIAN		
4401 W KENNEDY, 3RD FLOOR					CHARITABLE FDN,		
TAMPA, FL 33609	CHARITABLE TRUSTEESHIP	FLORIDA	501(C)(3)	11 I	INC.	×	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ns for Form 990.				Schedule R (Form 990) 2014	orm 990	2014

432161 08-14-14 LHA

71

Part I Continuation of Identification of Disregarded Entities	ntities				
(a)	(q)	(၁)	(p)	(e)	(4)
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-102, LLC					
707 N. FRANKLIN ST. STE 800			•		
TAMPA, FL 33602	HOLDS S CORP STOCK	FLORIDA	0.	1,000.	1,000,NCF CHARITABLE TRUST
NCT-111, LLC					
10615 E. 700 N.					
LAFAYETTE, IN 47905	HOLDS RENTAL REAL ESTATE	FLORIDA	<10,760.	224,122.	224,122,NCF CHARITABLE TRUST
NCT-110, LLC					
2034 COVE TRAIL		•			
WINTER PARK, FL 32789	HOLDS A BUSINESS INTEREST	FLORIDA	7,870.	741,829.	741,829. NCF CHARITABLE TRUST
NCT-122, LLC					
707 N. FRANKLIN ST. STE 800	HOLDS ROYALTIES FROM				
TAMPA, FL 33602	INTELLECTUAL PROP	FLORIDA	<1,669,853.	3,812,690.	3,812,690,NCF CHARITABLE TRUST
NCT-120, LLC					
1413 EVANS STREET, SUITE E				-	
GREENVILLE, NC 27834	HOLDS A BUSINESS INTEREST	FLORIDA	<185,118.	420,812.	420,812,NCF CHARITABLE TRUST
NCT-125, LLC					
9429 BLUFF LAKE STREET	,				
ZEELAND, MI 49464	HOLDS A BUSINESS INTEREST	FLORIDA	<72,179.	443,790.	443,790 NCF CHARITABLE TRUST
SUAREZ CRT, LLC					
8715 LAKE FOREST DRIVE					
JONESBORO, GA 30236	HOLDS A PROMISSORY NOTE	GEORGIA	215,038.	278,358.	358, NCF CHARITABLE TRUST
PENALUNA FAMILY 4 SISTERS FOUNDATION, LLC					
1308 TECHNOLOGY PARKWAY					
CEDAR FALLS, IA 50613	HOLDS A BUSINESS INTEREST	IOWA	<10,758.	2,410,000.	2,410,000.NCF CHARITABLE TRUST
BECKEL CHARITABLE ENTERP, LLC					
5710 HOOVER BOULEVARD					
TAMPA, FL 33634	HOLDS A BUSINESS INTEREST	FLORIDA	972,696.	2,740,396.	2,740,396,NCF CHARITABLE TRUST
NCT-131, LLC					
707 N. FRANKLIN ST. STE 800	HOLDS ESCROW FROM SALE OF				
TAMPA, FL 33602	BUSINESS INTEREST	FLORIDA	3,064,333.	3,170,984.	3,170,984.NCF CHARITABLE TRUST

NCF CHARITABLE TRUST

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

(a)	(q)	(0)	(g)	(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-136, LLC					
707 N. FRANKLIN ST. STE 800	,				
TAMPA, FL 33602	HOLDS A BUSINESS INTEREST	FLORIDA	<9,365.	922,520.	922,520.NCF CHARITABLE TRUST
NCT-107, LLC					
707 N. FRANKLIN ST. STE 800					
TAMPA, FL 33602	HOLDS A BUSINESS INTEREST	FLORIDA	5,480,397.	10,865,074.	074.NCF CHARITABLE TRUST
RICHMOND CHARITABLE, LLC					
708 N. FRANKLIN ST. STE 800					
TAMPA, FL 33603	HOLDS A BUSINESS INTEREST	FLORIDA	<100,859.	<8,318.>	<8,318.> NCF CHARITABLE TRUST
NCF II, LLC					
709 N. FRANKLIN ST. STE 800					
TAMPA, FL 33604	HOLDS A BUSINESS INTEREST	FLORIDA	<2,067,495.	7,807,027.	7,807,027.NCF CHARITABLE TRUST
NCF-JBM3, LLC					
402 WASHINGTON ST., SE, STE 200					
GAINESVILLE, GA 30501	HOLDS A BUSINESS INTEREST	GEORGIA	400,000.	400,000	400,000 NCF CHARITABLE TRUST
LFW TUSCALOOSA, LLC					
6200 THE CORNERS PARKWAY					
NORCROSS, GA 30092	HOLDS A BUSINESS INTEREST	GEORGIA	0	14,307,351.	351, NCF CHARITABLE TRUST
FF AGRICO, LLC					
101 EAST KENNEDY BLVD, STE 3700	-				
TAMPA, FL 33602	HOLDS REAL ESTATE	FLORIDA	775,000.	800,000	800,000,NCF CHARITABLE TRUST
NCT-124, LLC					
1408 NW SHORE BLVD	,				
TAMPA, FL 33622	HOLDS A BUSINESS INTEREST	FLORIDA	224,200.	236,000.	236,000.NCF CHARITABLE TRUST

