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Form **990**

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

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

and ending

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2014 calendar year, or tax year beginning

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

В	Check if	C Name of organization	D Employer identification number
	Addre	NACE WAYER	
늗	chang Name		58-6370659
	chang _lnitial	Doing business as Number and street (or P.0. box if mail is not delivered to street address) Room/si	
_ 	_lretum ∏Fıṇal	L OES POUS TAND	uite E Telephone number 404-252-0100
	return termir ated		G Gross receipts \$ 216,225.
	Amen Teturn	ded Halleman my 77024	H(a) Is this a group return
	Applic	· · · · · · · · · · · · · · · · · · ·	for subordinates? Yes X No
	pendi	ng Trains and associate principal and a	H(b) Are all subordinates included? Yes No
<u> </u>	Гах-ех	empt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or	527 If "No," attach a list (see instructions)
		te: N/A	H(c) Group exemption number ▶
KF	orm o	organization: Corporation X Trust Association Other ► L Y	ear of formation: 1998 M State of legal domicile: TX
Pá	art I	Summary	
ø	1		TEE GRANTS THE PROCEEDS
ፌ ሀዚ ታ Governance	ł	OF GIFTS OF INTERESTS IN S CORPORATIONS AND	PARTNERSHIPS TO NATIONAL
	2	Check this box if the organization discontinued its operations or disposed of n	nore than 25% of its net assets
Coveri		Number of voting members of the governing body (Part VI, line 1a)	3 1
		Number of independent voting members of the governing body (Part VI, line 1b)	4 1
I⊑U ⊥ ⊥ Activities &		Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5 0
≣ د		Total number of volunteers (estimate if necessary)	6 0
Activ		Total unrelated business revenue from Part VIII, column (C), line 12	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	Ь	Net unrelated business taxable income from Form 990-T, line 34	
SCANNEL		Contributions and grants (Bort VIII. Iron 16)	Prior Year Current Year 47,380. 0.
	1	Contributions and grants (Part VIII, line 1h)	23,032.
2 9	9	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<1,927,893.> 9,323.
€			<469,386.> 82,626.
Š		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<2,326,867.> 91,949.
			1,001,184. 327,209.
	14	Grants and similar amounts paid (Part IX, column (A), lines 1 3) Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
S	1	Salaries, other compensation, employee benefits (Part IX3column (A), lines 5-10)	0. 0.
Expenses		Professional fundraising fees (Part IX column (A), line 11e)	0. 0.
ē.		Total fundraising expenses (Part IX, column (D), line-25)	· · · · · · · · · · · · · · · · · · ·
Ω		Other expenses (Part IX, column (A), lines 114.11d, 114.24e)	12,360. 1,292.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,013,544. 328,501.
	19	Revenue less expenses. Subtract line 18 from line 12	<3,340,411.> <236,552.
ces			Beginning of Current Year End of Year
sets	20	Total assets (Part X, line 16)	8,062,892. 7,897,591.
Net As Fund B	21	Total liabilities (Part X, line 26)	751,475. 704,687.
		Net assets or fund balances Subtract line 21 from line 20	7,311,417. 7,192,904.
	art II		
		alties of perjury, I declare that I have examined this return, including accompanying schedules and sta	
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which prep	parer has any knowledge.
٥.		Signature of officer	Date Date
Sig		KENNETH M. BOWERS, COO	54.0
Her	re	Type or print name and title	
_		Print/Type preparer's name Preparer's signature	Date Check PTIN
Pair	d	1 Topard 3 Signature	it self-employed
	parer	Firm's name	Firm's EIN
	Only	Firm's address	
	•		Phone no.
Ma	y the I	RS discuss this return with the preparer shown above? (see instructions)	Yes No
_			

432001 11-07-14 LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form 990 (2014)

	000 (2011)	<u>58-6370659</u>	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission		
•	THE TRUSTEE GRANTS THE PROCEEDS OF GIFTS OF INTERESTS IN	S	
	CORPORATIONS AND PARTNERSHIPS TO NATIONAL CHRISTIAN CHAR		
	FOUNDATION, INC. AND OTHER CHARITIES IN THE SAME CLASS O		г
	CHARITABLE ORGANIZATIONS.	L TIME DALLINE.	-
2	Did the organization undertake any significant program services during the year which were not listed on		(1 27)
	the prior Form 990 or 990-EZ?	LYes	X No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	L Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as n	neasured by expenses	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
		s, the total expenses, a	2110
_	revenue, if any, for each program service reported (Code) (Expenses \$ 327, 209 • including grants of \$ 327, 209 •) (Revenue)		0.)
4a			
	SUPPORTED THE MISSION AND PERFORMED FUNCTIONS OF THE NAT		
	CHARITABLE FOUNDATION, INC. BY MAKING GRANTS TO IT AND O		IES
	IN THE SAME CLASS OF TAX-EXEMPT CHARITABLE ORGANIZATIONS	•	
		_	
4b	(Code) (Expenses \$ including grants of \$) (Revenue	\$	1
70	/ (Listerines) [Listerines]	·	
			
