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Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047 Open to Public

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

Information about Form 990 and its instructions is at www.lrs.gov/form990

Inspection

AF	or the 2	2014 calendar year, or tax year beginning	and	enaing			
B c	heck if	C Name of organization NATIONAL CHRISTIAN FOU	MDATTON DEAT.		D Employer iden	itification number	
	Address change	PROPERTY, INC.	NDATION REAL				
	Name change	Doing business as			58-	-2655939	
	Initial	Number and street (or P.O. box if mail is not del	ivered to street address)	Room/surte	E Telephone nun	nber	
	Final return/	11625 RAINWATER DRIVE		500		4.252.0100	
	termin- ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$	33,529	<u>,892.</u>
<u> </u> _	Amender return Applica-	ADFIRACETTA, GA 50005_			H(a) Is this a grou		
	tion pending	F Name and address of principal officer JOH			for subordina		$\overline{}$
		11625 RAINWATER DRIVE S					└─ No
		npt status X 501(c)(3) 501(c)() * WWW.NATIONALCHRISTIAN.	(insert no.) 4947(a)(1)	or 527	1	h a list (see instruc	tions)
			sociation Other	I Vear	H(c) Group exemp	1 M State of legal do	mucula: CA
	_	Summary	Sociation Other P	L Teal	oriormation, 200.	LI MI State of legal do	miche. GA
\Box		riefly describe the organization's mission or most	significant activities: THE	CORPOR	ATION ACC	EPTS GIFTS	OF
Governance	R	EAL ESTATE INTERESTS, LI	OUIDATES THE IN	TEREST	S AND GRAI	NTS THE	_==
Ē	_		ntinued its operations or dispo				
)Ve		umber of voting members of the governing body	•			3	3
Ğ		umber of independent voting members of the go	//		ľ	4	0
S &	i e	otal number of individuals employed in calendar y	· //		· · · · · · · · · · · · · · · · · · ·	5	0
VIţi	6 T	otal number of volunteers (estimate if necessary)		1	· · · ·	6	0
Activities	7 a To	otal unrelated business revenue from Part VIII, co	lumn (C), line 12 o	market & b	٠.	7a	0.
	bΝ	et unrelated business taxable income from Form	990-T,/line/34	ion L		7b	0.
				010 T	Prior Year	Current Y	
<u>o</u>	8 C	ontributions and grants (Part VIII, line 1h)		<u></u>	, ,		
enr	9 P	rogram service revenue (Part VIII, line 2g)			·	0.	0.
Revenue	10 In	vestment income (Part VIII, column (A), lines 3, 4	//	<899,71		<u>,293.</u> >	
_		ther revenue (Part VIII, column (A), lines 5, 6d, 8c	•	<u> </u>	<1,322,15		
_		otal revenue - add lines 8 through 11 (must equal			45,183,09		
}		irants and similar amounts paid (Part IX, column (_	15,069,78		
		enefits paid to or for members (Part IX, column (A		_		0. 0.	0.
Expenses		alaries, other compensation, employee benefits (• • • • • • • • • • • • • • • • • • • •	-		0.	0.
en		rofessional fundraising fees (Part IX, column (A), I		0.			
EX		otal fundraising expenses (Part IX, column (D), lin other expenses (Part IX, column (A), lines 11a-11d			520,72	2 115	,314.
		otal expenses. Add lines 13-17 (must equal Part I	•	-	15,590,50		
		levenue less expenses. Subtract line 18 from line			29,592,59		,804.
ses.		and the state of t	·-	Be	ginning of Current Ye		
t Assets or Id Balances	20 T	otal assets (Part X, line 16)		F	79,393,52		
Ass	21 T	otal liabilities (Part X, line 26)	•		516,40		,367.
Pund		let assets or fund balances Subtract line 21 from	line 20		78,877,12	8. 80,524	,861.
Pa	rt II	Signature Block	•				
		ies of perury, I declare that I have examined this return,				of my knowledge and h	belief, it is
true,	correct,	and complete Declaration of peparer (other man office	er) is based on all information of w	hich preparer			
		from Commy				3/20N	
Sigi	n	Agnature of officer			Date '		
Her	e		RESIDENT				
	\rightarrow	Type or print name and title			Data L	T DYIN	
		Print/Type preparer's name	Preparer's signature		Date Check	PTIN	
Paid	- H					mployed	
•		Firm's name			Firm's EIN	<u> </u>	
use	Only	Firm's address			Dhone se		
		O also are a three goods personally the areas are a share a set of			Phone no.		T
May	/ tne IHS	S discuss this return with the preparer shown abo	ive: (see instructions) .			Yes	└── No_

	990 (2014) PROPERTY, INC.	58-2655939	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		. \square
1	Briefly describe the organization's mission:	-	
	THE CORPORATION ACCEPTS GIFTS OF REAL ESTATE INTERESTS,	LIQUIDATES	THE
	INTERESTS AND GRANTS THE PROCEEDS TO NATIONAL CHRISTIAN	CHARITABLE	
	FOUNDATION, INC., AND OTHER CHARITIES THAT ORGANIZATION	SUPPORTS.	
			_
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	□ Vos	X No
	If "Yes," describe these new services on Schedule O	163	110
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	□v _{oo}	X No
•	If "Yes," describe these changes on Schedule O.	L res	LAN NO
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	rs, the total expenses,	and
	revenue, if any, for each program service reported.		
4a		e \$)
	SUPPORTED THE MISSION AND PERFORMED FUNCTIONS OF THE NAT		
	CHARITABLE FOUNDATION, INC. BY MAKING GRANTS TO IT AND T		T
	CHARITIES (NOT PRIVATE GRANT MAKING FOUNDATIONS) IT SUPP	ORTS.	
			_
		_	
			•
4b	(Code) (Expenses \$ including grants of \$) (Revenue		<u> </u>
70	/ (Nevenue / Code / Cod	<u>. </u>	—— '
			
		-	
4c	(Code) (Expenses \$	e \$)
		-	
		-	
		-	
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$	_)	_
<u>4e</u>	Total program service expenses ► 16,495,985.		
432002	2	Form \$	990 (2014)

Page 3

NATIONAL CHRISTIAN FOUNDATION REAL PROPERTY, INC.

Form 990 (2014)