20-4326440

NCF CHARITABLE TRUST

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

				,	**		
(a)	(q)	(<u>o</u>	(g	(e)	E	(9) Section 512(b)(13)	2(b)(13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	controlled	Pell
of related organization		foreign country)	section	status (if section 501(c)(3))	eruny	Yes	S S
NATIONAL CHRISTIAN FOUNDATION, INC					NTL CHRISTIAN		
1162					CHARITABLE FDN,	ļ	
ALPHARETTA, GA 30009-8678	GRANT MAKING	GEORGIA	501(C)(3)	11 I	INC.	×	
NCCF TRUST - 58-6370659					NTL CHRISTIAN		
952 ECHO LANE; STE. 190					CHARITABLE FDN,		
HOUSTON, TX 77024	GRANT MAKING	TEXAS	501(C)(3)	11 I	INC.	X	
GIVERS TRUST, INC 30-0075789					NTL CHRISTIAN		
11625 RAINWATER DR; STE 500					CHARITABLE FDN,		
ALPHARETTA, GA 30009-8678	GRANT MAKING	GEORGIA	501(C)(3)	7	INC.	X	
				•			
	,						
	_						
	_						
			_				
432222 05-01-14		74					

Schedule R (Form 990) 2014 NCF CHARITABLE TRUST

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

	6									
(a)	(Q)	(၁)	(0	(e)	£	(a)	Ξ	Ξ	3	Œ
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year	Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule	General or managing partner?	General or Percentage managing ownership
		country)		sections 512-514)			Yes No		Yes No	
DIRECTED ENERGY, LLC -						r				
20-5696812, 35 THIRD STREET,			DIRECTED							
DOVER, NH 03820	ENERGY	NH	ENERGY, LLC	UNRELATED	0.	1.	×	N/A	×	800.66
AMBASSADOR CAPITAL, LLC -										
26-3945032, 2845 EAST DUPONT			AMBASSADOR							
ROAD, FORT WAYNE, IN 46825	INVESTMENTS	IN	CAPITAL, LLC	512	0.	29,400,000.	×	N/A	×	800.66
GIBRALTAR MATERIAL DISTRIB,										
LP - 20-5261729, 4303			GIBRALTAR					-		
INNOVATION LOOP, MARBLE			MATERIAL					•		
FALLS, TX 78654	DISTRIBUTION	ΤX	DISTRIB, LP	UNRELATED	<107,347.	10,640,000.	×	N/A	×	90.06
HIGDON INVESTMENTS, LLC -										
27-3191817, 133 RICHARD ROAD,			HIGDON INV,							
CENTRAL, SC 29630	INVESTMENTS	သင	LLC	512	<7,916.	> 791,579.	×	N/A	×	99.008

Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year Part IV

(1)	512(b)(13) controlled entity?	_		×			×			×			×			×	990) 2014
Ξ	Percentage ownership			100.00%			90.00			800.66			800.66			100.00%	Schedule R (Form 990) 2014
(6)	Share of end-of-year assets																Sche
(J)	Share of total income																
(0)	Type of entity (C corp, S corp, or trust)			S CORP			S CORP			S CORP			S CORP			s corp	
(D)	Direct controlling entity			BARNHART CRANE S CORP			FDN FENCE		CAJESTIC	ADVISORS		ARLINGTON	RESEARCH		SOL VENTURES,	INC.	
(၁)	Legal domicile (state or foreign country)			NI			Ϋ́L			MI			Ϋ́L			TX	75
(q)	Primary activity			CRANE MFG & SOLUTIONS		FENCE DESIGN &	INSTALL			INV CONSULTING FIRM			MEDICAL RESEARCH			HOLDS YACHT	
(a)	Name, address, and EIN of related organization	BARNHART CRANE & RIGGING CO 62-1269879	2163 AIRWAYS BOULEVARD	MEMPHIS, TN 38114	POUNDATION FENCE, INC 55-0849954	4303 INNOVATION LOOP	MARBLE FALLS, TX 78654	MAJESTIC ADVISORS, INC 38-3636590	21 KERCHEVAL, STE 265	GROSSE POINTE PARMS, MI 48236	ARLINGTON RESEARCH CTR, INC 26-1347074	2501 ROYAL GLEN COURT	ARLINGTON, TX 76012	SOL VENTURES, INC 88-0362870	2555 NORTH PEARL ST 1601	DALLAS, TX 75201	432162 08-14-14