			
4c	(Code) (Expenses \$) (Revenue	·\$)
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$		
4e	Total program service expenses ► 327,209.		
		Form 9	90 (2014)
13200 11-07	12 -14		

Part IV	Checklist of Required Schedules
	Officerist of frequired octreduces

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	'If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	[
_	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	•		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X			
	as applicable			l
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
þ	Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more of its total		۱,,	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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	11c		^
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
þ	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	- 17
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1		
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	, 		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	,		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
00	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		-^-
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		990 ((2014)
		. 0.111		(-0,4)

Form 990 (2014) NCCF TRUST Part W 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	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	1		l
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J .	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the		İ	
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			.,
	Schedule K. If "No", go to line 25a	24a	-	X
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	l		
	any tax-exempt bonds?	24c	<u> </u>	
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	_	
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		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			
	Schedule L, Part I		İ	x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	25b		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	120		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		100	
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	l	l	
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	l	۱	
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	-
Ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			,
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	۱	ŀ	"
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	├	^
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	200	x	1
	Note. All Form 990 filers are required to complete Schedule O	38	$\Box \Delta$	

Form	990 (2014) NCCF TRUST 58-6370	659	Р	age 5						
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance									
	Check if Schedule O contains a response or note to any line in this Part V									
			Yes	No						
1a	`Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0									
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0									
С										
	(gambling) winnings to prize winners?									
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1c								
	filed for the calendar year ending with or within the year covered by this return 2a									
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b								
_	Note. If the sum of lines 1 a and 2a is greater than 250, you may be required to e-file (see instructions)	_==		\vdash						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X							
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	X							
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x						
b	If "Yes," enter the name of the foreign country									
_	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X						
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X						
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c								
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit									
-	any contributions that were not tax deductible as charitable contributions?	6a		х						
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ŭū.								
•	were not tax deductible?	6b		-						
7	Organizations that may receive deductible contributions under section 170(c).	- 0.0								
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X						
		7b								
	 b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required 									
·	to file Form 8282?	7c		x						
А	If "Yes," indicate the number of Forms 8282 filed during the year									
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X						
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	-	┝▔						
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		\vdash						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7.1								
	sponsoring organization have excess business holdings at any time during the year?	8		X						
9	Sponsoring organizations maintaining donor advised funds.	Ť								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X						
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X						
10	Section 501(c)(7) organizations. Enter									
а	Initiation fees and capital contributions included on Part VIII, line 12									
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b									
11	Section 501(c)(12) organizations. Enter									
	Gross income from members or shareholders									
b	<u> </u>									
_	amounts due or received from them.)									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			-						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
	Is the organization licensed to issue qualified health plans in more than one state?	13a		 '						
J	Note. See the instructions for additional information the organization must report on Schedule O									
ь	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans			}						
С										
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		┢▔						
	in 166, Tibb it filed at 10th 120 to report these payments. If 170, provide an explanation in denedure 0		000	(2014)						

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 1								
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.								
b	Enter the number of voting members included in line 1a, above, who are independent 1b		l						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	2		X					
	officer, director, trustee, or key employee?								
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	1							
	of officers, directors, or trustees, or key employees to a management company or other person?	3	-	<u> </u>					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X					
6	Did the organization have members or stockholders?	6							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			x					
_	more members of the governing body?	7a							
D	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? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	76							
8 a	The governing body?	8a	Х						
	Each committee with authority to act on behalf of the governing body?	8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	- 00							
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	1	Х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)								
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		X					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	<u></u>					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		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	Х						
13	Did the organization have a written whistleblower policy?	13	X						
14	Did the organization have a written document retention and destruction policy?	14		-					
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	;							
	The organization's CEO, Executive Director, or top management official	15a		X					
	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)								
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					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			l					
	exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure	_							
17	List the states with which a copy of this Form 990 is required to be filed ► NONE								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılab	le						
	for public inspection. Indicate how you made these available Check all that apply.								
	Own website Another's website Upon request Other (explain in Schedule O)								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cıal						
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's books and records		-						
	TRUSTEE - 404-252-0100 11625 RAINWATER DRIVE; STE 500, ALPHARETTA, GA 30009-8678								
	11625 RAINWATER DRIVE; STE 500, ALPHARETTA, GA 30009-8678			(0014)					