Partely/ Checklist of Required Schedules

as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 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 c Did the organization report an amount for investments - other securities 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 d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16" If "Yes," complete Schedule D, Part IX f Did the organization report an amount for other liabilities in Part X, line 25" If "Yes," complete Schedule D, Part X f Did the organization separate, independent audited financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 110 X 111 X 111 X 112 X 113 X 114 X 115 X 116 X 117 X 118 X 119 X 110 X 110 X 110 X 110 X 111 X 110 X 111 X 111 X 112 X 113 X 114 X 115 X 116 X 117 X 118 X 119 X 110 X 110 X 110 X 111 X 110 X 111 X 111 X 112 X 113 X 114 X 115 X 115 X 116 X 117 X 118 X 119 X 110 X 110 X 110 X 111 X 111 X 111 X 112 X 113 X 114 X 115 X 115 X 116 X 117 X 118 X 118 X 119 X 110 X 110 X 110 X 111 X 111 X 112 X 113 X 114 X 115 X 115 X 116 X 117 X 118 X 118 X 119 X 110 X 110 X 111 X 110 X 111 X 111 X 112 X 113 X 114 X 115 X 115 X 116 X 117 X 118 X 118 X 119 X 119 X 110 X 110 X 111 X 111 X 111 X 112 X 113 X 114 X 115 X 115 X 116 X 117 X 118 X 118 X 119 X 119 X 110 X 110 X 110 X 111 X 111 X 111 X 112 X 113 X 114 X 115 X 116 X 117 X 118 X 118 X 119 X 119 X 110 X 110 X 111 X 111 X 111 X 111 X 112 X 113 X 114 X 11				Yes	No
2 is the organization required to complete Schedule 8, Schedule 6 (Contributions) Did the organization engage in direct or undered collected campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II 3	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Dut the organization engage in direct or indirect political campagin activities on behalf of or in opposition to candidates for public office? If "ess" completes Schedule C, Part I 4 Section 501(e)(3) organizations. Dut the organization engage in lobbying activities, or have a section 501(e)(e) complete Schedule C, Part II 5 Is the organization a section 501(e)(6), 501(e)(6), 501(e)(6), or 501(e)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98.191 If "Yes," complete Schedule C, Part II 5 Dut the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 6 Dut the organization report and amount in Part X, ine 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 II 10 Dut the organization report an amount in Part X, ine 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 negotiations services? If "Yes," complete Schedule D, Part II 10 Dut the organization report an amount for fire and particular to part X, ine 10 If "Yes," complete Schedule D, Part V 11 Dut the organization report an amount for fire display and equipment in Part X, line 10 If "Yes," complete Schedule D, Part V II 11 Dut the organization report an amount for investments - program related in Part X, line 10 If "Yes," complete Schedule D, Part V II 12 Dut the organization report an amount for investments - program related in Part X, line 10 If "Yes," complete Schedule D, Part V II 23 Dut the organization report an amount for the babilities in Part X, line 12 If It is specially a part		If "Yes," complete Schedule A			
public office? **I **res**, complete Schedule C, Part I ** Section 50*(16)(3) organizations. Dd the organization angage in lobbying activities, or have a section 50*(16) election in effect during the tax year? *I ** *res**, complete Schedule C, Part II ** Is the organization a section 50*(16)(5), 50*(16)(5), or 50*(16)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98*:197** *I*** *res**, complete Schedule C, Part II ** 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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right in the provide advice of the environment, hateric lead areas, or historic structures *II** *I**(**)*, complete Schedule D, Part II ** Did the organization maintain collections of works of art, historical treasures, or other similar assets? *II** *I**(**)*, complete Schedule D, Part II *I** Did the organization is native to through a related organization, hold assets in temporarily restricted endowments; permanent endowments in the propriation is a special policy of the organization is an amount for investments of the second policy of the programization is an amount for investments of the second policy of the organization report an amount for investments of the second policy of the organization report an amount for investments of the second policy of the organization report an amount for organization second in Part X, line 191* *I** *I** *I** *I** *I** *I** *I**			2	_X_	
dump the tax year? If "Yes," complete Schedule C, Part II Is the organization a section \$Str(e)(4), \$D16(S)(5), e501(e)(S), e501(e)(S) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 88.19? If "Yes," complete Schedule C, Part III Ob 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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide a distribution or investment of amounts in such funds or accounts for which donors have the right to provide and areas, or historic structures If If Yes, complete Schedule D, Part II Did the organization report an amount in Part X, line 12, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, in provide credit consaling, debt management, credit repair, or debt negoliation services? If Yes, complete Schedule D, Part IV Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If Yes, complete Schedule D, Part VIII Did the organization report an amount for investments or other securities in Part X, line 10? If Yes, complete Schedule D, Part XIII Did the organization report an amount for investments. Organization Part X, line 15? If Yes, complete Schedule D, Part XIII Did the organization report an amount for investments. Organization Part X, line 15? If Yes, complete Schedule D, Part XIII Did the organization report an amount for investments or other securities in Part X, line 10? If Yes, complete Schedule D, Part XIII Did the organization report an amount for investments or other securities of the lax year include a footnate that addresses the organization a	3		3		х
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9 X 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 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. 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 13 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII 14 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 15 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 16 Did the organization report an amount for other habilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XII 17 Did the organization's slability for uncertain tax positions under FiN 48 (ASC 740)? If "Yes," complete Schedule D, Part X X 111 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X I and XII 18 Did the organization on answered "No" to line 12a, then completing Schedule D, Parts XI and XII II 19 Did the organization maintain an office, employees, or agents outside of the United States? 10 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 invivolutions, business, investment, and program service activities outside the United States, or aggregate foreign invivolutions, business, investm	9				
10 Did the organization, directly or through a related organization, hold assets in temporanly restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V as a spilicable. a Did the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part VI, VIII, VIII, VIII, VII, VII, VIII, VII, VII, VIII, VII, VIII, VII, VIII, VII, VIII, VII, VIII, VII, VIII, VIII, VII, VIII, VII, VIII, VII, VIII, VII, VIII, VII, VIII, VII, VIII, VIII, VII, VIII, VII, VIII, VII, VIII, VII, VIII, VII, VIII, VII, VIII, VIII, VII, VII, VII, VIII, VII, VIII, VI					v
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Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 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 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20b In Testing III III III III III III III III III I	15		4-		v
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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 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			16		х
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	17				<u> </u>
1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			17		X
Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or m	18				
complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b			18		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20a X 20b	19				v
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20~				
					
				990	(2014)

Page 4

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35b

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X

X

X

NATIONAL CHRISTIAN FOUNDATION REAL PROPERTY, INC.

Part IV | Checklist of Required Schedules (continued) Yes No 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II X 21 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 29 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 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 X Schedule K. If "No", go to line 25a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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 X Schedule L. Part I 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or 26 former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," X complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member X of any of these persons? If "Yes," complete Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 instructions for applicable filing thresholds, conditions, and exceptions): X a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a

director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Schedule N, Part II

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 Part V, line 1

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

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

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O

X Form 990 (2014)

PROPERTY, INC. 58-2655939 Form 990 (2014) Page 5 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming X (gambling) winnings to prize winners? 1c 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 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За X b If "Yes." has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes." enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5с 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? **6**b Organizations that may receive deductible contributions under section 170(c). X Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7c d If "Yes." indicate the number of Forms 8282 filed during the year X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? **7**g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the $\overline{\mathbf{x}}$ sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a X 9b b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter a Gross income from members or shareholders 11a b 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 12b b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c

432005 11-07-14

14a

X

14a Did the organization receive any payments for indoor tanning services during the tax year?

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

58-2655939

Page 6

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

	Check if Schedule O contains a response 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 3							
	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.			[
b	Enter the number of voting members included in line 1a, above, who are independent 1b 0							
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		X				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	<u> </u>	X				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X				
6	Did the organization have members or stockholders?	6		Х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
	more members of the governing body?	7a	-	Х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7b		x				
	persons other than the governing body?							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
_	The governing body?	8a	X	 				
ь	Each committee with authority to act on behalf of the governing body?	8b	<u> </u>	_				
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				
500	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9	<u> </u>	- 23				
<u> </u>	tion B. P onotes (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	163	X				
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	-53		 				
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	in Schedule O how this was done	12c]				
13	Did the organization have a written whistleblower policy?	13	Х					
14	Did the organization have a written document retention and destruction policy?	14	X					
15	Did the process for determining compensation of the following persons include a review and approval by independent		1	l				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		ļ _					
а	The organization's CEO, Executive Director, or top management official	15a		X				
b	Other officers or key employees of the organization	15b		X				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	l		1				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
_	taxable entity during the year?	16a	 	X				
ь	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		~ ~					
	exempt status with respect to such arrangements?	16b		L				
	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ►GA, CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) is	avadat	ale .					
18	for public inspection. Indicate how you made these available. Check all that apply	avalidi	JIE .					
	Own website Another's website W Upon request Other (explain in Schedule O)							
10	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finar	ıcıəl					
19	statements available to the public during the tax year	miai	ivial					
20	State the name, address, and telephone number of the person who possesses the organization's books and records:							
20	CORPORATION - 404.252.0100							
	11625 RAINWATER DRIVE; STE. 500, ALPHARETTA, GA 30009-8678							
			000	(2014)				

Form 990 (2014) Partivill 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

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

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

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

Name and Title	Average	l								(F)
	1 house est	l (do	Position (do not check more than on box, unless person is both a officer and a director/trustee				one	Reportable	Reportable	Estimated
	hours per	box				ıs bot	n an	compensation	compensation	amount of
	week	⊢	1 1 7		1 1		,	from	from related	other
	(list any hours for	direct						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	ee or	stee			nsate		(W-2/1099-MISC)	()	organization
	organizations	trus	nal tru		oyee	ошре				and related
	below	individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	•		organizations
1) MICHAEL BOOTH	1.00	홀	SE.	₩ 0	Ke	돌	PG.			
IN MICHAEL BOOTH	49.00	x		х				0.	103,213.	18,907.
2) MARK EVANS	1.00	A	\vdash	Ĥ		H		0.	103,213.	10,307.
DIRECTOR & TREASURER	49.00	v		х				0.	94,139.	14,288
3) WILLIAM MATTHEW LAWSON	1.00	 	-		-	┢			74,1330	14,200
IRECTOR & PRESIDENT	49.00	1		х	ŀ			0.	106,923.	19,157.
4) TERRILL A. PARKER	0.00	T				H				
ORMER DIRECTOR & VP	49.00	1					х	0.	226,171.	5,081
5) WILLIAM WILLIAMS	0.00					Π			-	
ORMER DIRECTOR & PRESIDENT	49.00	1				İ	X	0.	196,988.	15,952
6) GREGORY L. SPERRY	0.00									
ORMER DIRECTOR	49.00						X	0.	229,089.	16,432
7) DAVID H. WILLS	0.00	1				İ				
ORMER DIRECTOR & PRESIDENT	20.00	╙		Ш		_	X	0.	229,129.	21,837.
8) KENNETH M. BOWERS	0.00	⇃				İ		•	455 420	00 500
ORMER SECRETARY	49.00	<u> </u>	L			┞	X	0.	177,438.	20,703.
9) DAVID D. JOHNSON	0.00				ŀ		37	_	177 004	20 702
ORMER TREASURER	49.00	⊢	⊢	Н			X	0.	177,024.	20,703
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Form 990 (2014)