Schedule R (Form 990) NCF CHARITABLE TRUST

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations? Yes No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	(j) (k) General or Percentage managing ownership Pet No
STEPHEN C. TRICE FAMILY, LLC - 73-1584658, 10 E. MEMORIAL ROAD, BUILDING B, OKLAHOMA CITY, OK 73114	COMM R/E	OK	TRICE FAMILY, LLC	512	<795,732.>	. 15,347,132.	×	N/A	×	91.86%
INGRAM FUND, LLC - 27-5251939 PO BOX 10217 MIDLAND, TX 79702	ROYALTY INTEREST	TX	INGRAM FUND, LLC	512	.09	1,000,000.	×	N/A	×	800.66
SUNDT GIVING, LLC - 27-4384973, 9090 LA JOLLA SHORES LANE, LA JOLLA, CA 92037	INVESTMENTS	CA CA	SUNDT GIVING	512	<120.5	10,000.	×	N/A	×	\$00°66
FAITH GIVING LLC - 45-3626992 P.O. BOX 1031 KERNERSVILLE, NC 27285-1031	INVESTMENTS	NC	FAITH GIVING, LLC	UNRELATED	<370,492.	2,348,625.	×	N/A	×	800.66
SDL, LLC - 27-4168925 P.O. BOX 97365 RALEIGH, NC 27624	COMM R/B	NC	sDr, rrc	UNRELATED	<1,668.p	495,000.	×	N/A	×	\$00°66
KARIS MANAGEMENT GROUP, LLC - 46-2517209, 1301 BRIAR CREEK RD, CHARLOTTE, NC 28205	INVESTMENTS	NC	KARIS MANAGEMENT GROUP, LLC	UNRELATED	1,446,904.	1,500,430.	×	N/A	×	\$00°66
ACD COSMETICS MANAGEMENT, LLC 711 E. LAMAR BLVD., STE 200 ARLINGTON, TX 76011	MANAGEMENT	ΤX	ACD COSMETICS MANAGEMENT, LLC	UNRELATED	285,000.	300,000	×	N/A	×	800.66

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Page 3

Yes

Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36 Part V

	c>
nplete line 1 if any entity is listed in Parts II, III, or IV of this schedule	the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
Note. Com	1 Durir

- Receipt of (i) interest, (ii) annurties, (iii) royatties, or (iv) rent from a controlled entity
 - - Gift, grant, or capital contribution to related organization(s)
- Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s)
- Dividends from related organization(s)
- Sale of assets to related organization(s)
- Purchase of assets from related organization(s)

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- Exchange of assets with related organization(s)
- Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- Sharing of paid employees with related organization(s)
- Reimbursement paid to related organization(s) for expenses ۵
- Reimbursement paid by related organization(s) for expenses σ
- r Other transfer of cash or property to related organization(s)
- Other transfer of cash or property from 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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NATIONAL CHRISTIAN CHARITABLE FDN, INC.	В	81,011,986.CASH	зазн
(2) NATIONAL CHRISTIAN CHARITABLE FDN, INC.	υ	1,280,886.CASH	зазн
(3) NCF CORPORATION	В	25,000.CASH	зазн
(4) PROVIDENCE CHRISTIAN FUND, LLC	Ø	2,163.CASH	САЅН
(s) K CHARITABLE FUND, LLC	ಬ	1,407.CASH	CASH
(6) ARLINGTON RESEARCH CENTER, INC.	S 77	990,000.CASH	CASH Schodule B (Form 900) 2014
F1-F1-00 C01 Z0+			1 04 /000 III 0 II I 0 INDOI 00

Schedule R (Form 990) NCF CHARITABLE TRUST

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(2)	9	(3)	3
Name of other organization	Transaction type (a-r)	Amount involved	Method of determining amount involved
(7)FAITH GIVING, LLC	ಬ	417,000.CASH	CASH
(8)KARIS MANAGEMENT GROUP, LLC	ಬ	150,000.CASH	CASH
(9)AMBASSADOR CAPITAL, LLC	တ	126,400.CASH	CASH
(10)SDL, LLC	တ	38,752.CASH	CASH
(11)KINETIC CONTOURS, INC.	တ	49,000.CASH	CASH
(12)STEPHEN C. TRICE FAMILY, LLC	യ	647,126.CASH	CASH
(13)SPARK HOLDINGS, LLC	ಬ	25,000.CASH	CASH
(14)FRANKLIN DEDICATION FUND, LLC	S	21,374.CASH	CASH
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)	i		

78

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on 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

(¥)	rcentage vnership					
(5)	anaging Ov	0K	<u> </u>			
(i)	Uspidor Code V-Dol Series of Percentage boate amount in box 20 managing ownership allocations? of Schedule K-I parine?					a chapter
(F)	tonate allocations?	00 Les			_	
	Share of end-of-year assets					
	Snare of total income					
(e) Are all	bartners sec 501(c)(3) der 00s	Les No				
(b)	(related, unrelated, excluded from tax under					
(2)	(state or foreign country)					
(q)	Primary activity					
(a) (b) (c) (d)	Name, address, and EIN of entity					