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

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

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

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

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

Check this box if neither the organi. (A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average hours per week	box	(do not chec box, unless officer and a			than is bot	h an	Reportable compensation	Reportable compensation	Estimated amount of other
	(list any hours for related organizations below line)	Individual	Institutional frustee	Officer	Кеу етріоуее	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensatio from the organization and related organizations
1) NCCF, INC., TRUSTEE RUSTEE	20.00	-	Х					0.	0.	(
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		+			T	\vdash				

Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	<u>d Hi</u>	ighe	st C	ompensated Employe	es (continued)					
` (A)	(B)	(C)						(D)	(E)		l	(F)		
Name and title	Average		not c	heck	sition ok more than one			Reportable	Reportable		ľ	tımate		
•	hours per week					is bot or/trus		compensation	compensation			nount (of	
	(list any	⊢	$\overline{}$				T T		from	from related			other	+:
	hours for	rect				_	l	the organization	organizations (W-2/1099-MiS			pensa om the		
	related	8	ag gg				1	(W-2/1099-MISC)	(***-22 1033-14112	٠,		anızatı		
	organizations	truste	al fru		e Xe	Ē	ŀ	(** 2 *********************************				d relate		
	below	individual trustee or director	Institutional trustee	- -	Key employee	Highest compensated employee	ᆯ				orga	nızatı	ons	
	line)	횰	Inst	Officer	Key	훈흡	Former				 		_	
-		一				\vdash		-	_		 	-		
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						<u>l</u>	Ļ			_	<u> </u>		_	
1b Sub-total								0.		0.	.		0.	
c Total from continuation sheets to Part V	I, Section A							0.		0.			0.	
d Total (add lines 1b and 1c)			l. m.t.		<u> </u>	->			000 -4		<u> </u>			
2 Total number of individuals (including but no compensation from the organization	ot ilmited to tr	iose	IISTE	eo a	DOV	e) wi	no r	eceived more than \$100	,000 от герогтарі	e			(
												Yes	No	
3 Did the organization list any former officer,			e, ke	ey er	mple	oyee	, or	highest compensated e	mployee on				· •	
line 1a? If "Yes," complete Schedule J for s											3	─	Х	
4 For any individual listed on line 1a, is the su								•	the organization				X	
and related organizations greater than \$15i Did any person listed on line 1a receive or a											4	\dashv		
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	•					-	elai	ted organization or indiv	idual for services		5	-	X	
Section B. Independent Contractors	piete deriedar	201	01_30	3011	рег	3011								
1 Complete this table for your five highest co	mpensated in	dep	ende	ent c	ont	racto	ors 1	that received more than	\$100,000 of com	pens	ation f	rom		
the organization Report compensation for	the calendar y	ear	endı	ng v	vith	or w	/ithi		year					
(A) Name and business	address	N(ONE	₹.				(B) Description of s	services	С	(C comper		n	
								·	-					
			_											
						-		<u> </u>						
2 Total number of independent contractors (i \$100,000 of compensation from the organic	•	iot lii	mıte	a to		ose li O	sted	above) who received n	nore than					
											Form 9	990 (2	2014	

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under (A) (C) Related or Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue 1 a Federated campaigns 1a 1b b Membership dues c Fundraising events 1c Gifts, ilar An 1d d Related organizations Contributions, and Other Sim Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f Business Code Program Service Revenue 2 a All other program service revenue Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and 16,579. 16,579. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 1,600. 6 a Gross rents 694. b Less rental expenses 906. c Rental income or (loss) 906. 906. d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other 116,326. assets other than inventory b Less cost or other basis 123,582 and sales expenses <7,256. c Gain or (loss) <7,256. <7,256.> d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** OTHER REVENUE 900099 56,121. 56,121. ADDL UBI FROM 990-T 900003 17,170. 17,170. 8,429. TAX REFUNDS 900099 8,429. d All other revenue 81,720. e Total. Add lines 11a-11d 91,949 17,170. 74,779. Total revenue. See instructions. 432009 11-07-14 Form **990** (2014)