PROPERTY, INC. 58-2655939

Part VII Section A. Officers, Directors, (A)	(B)	Pioy	ees			gne	si C	(D)	es (continuea) (E)	$\overline{}$		(E)	
(A) Name and title	Average	(C) Position						(D) Reportable	Reportable		En	(F) timate	ad
Hame and the	hours per	box,	not c unle	heck ss pe	more rson	than is bot	h an	compensation	compensation			umate sount	
	week	\vdash	er an	dad	irecto	a/trus	tee)	from	from related			other	
	(list any hours for	Individual trustee or director						the	organization			pensa	
	related	e or d	itee			sated		organization (W-2/1099-MISC)	(W·2/1099-MI	SC)		om th anızat	
	organizations	truste	a) trus		æ	шфеи		(** 2 1033 **********************************				d relat	
	below	vidual	Institutional trustee	;er	Key employee	Highest compensated employee	喜	•			orga	ınızatı	ons
	line)	lud	Inst	Officer	ě	E B	Former			\longrightarrow			
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1b Sub-total		-						0.	1,540,1		15	3,0	
c Total from continuation sheets to P	art VII, Section A							0.	1 540 1	0.	1 -	2 0	0
d Total (add lines 1b and 1c)					.	->4		<u> </u>	1,540,1		_12	3,0	60
2 Total number of individuals (including compensation from the organization		nose	liste	ed al	DOV	e) wr	no r	eceived more than \$100	0,000 of reportat	иe			(
	•											Yes	No
3 Did the organization list any former of			e, ke	y er	mplo	yee	, or	highest compensated e	mployee on			-	
line 1a? If "Yes," complete Schedule											3	Х	<u> </u>
4 For any individual listed on line 1a, is tand related organizations greater than	-		-					•	the organization		4	X	-
5 Did any person listed on line 1a receiv									idual for services	s			<u> </u>
rendered to the organization? If "Yes,	•				•		0.0.	o organization or mark		_	5		X
Section B. Independent Contractors													
 Complete this table for your five higher the organization. Report compensation 										npens	ation f	rom	
(A		car	0.101	ng v		<u> </u>]	(B)	year		(0)	
Name and bus	iness address	NO	INC	3				Description of s	services	C	ompe	nsatio	n
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2 Total number of independent contract \$100,000 of compensation from the contract.		iot lii	mite	a to		se li: 0	stec	above) who received r	nore than				
The second secon	<u> </u>			-							Form	990 (2014

58-2655939

PROPERTY, INC.

Form 990 (2014) PROPERTY
Part VIII Statement of Revenue

		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ats I	1 a	Federated campaigns	1a					
ğ z	b	Membership dues	1b	_				
A, E	c	Fundraising events	1c					1
a it		Related organizations	1d	2,003,854.				1
S,E		Government grants (contribut	ions) 1e					i
ΘĒ		All other contributions, gifts, gran						
풀흶		similar amounts not included abo		17,953,333.				
들임	c	Noncash contributions included in lines	: 1a-1f \$	17,428,986.				
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f			19,957,187.			
				Business Code				
8	2 a	1						1
اه ځ	b)				_		
နှင့်	c							
e a	c	,						
Program Service Revenue	e	•						
ا ۵	f	All other program service reve	enue					
	9	Total. Add lines 2a-2f		•				
	3	Investment income (including	dividends, intere	est, and	_			
		other similar amounts)		▶	220,661.			220,661.
	4	Income from investment of ta	x-exempt bond p	oroceeds 🕨				
	5	Royalties		_	140,772.			140,772.
			(i) Real	(ii) Personal				
ļ	6 a	a Gross rents	507,491.					
ı	t	Less: rental expenses	1,959,456.					
j	c	Rental income or (loss)	<1,451,965.	<u> </u>				
i	c	Net rental income or (loss)		▶	<1,451,965.	<u> </u>		<1,451,965.>
	7 a	a Gross amount from sales of	(i) Securities	(ıı) Other				
		assets other than inventory		12,682,379.				
	t	Less cost or other basis						
- 1		and sales expenses		13,371,333.				
į		Gain or (loss)		<688,954.	·			
		Net gain or (loss)			<688,954.	>		<688,954.>
9	8 a	Gross income from fundraising	g events (not					
evenue		including \$	of					
		contributions reported on line	1c). See					
Other R		Part IV, line 18	. a	ļ				
₹		Less direct expenses	b	<u> </u>				
		Net income or (loss) from fund						
	9 a	Gross income from gaming a		[
		Part IV, line 19	a					
		Less: direct expenses	b					l
		Net income or (loss) from gan		<u>_</u>	 -			
	10 a	Gross sales of inventory, less		į l		Į Į		
		and allowances	a .	<u> </u>				
		Less cost of goods sold	b o of inventori					
		Net income or (loss) from sale		Business Cod-				
	11 8	Miscellaneous Revenu	16	Business Code 900000	21,402.			21,402.
		- 			21,102.	 		21, 102.
		·				 		
	,	All other revenue						 -
		Total. Add lines 11a-11d			21,402.			
	12	Total revenue. See instructions.			18,199,103.	0.	0	. <1,758,084.>
43200								Farry 000 (0014)

Form 990 (2014) Part IX Statement of Functional Expenses

Secti	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 respon											
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses							
1	Grants and other assistance to domestic organizations											
	and domestic governments. See Part IV, line 21	16,495,985.	16,495,985.									
2	Grants and other assistance to domestic				1							
	individuals See Part IV, line 22											
3	Grants and other assistance to foreign											
	organizations, foreign governments, and foreign				İ							
_	individuals See Part IV, lines 15 and 16	-			_							
4	Benefits paid to or for members											
5	Compensation of current officers, directors,											
6	trustees, and key employees Compensation not included above, to disqualified											
0	persons (as defined under section 4958(f)(1)) and											
	persons described in section 4958(c)(3)(B)											
7	Other salaries and wages											
8	Pension plan accruals and contributions (include											
	section 401(k) and 403(b) employer contributions)											
9	Other employee benefits											
10	Payroll taxes											
11	Fees for services (non-employees)											
а	Management .	4 0 60 5		40.50=								
b	Legal _	13,637.		13,637.								
C	Accounting			-								
d	Lobbying											
e	Professional fundraising services. See Part IV, line 17 Investment management fees											
f	Other (If line 11g amount exceeds 10% of line 25,											
9	column (A) amount, list line 11g expenses on Sch O.)	3,047.		3,047.								
12	Advertising and promotion	-										
13	Office expenses	69.		69.								
14	Information technology											
15	Royalties											
16	Occupancy											
17	Travel			. <u> </u>								
18	Payments of travel or entertainment expenses											
	for any federal, state, or local public officials											
19	Conferences, conventions, and meetings Interest											
20 21	Payments to affiliates											
22	Depreciation, depletion, and amortization				-							
23	Insurance		-									
24	Other expenses. Itemize expenses not covered	-										
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				1							
	amount, list line 24e expenses on Schedule 0.)											
а	PROPERTY TAXES	59,121.		59,121.								
b	OUTSIDE CONSULTANTS	21,300.		21,300.								
С	MISCELLANEOUS PROPERTY	17,221.		17,221.								
d	MISCELLANEOUS EXPENSES	919.		919.								
	All other expenses Total functional expenses. Add lines 1 through 24e	16,611,299.	16,495,985.	115,314.	0.							
25 26	Joint costs. Complete this line only if the organization	10,011,055	10,270,700.									
20	reported in column (B) joint costs from a combined											
	educational campaign and fundraising solicitation.											
	Check here fif following SOP 98-2 (ASC 958-720)											

Organizations that do not follow SFAS 117 (ASC 958), check here

and complete lines 30 through 34.

Total net assets or fund balances

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

58-2655939 Page 11 PROPERTY, INC. Form 990 (2014) Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 1 Cash - non-interest-bearing 696,460 954,555. 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 42,076. 26,717. 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L Assets 7,750,544. 8,467,125. 7 Notes and loans receivable, net 8 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 56,547,656. 10a basis Complete Part VI of Schedule D 59,617,511. 56,547,656. b Less accumulated depreciation 10b 10c Investments - publicly traded securities 11 8,454,261. 12,401,926. 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related See Part IV, line 11 13 13 Intangible assets 14 14 2,832,677. 2,889,249. Other assets See Part IV, line 11 15 15 79,393,529. 81,287,228. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 435,089. 683,684. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 81,312. 78,683. 25 Schedule D 516,401. 762,367. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 78,877,128. 80,524,861. 27 Unrestricted net assets Temporarily restricted net assets 28 Permanently restricted net assets

> 81,287,228. Form **990** (2014)

80,524,861.