Form 990 (2014) NCCF TRUST
Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).											
	Check if Schedule O contains a response or note to any line in this Part IX										
	ot include armounts 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	327,209.	327,209.								
2	Grants and other assistance to domestic										
	ındıvıduals. See Part IV, line 22										
3	Grants and other assistance to foreign										
	organizations, foreign governments, and foreign										
	ındividuals. See Part IV, lınes 15 and 16										
4	Benefits paid to or for members										
5	Compensation of current officers, directors,										
	trustees, and key employees										
6	Compensation not included above, to disqualified										
	persons (as defined under section 4958(f)(1)) and										
	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										
þ	Legal										
С	Accounting										
d	Lobbying										
е	Professional fundraising services. See Part IV, line 17	· · · · · · · · · · · · · · · · · · ·									
f	Investment management fees	-									
g	Other (If line 11g amount exceeds 10% of line 25,	140.		140.							
	column (A) amount, list line 11g expenses on Sch O.)	140.		140.							
12	Advertising and promotion										
13	Office expenses										
14	Information technology				_						
15	Royalties										
16 17	Occupancy										
18	Travel Payments of travel or entertainment expenses			<u> </u>							
10	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings										
20	Interest										
21	Payments to affiliates										
22	Depreciation, depletion, and amortization										
23	Insurance										
24	Other expenses. Itemize expenses not covered										
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)										
	amount, list line 24e expenses on Schedule 0.)										
а	TAXES	1,152.		1,152.							
b				·							
С											
d											
е	All other expenses										
25	Total functional expenses. Add lines 1 through 24e	328,501.	327,209.	1,292.	0.						
26	Joint costs. Complete this line only if the organization										
	reported in column (B) joint costs from a combined										
	educational campaign and fundraising solicitation.				F						
	Check here if following SOP 98-2 (ASC 958-720)										

13411113 144929 12215

Pai	Tλ	Balance Sheet				
		'Check if Schedule O contains a response or not	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		284,115.	1	263,378
	2	Savings and temporary cash investments	[1,064,394.	2	1,033,098
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net	46,121.	4	144,209	
	5	Loans and other receivables from current and fo			<u> </u>	
		trustees, key employees, and highest compensation	ated employees Complete			
		Part II of Schedule L		5		
	6	Loans and other receivables from other disquali	fied persons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing		i	
		employers and sponsoring organizations of sect				
ts		employees' beneficiary organizations (see instr).	Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net	274,767.	7	204,152	
⋖	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges	,		9	
	10a	Land, buildings, and equipment: cost or other				
		basis Complete Part VI of Schedule D	10a 1,947,992.			
	b	Less: accumulated depreciation	10b	1,953,160.	10c	1,947,992
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, line 1	11	4,440,335.	12	4,304,762
	13	Investments - program-related. See Part IV, line		13		
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11	0.050.000	15		
	16	Total assets. Add lines 1 through 15 (must equ	8,062,892.	16	7,897,591	
	17	Accounts payable and accrued expenses		<u>37</u> ,107.	17	2,311
	18	Grants payable			18	
	19	Deferred revenue		-	19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete I	1		21	
ies	22	Loans and other payables to current and former		:		
Liabilities		key employees, highest compensated employee	es, and disqualified persons		 	
Lia		Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelate	· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax, pa	•			
		parties, and other liabilities not included on lines	17-24). Complete Part X of	714,368.		702,376
	26	Schedule D Total liabilities. Add lines 17 through 25		751,475.	25 26	704,687
	20	Organizations that follow SFAS 117 (ASC 958), check here	731,473.	20	704,007
s s		complete lines 27 through 29, and lines 33 an				
õ	27	Unrestricted net assets	u 34.	7,311,417.	27	7,192,904
檀	28	Temporarily restricted net assets	ŀ	,,511,11,0	28	1,152,504
ĕ	29	Permanently restricted net assets	ľ		29	
Š	23	Organizations that do not follow SFAS 117 (A	SC 958) check here		23	
ř		and complete lines 30 through 34.	oo sooj, check here			•
is (30	Capital stock or trust principal, or current funds			30	
SSe	31	Paid-in or capital surplus, or land, building, or ed	iuipment fund	· · · · · · · · · · · · · · · · · · ·	31	·
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in		-	32	
ž	33	Total net assets or fund balances	come, or other falles	7,311,417.	33	7,192,904
	34	Total liabilities and net assets/fund balances	ł	8,062,892.	34	7,897,591
_	<u> </u>	Total Radiitios and flot assets/ faria balances		-,-3-,-5-		Form 990 (201

Form 990 (2014)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

NCCF TRUST

Employer identification number

58-6370659 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) 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) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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) 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 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. d Light 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 II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (v) Is the organization (ii) EIN (iii) Type of 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 No (see instructions)) NATIONAL CHRISTIAN CHARITABLE FOUNDATI58-14939497 X 326,072. 326,072.