31

32

30

31

33

78,877,128.

79,393,529.

Pai	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI					X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		199			
2	Total expenses (must equal Part IX, column (A), line 25)	2		61:			
3	Revenue less expenses. Subtract line 2 from line 1	3				04.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4				28.	
5	Net unrealized gains (losses) on investments	5	•	<142	<u>2,0</u>	25.	
6	Donated services and use of facilities .	6					
7	Investment expenses 7						
8	Prior period adjustments						
9	Other changes in net assets or fund balances (explain in Schedule 0)	9		203	L,9	54.	
10	- ···· - · - · · · · · · · · · · · · ·						
	column (B))	10	80,	, 524	1,8	<u>61.</u>	
Pa	rt XIII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII					<u> </u>	
			_		Yes	No	
1	Accounting method used to prepare the Form 990. Cash X Accrual Other					1 1	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	-				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a					
	separate basis, consolidated basis, or both:		l				
	Separate basis Consolidated basis Both consolidated and separate basis		_				
b	Were the organization's financial statements audited by an independent accountant?		L	2b	Х	<u> </u>	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	e basıs,	- 1	ļ			
	consolidated basis, or both:		ł	ı		i	
	Separate basis Consolidated basis Both consolidated and separate basis			l		i l	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c		Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audi	t <u> </u>				
	Act and OMB Circular A-133?		L	3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audr	t			ł	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		<u> </u>	
				Form '	മമവ /	(2014)	

SCHEDULE A (Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

NATIONAL CHRISTIAN FOUNDATION REAL

2014

Open to Public Inspection

Employer identification number

PROPERTY, INC. 58-2655939 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 L An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. a X Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of listed in your (described on lines 1-9 organization support (see other support (see governing document? above or IRC section. Instructions) Instructions) Yes (see instructions)) NATIONAL CHRISTIAN CHARITABLE FOUNDATIS8-1493949 7 13,668,989 X

LHA For Paperwork Reduction Act Notice, see the Instructions for

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

0.

13,668,989.

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

(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	tion 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						1
	membership fees received. (Do not				}	1	
	include any "unusual grants ")						
2	Tax revenues levied for the organ-				T		
	ization's benefit and either paid to						
	or expended on its behalf		_		<u> </u>		
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						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						[
_	column (f)				+		
	Public support. Subtract line 5 from line 4		<u> </u>		1	1	<u> </u>
	ndar year (or fiscal year beginning in)	(-) 0010	(h) 0011	(-) 0010	(4) 0010	1-10044	/D Takal
	Amounts from line 4	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
8	Gross income from interest,			 	+	+	
•	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources		·				
9	Net income from unrelated business				- 		
9	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain					†	
	or loss from the sale of capital						
	assets (Explain in Part VI)					1	
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruct	ions)		•	12	
13	First five years. If the Form 990 is for	r the organization'	s first, second, th	ird, fourth, or fifth	tax year as a secti	on 501(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2014 (line 6, column (f) c	livided by line 11,	column (f))		14	%
15	Public support percentage from 2013	Schedule A, Part	t II, line 14			15	%
16a	33 1/3% support test - 2014. If the	organization did n	ot check the box	on line 13, and line	e 14 is 33 1/3% or	more, check this b	ox and
	stop here. The organization qualifies	as a publicly supp	ported organization	on			
t	33 1/3% support test - 2013. If the	organization did n	ot check a box or	i line 13 or 16a, an	d line 15 is 33 1/39	% or more, check t	this box
	and stop here. The organization qual	•	· · · · · ·				
17a	10% -facts-and-circumstances tes		=				
	and if the organization meets the "fac	cts-and-circumstar	nces" test, check	this box and stop	here. Explain in Pa	art VI how the orga	nization
	meets the "facts-and-circumstances"	-	•		•		▶└
t	10% -facts-and-circumstances tes	•	-			-	
	more, and if the organization meets the		-		•		e
	organization meets the "facts-and-circ		-	•	• • • • • • • • • • • • • • • • • • • •	•	▶
18	Private foundation. If the organization	on did not check a	box on line 13, 1	6a, 16b, 17a, or 17			
					Sch	ieaule A (Form 9 9	0 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
qualify under the tests listed below, please complete Part II.)	

Se	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		į				
	ınclude 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 bus-						
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		-				
3	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons		<u> </u>				
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 196 of the amount on line 13 for the year						
•	Add lines 7a and 7b						
8	Public support (Subtractline 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
10a	dross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12)					1	
	First five years. If the Form 990 is for	the organization'	s first, second, thir	d, fourth, or fifth t	ax vear as a section	on 501(c)(3) organiz	zation.
	check this box and stop here	Ū			•	· // / 0	
Se	ction C. Computation of Publ	ic Support Pe	rcentage		*		
15	Public support percentage for 2014 (ine 8, column (f) d	livided by line 13, o	column (f))		15	%
16	Public support percentage from 2013	Schedule A, Part	III, line 15	.,,		16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20	14 (line 10c, colur	mn (f) divided by lir	ne 13, column (f))		17	%
	Investment income percentage from		•	, , , , , , , , , , , , , , , , , , , ,		18	%
	33 1/3% support tests - 2014. If the			on line 14, and line	e 15 is more than :		
	more than 33 1/3%, check this box a	-				· ·	▶□
	33 1/3% support tests - 2013. If the						and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	in did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	

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 A. All Supporting Organizations

- 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?
- 6 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
- 7 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 disqualified 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		-	X
3a			X
2h		-	
3b 3c			
4a			X
	-		
4b			
4c			
5a			X
5b			
5c	-		
6			X
7			X
8			x
9a			x
9b	-		X
9c			X
102	3		×
10t 1990 or		0-FZ)	2014

432025 09-17-14

3a

Parent of Supported Organizations Answer (a) and (b) below.

trustees of each of the supported organizations? Provide details in Part VI.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

NATIONAL CHRISTIAN FOUNDATION REAL

_	dule A (Form 990 or 990-EZ) 2014 PROPERTY, INC.		<u> </u>	58-2655939 Page 6
Par	17po in item 1 and and integrated coolaries capportin			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			uctions. All
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ctions A through E.	
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	 	1
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) 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)			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c	-	· ·
<u>d</u>	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other	i		
	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		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recovenes of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	-	
4	Enter greater of line 2 or line 3	4	•	
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		
7	Check here if the current year is the organization's first as a non-functional	lly-integrate	ed Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2014

instructions).

	dule A (Form 990 or 990-EZ) 2014 PROPERTY, INC			8-2655939 Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	
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	he organization is responsive		
	(provide details in Part VI) See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	· · · · · · · · · · · · · · · · · · ·	(i)	(ii)	(iii)
		Excess Distributions	Underdistributions	Distributable
Secti	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				·
ь				
С				
e	From 2013			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Carryover from 2009 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section D.			
-	line 7· \$:		
	Applied to underdistributions of prior years			,
	Applied to 2014 distributable amount			
	Remainder Subtract lines 4a and 4b from 4.			-"- <u>-</u> -
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			
a				
b				
				
	Excess from 2013			
	Excess from 2014			
	ENCOCO HOITEVIT		Cala adula A	(Form 200 or 000 EZ) 2014

NATIONAL CHRISTIAN FOUNDATION REAL

dule A (Form 990 or 990-LZ) 2014 PROPERTI, INC.	58-2655939 Pa
Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17	7a or 17b, and Part III, line 12.
Also complete this part for any additional information (See instructions)	
	
	· -
	

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/torm990.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

NATIONAL CHRISTIAN FOUNDATION REAL PROPERTY, INC.

Employer identification number 58-2655939

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

	organization answered "Yes" to Form 990, Part IV, lin	e 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	71	
2	Aggregate value of contributions to (during year)	19,957,187.	
3	Aggregate value of grants from (during year)	16,130,724.	
4	Aggregate value at end of year	80,783,902.	
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's		X Yes No
6	Did the organization inform all grantees, donors, and donor a	_	used only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	conferring
	impermissible private benefit?		X Yes No
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, F	
1	Purpose(s) of conservation easements held by the organization	tion (check all that apply).	
	Preservation of land for public use (e.g, recreation or	education) Preservation of a histo	orically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic sti	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struction	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	·	
5	Does the organization have a written policy regarding the pe		
_	violations, and enforcement of the conservation easements	•	└ Yes
6	Staff and volunteer hours devoted to monitoring, inspecting,	_	
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) about control 170/b/4//8/4/3	ve satisfy the requirements of section 170	((1)(4)(5)(i) Yes No
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservat	Tron accoments in the revenue and expenses	
J	include, if applicable, the text of the footnote to the organization	•	
	conservation easements.	mon s mandar statements that describes	the organization's accounting for
Par	t III Organizations Maintaining Collections	of Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" to Form	· · · · · · · · · · · · · · · · · · ·	
1a	If the organization elected, as permitted under SFAS 116 (A)	SC 958), not to report in its revenue stater	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public ex		
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statement	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items.		-
	(i) Revenue included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X	_	► \$ ► \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financia	
	the following amounts required to be reported under SFAS 1	116 (ASC 958) relating to these items	
а	Revenue included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		► \$ ► \$

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Schedule D (Form 990) 2014

NATIONAL CHRISTIAN FOUNDATION REAL

	t III Organizations Maintaining C		rt Hiet	orical Tr	eacures or Ot	her Simi		150939	Page 2
3	Using the organization's acquisition, accessi (check all that apply):	on, and other record	is, check	any or the	iollowing triat are a	a significan	use or its	collection i	tems
_	Public exhibition	c			hanna aa				
a		_			hange programs				
b	Scholarly research	e	,	Other					
C	Preservation for future generations	-#		&				4 VIII	
4	Provide a description of the organization's co	•		-	•		ose in Pai	TAIII	
5	During the year, did the organization solicit of					ılar assets	_	٦٧	<u> Пъ</u>
Dai	to be sold to raise funds rather than to be multiple to be sold to raise funds rather than to be multiple to be sold to raise funds rather than to be multiple to be sold to raise funds rather than to be multiple to be sold to raise funds rather than to be multiple to be sold to raise funds rather than to be multiple to be sold to raise funds rather than to be multiple to be sold to raise funds rather than to be multiple to					to Form 00	0 Dod IV	J Yes	LNo
[F ai	reported an amount on Form 990, Pa		ete ii trie i	organizatio	n answered tes	to Form 99	u, Part IV,	iine 9, or	
40	Is the organization an agent, trustee, custod		diany for a	ontribution	e or other assets r	ot include			
ıa	on Form 990, Part X?	ian or other intermet	Jiary IOI C	, OI ILIDULIOI	is or other assets i	ioi iriciduet	, _	Yes	□ No
h	If "Yes," explain the arrangement in Part XIII	and complete the fe	llownoa tr	able:		-		162	NO
D	ii res, explain the analigement in Fart Alli	and complete the ic	mowning to	abie.			1	Amount	
_	Beginning balance					10	<u> </u>	Amount	
C	Additions during the year				•	10	 		
u	Distributions during the year	-				1e	<u> </u>		
f	Ending balance	•				1f	<u>† </u>		
	Did the organization include an amount on F	orm 990 Part Y line	21 for e	scrow or ci	stodial account his		1	Yes	No
	If "Yes," explain the arrangement in Part XIII					-	_	_ 103	
Pai									
		(a) Current year	T	or year	(c) Two years back	1	years back	(e) Four ye	ears back
1a	Beginning of year balance	(a) concin you	<u> </u>	.o. you.	(6)	1,67	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	107:00:5	
	Contributions					<u> </u>		1	
	Net investment earnings, gains, and losses					+		1	
d	Grants or scholarships				-	- 	· · · · · · · · · · · · · · · · · · ·	†····	
	Other expenditures for facilities					†		<u> </u>	
_	and programs					1		ļ	
f	Administrative expenses					1		1	
g	End of year balance		1					†	
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1g	, column (a	a)) held as.				
а	Board designated or quasi-endowment	•	%	,					
ь	Permanent endowment	%							
c	Temporarily restricted endowment ▶								
	The percentages in lines 2a, 2b, and 2c show	uld equal 100%.							
За	Are there endowment funds not in the posse	ession of the organiz	ation that	t are held a	nd administered fo	r the organ	ization		
	by							Y	es No
	(i) unrelated organizations						_	3a(i)	
	(ii) related organizations					_		3a(ii)	
b	If "Yes" to 3a(ii), are the related organization:	s listed as required o	on Sched	ule R?				3b	\Box
4	Describe in Part XIII the intended uses of the	e organization's ende	owment fu	unds.		-			
Pa	rt VI Land, Buildings, and Equipm	nent.							
	Complete if the organization answere	d "Yes" to Form 990), Part IV,	line 11a. S	ee Form 990, Part	X, line 10.			
	Description of property	(a) Cost or o	other	(b) Cost	or other (c)	Accumula	ted	(d) Book v	value
		basis (ınvestr		basis	(other)	depreciatio			
1a	Land	47,187,		_			4	7,187	
b	Buildings	9,360,	189.				\Box	9,360	,189.
С	Leasehold improvements								
d	Equipment								
<u> </u>	Other	L							
T-4-	Add long to the surely to (Column (d) must s		· V	- 101 1 1	(0-)			5 5 17	6 h 6

Schedule D (Form 990) 2014 PROPERTY, I	NC.	58	8-2655939 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	to Form 990, Part IV, line 1	1b. See Form 990, Part X, line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) INTERESTS IN LIMITED			
(B) PARTNERSHIPS	1,002,666.	END-OF-YEAR MARKE	
(C) INTERESTS IN LLC'S	11,399,260.	END-OF-YEAR MARKE	r value
(D)			
(E)			
(F)			
(G)			
(H)	10101		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	12,401,926.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"		1c See Form 990, Part X, line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation. Cost or er	nd-of-year market value
(1)	<u></u>		
(2)			
(3)	 		
(4)			
(5)			
(8)	·		····
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	4- F 000 D- 484 L 4	44 O. E. 100 D. IVI. 45	
Complete if the organization answered "Yes"	to Form 990, Part IV, line 1 Description	1d See Form 990, Part X, line 15	(h) Dook value
	Description		(b) Book value
(1)		··	
(2)			
(3)	· - , ·		· · · · · · · · · · · · · · · · · · ·
<u>(4)</u>		.	
(5)			
<u>(6)</u>			-
			-
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col (B) line	0.15)		
Part X Other Liabilities.	5 13.)		<u> </u>
Complete if the organization answered "Yes"	to Form 990 Part IV line 1	1a or 11f Son Form 990 Bort V line 2	Ē
(a) December of Lobelto		b) Book value	J
		D) Book Value	
(1) Federal income taxes (2) ANNUITIES PAYABLE		78,683.	
		70,005.	
(3)			
(4)			
(5)		-	
<u>(6)</u> (7)			

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

Schedule D (Form 990) 2014

(8)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

78,683.

NATIONAL CHRISTIAN FOUNDATION REAL 58-2655939 Page 4 Schedule D (Form 990) 2014 PROPERTY, INC. 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: 2 Net unrealized gains (losses) on investments 2a 2b Donated services and use of facilities Recoveries of prior year grants 2c C d Other (Describe in Part XIII.) 2d Add lines 2a through 2d 2e Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990. Part VIII, line 7b Other (Describe in Part XIII) 4b Add lines 4a and 4b 4c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 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: 2 Donated services and use of facilities 2a Prior year adjustments 2b Other losses **2**c d Other (Describe in Part XIII.) 24 Add lines 2a through 2d 2e Subtract line 2e from line 1 3 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) Add lines 4a and 4b 4c Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 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: 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. DECEMBER 31, 2014 AND 2013, THE FOUNDATION HAD NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014 PROPERTY, INC. 58-2655939 Page 5

SCHEDULE (Form 990) Department of the Treasury

PROPERTY

Name of the organization

Parti

Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if 1

▼ Attach to Form 990.

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Form 990, Part IV, line 21 or 22.	
<u>.</u>	
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Ε	
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answered "Yes" to	ı
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Open to Public Inspection

OMB No 1545-0047

Employer identification number

58-2655939

NATIONAL CHRISTIAN FOUNDATION REAL

<u>2</u> X Yes 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 General Information on Grants and Assistance INC. criteria used to award the grants or assistance?

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

recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000. Part II can	be duplicated if additi	ional space is need	ded.	(f) Method of		
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	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 500 - ALPHARETTA, GA 30009	58-1493949	501(C)(3)	13,668,989.	0	0.Cash		SUPPORT OF GRANT-MAKING
 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table 	nd government on s listed in the line	ganizations listed in the 1 table	e line 1 table				A A

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Schedule I (Form 990) (2014)

58-2655939

Schedule | (Form 990) (2014) PROPERTY, INC.

Schedule | 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.