LHA For Paperwork Reduction Act Notice, see the Instructions for

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

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

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

Sec	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						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	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	I	1				
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions				1		
	by each person (other than a			ļ			
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the				ļ.		
	amount shown on line 11,						
	column (f)				L		
	Public support. Subtract line 5 from line 4					[
	ction B. Total Support		<u>, </u>		,	,	
Cale	ndar year (or fiscal year beginning in) 📂	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4						
8	Gross income from interest,					ŀ	
	dividends, payments received on				1		
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business					İ	
	activities, whether or not the	ĺ					
	business is regularly carried on		 	 	.		
10	Other income Do not include gain				1]
	or loss from the sale of capital						
	assets (Explain in Part VI)			ļ			
	Total support. Add lines 7 through 10	<u> </u>	1			11	<u> </u>
	Gross receipts from related activities,	•	•			12	
13	First five years. If the Form 990 is for	=	s first, second, thi	ra, tourth, or titth t	ax year as a section	on 501(c)(3)	_
Sec	organization, check this box and stop ction C. Computation of Publ		ercentage				
	Public support percentage for 2014 (I		<u>-</u>	column (fl)		14	%
	Public support percentage from 2013					15	%
	33 1/3% support test - 2014. If the c			on line 13, and line	14 is 33 1/3% or i	more, check this be	
	stop here. The organization qualifies	as a publicly sup	ported organizatio	n			▶□
t	33 1/3% support test - 2013. If the c	organization did n	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/39	6 or more, check t	his box
	and stop here. The organization qual	ifies as a publicly	supported organiz	zation			▶□
17a	10% -facts-and-circumstances tes	t - 2014. If the or	ganızatıon did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstar	nces" test, check t	this box and stop l	nere. Explain in Pa	ırt VI how the orgai	nization
	meets the "facts-and-circumstances"	test. The organiz	ation qualifies as a	publicly supporte	d organization		▶□
b	10% -facts-and-circumstances tes	t - 2013. If the or	ganızatıon did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circ	umstances" test, o	check this box and	stop here. Explan	n in Part VI how the	e
	organization meets the "facts-and-circ		_	•			▶∟
18	Private foundation. If the organization	n did not check a	box on line 13, 16	Sa, 16b, 17a, or 17			
					Sch	edule A (Form 990	or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to
qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	low, please corn	piete Fart II.)				
_	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants ")		1.				
2	Gross receipts from admissions,						
	merchandise sold or services per-		1				
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose		1				1
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513					1	
4	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to		ŀ				
	the organization without charge						
6	Total. Add lines 1 through 5						
7:	Amounts included on lines 1, 2, and						
	3 received from disqualified persons					<u> </u>	
ı	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
•	Add lines 7a and 7b		<u> </u>				
_8	Public support (Subtractline 7c from line 6.)					<u> </u>	
<u>Se</u>	ction B. Total Support					· · · · · · · · · · · · · · · · · · ·	
Cal	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6						
10:	Gross income from interest, dividends, payments received on		1				
	securities loans, rents, royalties			Į.			
	and income from similar sources						
•	Unrelated business taxable income		1				Ĭ
	(less section 511 taxes) from businesses		1				
	acquired after June 30, 1975	 		<u> </u>			
	Add lines 10a and 10b			1			
11	Net income from unrelated business activities not included in line 10b.		į.	1			1
	whether or not the business is			1			İ
40	regularly carned on		.	ļ		_	
12	Other income Do not include gain or loss from the sale of capital					1	ł
	assets (Explain in Part VI)		<u> </u>				
	Total support. (Add lines 9, 10c, 11, and 12)		<u> </u>	<u> </u>			
14	First five years. If the Form 990 is for	the organization'	's first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) orga	nization,
<u></u>	check this box and stop here	o Support De	roontogo				
_	ction C. Computation of Public Public support percentage for 2014 (I			(A)		Tarl	
	., , , ,	, ,,	•	column (1))		15	%
_	Public support percentage from 2013 ction D. Computation of Inves			<u> </u>] 10]	%
_	Investment income percentage for 20					17	%
	. •	•		ne 13, column (ijj		18	
	Investment income percentage from 2 a 33 1/3% support tests - 2014. If the			on line 14, and line	e 15 is more than	<u> </u>	- .
19	more than 33 1/3%, check this box ar	•					E 17 15 1101
	more than 33 1/3%, check this box at 33 1/3% support tests - 2013. If the						₽ □
	line 18 is not more than 33 1/3%, che	•					
20	Private foundation. If the organizatio			-		-	
20	r i vate i vunuation. Il the organizatio	Talu HOL CHECK A	DONOR INC. 14, 18	a, or 130, check t	IND DOX AND SEE IF	1311 01101113	