•		cash assistance	(book, FMV, appraisal, otner)	
1 (01	art I, line 2, Part III, column	(b), and any other ad	iditional information.	
THE ORGANIZATION DOES NOT MONITOR THE US	E USE OF FUNDS GRANTED TO ORGANIZATIONS	RANTED TO	ORGANIZATIONS	
	FUNDS TO ORGANIZATIONS	ZATIONS HERE	RE ONLY IF	
THOSE ORGANIZATIONS QUALIFY AS EXEMPT FI	FROM FEDERAL I	INCOME TAX 1	TAX UNDER CODE	
SECTION 501(C)(3) AND THEREFORE, ARE BOUND	TO USE	SUCH FUNDS ONLY FOR	LY FOR	
RELIGIOUS, CHARITABLE, EDCATIONAL OR OT	OTHER PURPOSES	DESCRIBED	IN THAT CODE	
SECTION.				

Schedule I (Form 990) (2014)

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

Open to Public Inspection

OMB No 1545-0047

Name of the organization

NATIONAL CHRISTIAN FOUNDATION REAL PROPERTY, INC.

Employer identification number

58-2655939

Questions Regarding Compensation Part I Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items Housing allowance or residence for personal use First-class or charter travel Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Personal services (e.g., maid, chauffeur, chef) Discretionary spending account b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: X a Receive a severance payment or change-of-control payment? 4a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: X a The organization? X 5b b Any related organization? If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of. X a The organization? 6a X **b** Any related organization? 6ь If "Yes" to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III X 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the X ınıtıal contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III 8

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If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

Schedule J (Form 990) 2014

Regulations section 53 4958-6(c)?

58-2655939

Schedule J (Form 990) 2014 PROPERTY, INC. 58-2655939 PROPERTY and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

		(B) Breakdown of	(B) Breakdown of W.2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(Q)·(v)(g)	in column (B) reported as deferred in prior Form 990
(1) TERRILL A. PARKER	ε	0	0	0	0	0	0	0
FORMER DIRECTOR & VP	<u> </u>	226,17	0	0	4,525.	556.	231,25	0
(2) WILLIAM WILLIAMS	Ξ	L	0		0	0		0
FORMER DIRECTOR & PRESIDENT	E	196,988.	0		4,000.	11,952.	212,940.	0
(3) GREGORY L. SPERRY	ε		0.					0.
FORMER DIRECTOR	E	223,598.	5,491.	• 0	4,480.	11,952.	245,521.	0
(4) DAVID H, WILLS	≘		ı	•0	• 0			0
FORMER DIRECTOR & PRESIDENT	<u>(E)</u>	223,550.	5,579.	•0	4,551.	17,286.	250,96	0.
(5) KENNETH M. BOWERS	Ξ		l					0
FORMER SECRETARY	\equiv	170,43	7,00		3,490.	17,21	198,14	0
(6) DAVID D. JOHNSON	€		0	0	0			0
FORMER TREASURER	€	170,02	7,000.	0	3,490.	17,213.	197,727.	0
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422112				41			Schedu	Schedule J (Form 990) 2014

NATIONAL CHRISTIAN FOUNDATION REAL PROPERTY, INC.

Schedule J (Form 990) 2014 PROPERTY, INC.

Part III Supplemental Information

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

Page 3

58-2655939

Schedule J (Form 990) 2014

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

NATIONAL CHRISTIAN FOUNDATION REAL

Employer identification number PROPERTY, INC. 58-2655939

Par	t I Types of Property							
		(a) Check if applicable		(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash contri			: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							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests	X	5	9,466,286.	APPRAISED	FMV		
12	Securities - Miscellaneous							
13	Qualified conservation contribution -		,					
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential	X	15					
16	Real estate - Commercial	Х	4	3,450,000.	APPRAISED	I.WA		
17	Real estate - Other							
18	Collectibles		.	·				
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts	<u> </u>			<u> </u>			
23	Scientific specimens	ļ	ļ					
24	Archeological artifacts	$\overline{\mathbf{x}}$	2	1 277 000	APPRAISED	EM7		
25	Other (ROYALTY INTER)		4	1,277,000.	APPRAISED	FMV		
26	Other ()							
27	Other ()				 			
28	Other (1	<u> </u>	I			
29	Number of Forms 8283 received by the organ			i i			26	
	for which the organization completed Form 82	283, Part IV,	Donee Acknowled	gement 29			Yes	No
200	During the year, did the organization receive b	av oontribuiti	an any proporty ro	norted in Bort I. lines 1 three	ich 20 that it		162	NO
Sua	must hold for at least three years from the dat	•		•	•	ł		i
		_	ai contribution, am	u willion is not required to be	s used for	30a		X
.	exempt purposes for the entire holding period If "Yes," describe the arrangement in Part II.	, ,				30a		 ^
31	Does the organization have a gift acceptance	nolicy that r	earures the review	of any non-standard contrib	outions?	31	_ X _	
	Does the organization have a girt acceptance					31		
J 22	contributions?	or related o	rgariizations to soi	icit, process, or seli floricasi	•	32a	Х	
h	If "Yes," describe in Part II					324		
33	If the organization did not report an amount in	column (c)	for a type of prope	erty for which column (a) is c	hecked			
5 0	describe in Part II	. 50101111 (0)	io. a type of prope	ary for without column (a) is c	noonod,			
	Ear Panarwork Reduction Act Natice see	the Instru	tions for Form Of	<u> </u>	Schodulo	M /Form	000	(2014)

hedule M (Form 990) (2014)

NATIONAL CHRISTIAN FOUNDATION REAL

Schedule M (Form 990) (2014) PROPERTY, INC.	58-2655939 s	Page 2
Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and is reporting in Part I, column (b), the number of contributions, the number of items received, or a contribution part for any additional information	33, and whether the organization	n
SCHEDULE M, LINE 32B:		
THE ORGANIZATION WORKS WITH NUMEROUS LOCAL CHRISTIAN FOR	UNDATIONS	
LOCATED THROUGHOUT THE UNITED STATES. ALTHOUGH THIS ORG	GANIZATION DOES	_
NOT CONTROL THOSE FOUNDATIONS, THE LOCAL FOUNDATIONS EN	COURAGE	
POTENTIAL DONORS TO CONTRIBUTE NON-CASH ASSETS TO THIS	ORGANIZATION.	
THE ORGANIZATION CONTRACTS WITH NUMEROUS UNRELATED BROKE	ERS TO SELL ITS	
NON-CASH ASSETS.		
	·	
		_
		_

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2014
Open to Public Inspection

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www. Irs. gov/form990 NATIONAL CHRISTIAN FOUNDATION REAL Employee PROPERTY, INC. 58

Employer identification number 58-2655939

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

PROCEEDS TO NATIONAL CHRISTIAN CHARITABLE FOUNDATION, INC. AND OTHER

CHARITIES THAT ORGANIZATION SUPPORTS.

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

LINE 11A EXPLANATION - THE DRAFT FORM 990 IS PREPARED BY THE 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 FOR INFORMATIONAL PURPOSES ONLY. FINALLY, THE FORM IS
FILED WITH THE INTERNAL REVENUE SERVICE.

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

NATIONAL CHRISTIAN FOUNDATION REAL PROPERTY, INC.'S AUDITED FINANCIAL

STATEMENTS ARE AVAILABLE ON NCF'S WEBSITE AND UPON REQUEST. NATIONAL

CHRISTIAN FOUNDATION REAL PROPERTY, INC.'S FORM 990, ITS BYLAWS AND

SIGNIFICANT OPERATIONAL POLICIES ARE AVAILABLE TO THE PUBLIC ONLY UPON

REQUEST.

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

SHAREHOLDER DISTRIBUTION 206,993.

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

ROUNDING 1.

TOTAL TO FORM 990, PART XI, LINE 9 201,954.

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 O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization NATIONAL CHRISTIAN FOUNDATION REAL PROPERTY, INC.	Employer identification number 58-2655939
	00 200000
FORM 990, PART VI, LINE 15B COMPENSATION	
THE ORGANIZATION DOES NOT ENGAGE IN A PROCESS FOR DETERMI	NING
COMPENSATION FOR THE LISTED PERSONS BECAUSE IT PAYS NO CO	MPENSATION TO
THEM.	
	-
	-
	· - · · · ·

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

NATIONAL CHRISTIAN FOUNDATION REAL

Employer identification number 58-2655939

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

PROPERTY, INC.

Name of the organization Department of the Treasury Internal Revenue Service

(a)	(p)	(2)	(0)	•	ω
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
of disregarded entity		foreign country)			entrty
BOUWER-CWP, LLC - 58-2655939					
PO BOX 524					NATIONAL CHRISTIAN PDN
ALPHARETTA, GA 30009-0524	HOLDS REAL ESTATE	MICHIGAN	<1.	4.0	0 REAL PROPERTY, INC.
SIKMA-CWP, LLC 58-2655939					
PO BOX 524					NATIONAL CHRISTIAN FON
ALPHARETTA, GA 30009-0524	HOLDS REAL ESTATE	MICHIGAN	<1.	0.	0.REAL PROPERTY, INC.
NCCF SUPPORT 100, LLC 58-2655939					
12910 SHELBYVILLE RD., STE 137				~	NATIONAL CHRISTIAN FDN
LOUISVILLE, KY 40243	HOLDS LLC.	KENTUCKY	<1,671,280.	87.	87. REAL PROPERTY, INC.
ZECHARIAH, LLC 58-2655939					
860 SEREDIPITY DRIVE				<u>*</u>	NATIONAL CHRISTIAN FDN
AURORA, IL 60504	HOLDS REAL ESTATE	ILLINOIS	<21,921.	733,984.	733,984. REAL PROPERTY, INC.
Part II 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	zations Complete if the organization ar	nswered "Yes" on Form 990, Par	t IV, line 34 because	it had one or more r	elated tax-exempt

organizations during the tax year.

432161 08-14-14 LHA

NATIONAL CHRISTIAN FOUNDATION REAL PROPERTY, INC.

Schedule R (Form 990)

हिन्त्री। Continuation of Identification of Disregarded Entities

(a)	(q)	(2)	(0	(9)	S
Name, address, and EIN	Pnmary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
of disregarded entity		foreign country)			entity
MINISTRY BILLBOARDS, LLC 58-2655939					
11 LUMPKIN STREET, SUITE 200	HOLDS BILL BOARD FOR				NATIONAL CHRISTIAN FDN
LAWRENCEVILLE, GA 30045	CHRISTIAN MESSAGES	GEORGIA	466.	480,081.	480,081.REAL PROPERTY, INC.
HOTHOUSE TOWNSHIP, LLC 58-2655939					
11 LUMPKIN STREET, SUITE 200					NATIONAL CHRISTIAN FDN
LAWRENCEVILLE, GA 30045	HOLDS REAL ESTATE	GEORGIA	0.	0.	O.REAL PROPERTY, INC.
GRANT ACTS 434, LLC 58-2655939					
PO BOX 524					NATIONAL CHRISTIAN FDN
ALPHARETTA, GA 30009-0524	HOLDS REAL ESTATE	GEORGIA	<3,778.	, 1,131,323.	1,131,323. REAL PROPERTY, INC.
MAX 2COR 97 INVESTMENTS, LLC 58-2655939					
2118 HARBOR VIEW COURT					NATIONAL CHRISTIAN FDN
SANTA CRUZ, CA 95062	HOLDS REAL ESTATE	CALIFORNIA	<2,252,753.	.0	0.REAL PROPERTY, INC.
NCT-1 COR 2:9, LLC, - 58-2655939					
63 WINDY RIDGE LANE	HOLDS REAL ESTATE AND				NATIONAL CHRISTIAN FDN
KETTLE FALLS, WA 99141	PROMISSORY NOTE	FLORIDA	46,941.	796,662.	796,662.REAL PROPERTY, INC.
NCT-103, LLC 58-2655939					
PO BOX 524					NATIONAL CHRISTIAN PDN
ALPHARETTA, GA 30009-0524	HOLDS REAL ESTATE	FLORIDA	2,814.	150,503.	503, REAL PROPERTY, INC.
NCT-105, LLC 58-2655939					
340 N. POTTEBAUM AVENUE					NATIONAL CHRISTIAN PDN
CASA GRANDE, AZ 85222	HOLDS REAL ESTATE	FLORIDA	<5,000.	499,861.	861. REAL PROPERTY, INC.
NCT-104, LLC 58-2655939					
1319 BAYOU DRIVE					NATIONAL CHRISTIAN FDN
OCEAN SPRINGS, MS 39564	HOLDS REAL ESTATE	FLORIDA	<21,237.	47,938.	47,938 REAL PROPERTY, INC.
NCT-112, LLC 58-2655939					
PO BOX 97365					NATIONAL CHRISTIAN FDN
RALEIGH, NC 27614	HOLDS REAL ESTATE	FLORIDA	153.	2,901,451.	2,901,451,REAL PROPERTY, INC.
NCT-119, LLC, - 58-2655939					
10304 NE 62ND STREET					NATIONAL CHRISTIAN FDN
KIRKLAND, WA 98033	HOLDS REAL ESTATE	FLORIDA	<16,618.	, 769,701.	769,701. REAL PROPERTY, INC.

NATIONAL CHRISTIAN FOUNDATION REAL PROPERTY, INC.

Schedule R (Form 990)

Part I Continuation of Identification of Disregarded Entities

(a)	(9)	<u>(c</u>	9	(9)	(2)
Name, address, and EIN	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
of disregarded entity		foreign country)		`	entrty
TOUCHING LIVES II, LLC 58-2655939					
PO BOX 674					NATIONAL CHRISTIAN FDN
WINDERMERE, FL 34786	HOLDS REAL ESTATE	FLORIDA	<4,400.	880,136.	REAL PROPERTY, INC.
CARTERSVILLE I, LLC 58-2655939					
4200 NORTHSIDE PKWY, NW, BLDG 2, SUITE 220					NATIONAL CHRISTIAN FDN
ATLANTA, GA 30327-3054	HOLDS REAL ESTATE	GEORGIA	<276,577.	0.	0 REAL PROPERTY, INC.
HILLCREST (LILBURN) I, LLC 58-2655939					
4200 NORTHSIDE PKWY, NW, BLDG 2, SUITE 220					NATIONAL CHRISTIAN FDN
ATLANTA, GA 30327-3054	HOLDS REAL ESTATE	GEORGIA	<279,014.	0.	0. REAL PROPERTY, INC.
MIDDLEFIELD (BROAD ST.) I, LLC 58-2655939					
4200 NORTHSIDE PKWY, NW, BLDG 2, SUITE 220					NATIONAL CHRISTIAN FDN
ATLANTA, GA 30327-3054	HOLDS REAL ESTATE	GEORGIA	<282,014.	• 0.	0. REAL PROPERTY, INC.
JEFFERSON (CHESTNUT ST.) I, LLC					
58-2655939, 4200 NORTHSIDE PKWY, NW, BLDG 2,					NATIONAL CHRISTIAN FDN
SUITE 220, ATLANTA, GA 30327-3054	HOLDS REAL ESTATE	GEORGIA	0.	0.	0. REAL PROPERTY, INC.
CLEVELAND HEIGHTS (LEE RD.) I, LLC					
58-2655939, 4200 NORTHSIDE PKWY, NW, BLDG 2,					NATIONAL CHRISTIAN FDN
SUITE 220, ATLANTA, GA 30327-3054	HOLDS REAL ESTATE	GEORGIA	<2,717,876.	4,247,541.	REAL PROPERTY, INC.
ASHTABULA (PROSPECT RD.) I, LLC					
58-2655939, 4200 NORTHSIDE PKWY, NW, BLDG 2,					NATIONAL CHRISTIAN FDN
SUITE 220, ATLANTA, GA 30327-3054	HOLDS REAL ESTATE	GEORGIA	0.	0.	0.REAL PROPERTY, INC.
MUSTARD SEED LAND FUND, LLC 58-2655939					
3191 WOOD VALLEY ROAD					NATIONAL CHRISTIAN FDN
ATLANTA, GA 30327	HOLDS REAL ESTATE	GEORGIA	<8,637.	436,782.	REAL PROPERTY, INC.
NCFRP-104, LLC, - 58-2655939					
1110 EAST MISSOURI AVE., STE. 200					NATIONAL CHRISTIAN FDN
PHOENIX, AZ 85014	HOLDS REAL ESTATE	GEORGIA	<5,428.	390,271.	REAL PROPERTY, INC.
NCFRP-103, LLC 58-2655939					
1110 EAST MISSOURI AVE., STE. 200					NATIONAL CHRISTIAN FDN
PHOENIX, AZ 85014	HOLDS REAL ESTATE	GEORGIA	<3,343.	260,972.	260,972, REAL PROPERTY, INC.

58-2655939

NATIONAL CHRISTIAN FOUNDATION REAL PROPERTY, INC.

Schedule R (Form 990)

Part I Continuation of Identification of Disregarded Entities

(a)	(q)	(2)	9	(e)	€
Name, address, and EIN of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
NCFRP-102, LLC 58-2655939 5121 MCKINNEY AVENUE					NATIONAL CHRISTIAN PDN
DALLAS, TX 75205	HOLDS REAL ESTATE	GEORGIA	0	0.	0 REAL PROPERTY, INC.
NCFRP-101, LLC, - 58-2655939					
4934 SAINT CROIX DRIVE					NATIONAL CHRISTIAN FDN
TAMPA, FL 33629	HOLDS REAL ESTATE	GBORGIA	<14.	. 993,	REAL PROPERTY, INC.
NCFRP-105, LLC 58-2655939					
PO BOX 1643					NATIONAL CHRISTIAN FDN
GAYLORD, MI 49734	HOLDS REAL ESTATE	GEORGIA	2,027.	250,059.	250,059, REAL PROPERTY, INC.
NCFRP-111, LLC, - 58-2655939					
5203 DIVISION AVENUE					NATIONAL CHRISTIAN FDN
SOUTH GRAND RAPIDS, MI 49548	HOLDS REAL ESTATE	GEORGIA	611,241.	675,000.	675,000. REAL PROPERTY, INC.
SAUNDERS FAMILY REAL ESTATE LLC - 58-2655939					
1339 13TH AVENUE					WATIONAL CHRISTIAN FDN
COLUMBUS, GA 30901	HOLDS REAL ESTATE	GEORGIA	0.	55,110.	55,110, REAL PROPERTY, INC.
NCFRP-107, LLC 58-2655939					
6232 98TH STREET NW					NATIONAL CHRISTIAN PDN
MARYSVILLE, WA 98271	HOLDS REAL ESTATE	WASHINGTON	83,825.	843,870.	843,870. REAL PROPERTY, INC.
NCFRP-106, LLC 58-2655939					
5203 DIVISION AVENUE					NATIONAL CHRISTIAN FUN
SOUTH GRAND RAPIDS, MI 49548	HOLDS REAL ESTATE	GEORGIA	54,858.	536,136.	536,136, REAL PROPERTY, INC.
NCT-140, LLC 58-2655939					
3333 S. ORANGE AVE., STE 200	HOLDS BENEFICIAL INTERESTS				NATIONAL CHRISTIAN FDN
ORLANDO, PL 32839	IN TRUSTS	FLORIDA	<3,874.	924,330.	924,330 REAL PROPERTY, INC.
NCFRP-112, LLC 58-2655939					
719 EUCLID AVENUE					NATIONAL CHRISTIAN PDN
BIRMINGHAM, AL 35213	HOLDS REAL ESTATE	GEORGIA	1,900,000.	2,000,000.	2,000,000, REAL PROPERTY, INC.

58-2655939

NATIONAL CHRISTIAN FOUNDATION REAL PROPERTY, INC.

Schedule R (Form 990)

Parill Continuation of Identification of Related Tax-Exempt Organizations

(a)	(9)	(2)	9	(e)	£	6)	20h V 12)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public chanty	Direct controlling	controlled	lled
of related organization		foreign country)	section	status (if section	entity	organization?	tron?
				501(c)(3))		Yes	No
NCCF TRUST - 58-6370659					NTL CHRISTIAN		
952 ECHO LANE; SUITE 190	_				CHARITABLE FDN,		
HOUSTON, TX 77024	GRANT MAKING	TEXAS	501(C)(3)	11 1	INC.		×
NCF CHARITABLE TRUST - 20-4326440					NTL CHRISTIAN		
707 N. FRANKLIN STE 800					CHARITABLE FDN,		
TAMPA, FL 33602	GRANT MAKING	FLORIDA	501(C)(3)	11 I	INC.		×
GIVERS TRUST, INC 30-0075789					NTL CHRISTIAN		
11625 RAINWATER DR; STE 500					CHARITABLE FON,		
ALPHARETTA, GA 30009-8678	GRANT MAKING	GEORGIA	501(C)(3)	7	INC.		X
FOR ADDL RELATED ORGS, SEE THE 2013 990 FOR							
NATL CHRISTIAN CHARITABLE FDN, INC 58-1493949							×
							İ

Page 2

Schedule R (Form 990) 2014 PROPERTY, INC.

Part III. Identification of Related Organizations Treated as a partnership during the tax year

סיים אייויש שוויים של א כמי של איים וויסו של א כמי היים של א כמי היים ומא אכם וויסו של איים ויסי של איים ויסי איים ויסי איים איים איים איים איים איים איים א		A year				!				<u> </u>	\ -
(a)	(b)	(C)	(d) Direct controlling	(e Predomina		(f) Share of total	(6)	E	(i) Code ViliBi	(E)	(K)
Name, address, and Ein of related organization	רוויומי א מכוואיול	domicile (state or foreign country)		(related, t excluded fro sections	(related, unrelated, excluded from tax under sections 512-514)	income	end-of-year assets	allocations? Yes No	#2×	x managing le partner? 5) Yes No	managing ownership partner?
								-			
								+		+	
									_		
										-	
	-									_	
						-				_	
									· -		
Identification of Related Org	ı ganizations Taxable a	is a Corpo	wation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related	mplete if the	organization	answered "Yes	" on Form 990,	Part IV, line 3	4 because it had	one or m	ore related
organizations treated as a corporation or trust during the tax year.	rporation or trust durin	g the tax	year.		,						
(a)		1	(q)	(c)	(p)	(e)	: :	ω	(B)	(F)	(i) (i)
Name, address, and EIN	<u> </u>	Prim	ctivity	egal domicile	Direct controlling			ıtal		Percentage	512(b)(13)
or related organization				foreign	entity	(c corp, s corp, or trust)			end-or-year assets	ownersnip	a
				Country		+					Yes No
								<u>-</u>			
							-				
						 -					<u> </u>
						 					_
									·		
											_
						_	_				
432162 08-14-14				25					Sched	ule R (For	Schedule R (Form 990) 2014

Schedule R (Form 990) 2014 PROPERTY, INC.

Page 3

58-2655939

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

Note. Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule.					<u> </u>	Yes	£
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ns with one or more re	elated organizations listed	I in Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	7.				1a		×
b Gift, grant, or capital contribution to related organization(s)					4	×	
C 13th orant or capital contribution from related organization(s)					10	×	
			•		÷	T	×
d Lodi's of lodi' gualantees to of for related organization(s)			•		Ŀ	Ť	>
 Loans or loan guarantees by related organization(s) 					2	Ť	- ا
					<u> </u>	Ť	>
Dividends from related organization(s)					=	†	4
g Sale of assets to related organization(s)		•	:		19		×
h Purchase of assets from related organization(s)		•			ŧ		×
		•			÷		×
LACTION 196 OF GOSGUES WILL FORGER OF GRANDEN (c)					Ŧ	T	×
Lease of racilities, equipment, or otner assets to related organization(s)					1	\dagger	:
b lease of facilities an imment or other sesate from related organization(s)					4	+	×
R Edgad of facilities, equipment, of other gasters from the coloring for related organization(s)	(a) double to do	•			F	T	×
reficilization of services of members of initial assing solicitations for relative to the services of the serv			•		ļ	T	×
m Performance of services or membership of fundraising solicitations by related organization(s)	anization(s)				E	+	4
 Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 	tion(s)				F		4
 Sharing of paid employees with related organization(s) 					٩		×
p Reimbursement paid to related organization(s) for expenses					횬		×
q Reimbursement paid by related organization(s) for expenses					19		×
							[
r Other transfer of cash or property to related organization(s)				•	÷		×
		•		·	15	r	×
If the answer to any of the above is "Yes " see the instructions for	who must complete t	nis line, including covered	information on who must complete this line, including covered relationships and transaction thresholds.	holds.		1	
		Simple to the same					
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	g amount inv	olved		
NATIONAL CHRISTIAN CHARITABLE FOUNDATION,	ď	13.861.270.	АЗН				
NATIONAL CHRISTIAN CHARITABLE FOUNDATION,		1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2					
	C	192,281.	CASH				
(3)							
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(5)							
(9)							
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NATIONAL CHRISTIAN FOUNDATION REAL

PROPERTY, INC.

Schedule R (Form 990) 2014

Randy 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)

(a) (b) (c) (d)	(q)	(c)	(P)	©	()	(6)	ε	Ξ	9	(K)
Name, address, and EIN of entity	Primary activity	흥혈	Predominant income (related, unrelated, excluded from tax under	Are all partners sec 501(c)(3) orgs?	Share of total	Share of end-of-year	Dispropor- tionate allocations?	Code V-UBI General or Percentage amount in box 20 managing ownership of Schedule K-1 partner?	General o managing partner?	Percentage ownership
		country)	sections 512-514)	Xes No	ıncome	assets	X Se N	(Form 1065)	Yes No	
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NATIONAL CHRISTIAN FOUNDATION REAL PROPERTY INC.

Schedule R	(Form 990) 2014	PROPERTY,	INC.	<u>58-265</u> 5939	Page 5
	(Form 990) 2014 Supplemental Infor	mation			
	Provide additional informa	ation for responses t	o questions on Schedule R (see instructions).	<u> </u>	
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