432023 09-17-14

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 v1 how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in part vi what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in
- 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
	-		X
	3a		
	3b	_	
	3c		_ }
	4a		X
	70		
	4b		
	4c	- 1	
	·		X
	5a		
	5b 5c		_
	6		X
	7		X
	8		X
	9a		x
	9b		X
	9c		x
	10a		X
9	10b 90 or 99	0.53	2014

432025 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			uctions. All
	other Type III non-functionally integrated supporting organizations must co	_		
Sect	ion A - Adjusted Net Income		(A) Pnor Year	(B) Current Year (optional)
1	Net short-term capital gain	_ 1		
2	Recovenes of pnor-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			1
	maintenance of property held for production of income (see instructions)	6		l
7	Other expenses (see instructions)	7	· ·	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount	·	(A) Pnor 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)			
<u>a</u>	Average monthly value of securities	1a		
<u>b</u>	Average monthly cash balances	1b		
<u> </u>	Fair market value of other non-exempt-use assets	1c		
<u>d</u>	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		***
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion 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	ly integra	ated Type III supporting or	ganization (see
	instructions)	, 31	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>

Schedule A (Form 990 or 990-EZ) 2014

d Excess from 2013
e Excess from 2014

Schedule A (Form 990 or 990-EZ) 2014

instructions).

Breakdown of line 7:

and 4c.

8 a b Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see

Excess distributions carryover to 2015. Add lines 3j

Schedule A	(Form 990 or 990-EZ) 2014 NCCF TROST	<u> 58-6370659 _{Page} 8</u>
Partwi	(Form 990 or 990-EZ) 2014 NCCF TRUST Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or	r 17b, and Part III, line 12.
	Also complete this part for any additional information. (See instructions)	
	Association part for any additional information. Gee instructions	
•	_	
		
		<u> </u>
		· · · · · · · · · · · · · · · · · · ·
	•	
		<u> </u>
		·
		
	-	
		

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Inspection

Name	NCCF TRUST		58-6370659
Par		ed Funds or Other Similar Funds o	
	organization answered "Yes" to Form 990, Part IV, line		55 p .5.5 a
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	16	
2	Aggregate value of contributions to (during year)	0.	
3	Aggregate value of grants from (during year)	326,072.	
4	Aggregate value at end of year	6,264,651.	
5	Did the organization inform all donors and donor advisors in		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	_	
	for charitable purposes and not for the benefit of the donor of	•	•
	impermissible private benefit?		X Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, Part	
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e		cally important land area
	Protection of natural habitat	Preservation of a certifie	d 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 str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the o	rganization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is focated >	
5	Does the organization have a written policy regarding the pe	• • • • • •	
_	violations, and enforcement of the conservation easements	-	☐ Yes ☐ No
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) above	ve satisfy the requirements of section 170(h)	
_	and section 170(h)(4)(B)(ii)?	· · · · · · · · · · · · · · · · · · ·	└ Yes └ No
9	In Part XIII, describe how the organization reports conservation and the foresteed to the second sec	•	
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes the	e organization's accounting for
Pai	t III Organizations Maintaining Collections o	f Art Historical Treasures or Oth	er Similar Assets
<u> </u>	Complete if the organization answered "Yes" to Form		or ominar Addotor
12	If the organization elected, as permitted under SFAS 116 (AS		nt and halance 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		o or public convicts, provides, and carrying,
ь	If the organization elected, as permitted under SFAS 116 (AS		nd balance sheet works of art, historical
_	treasures, or other similar assets held for public exhibition, e		
	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 financial o	
_	the following amounts required to be reported under SFAS 1	_	· · · ·
а	Revenue included in Form 990, Part VIII, line 1	, ,	▶ \$
b	Assets included in Form 990, Part X	•	► \$ ► \$
_	····		-

2014.05000 NCCF TRUST

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

	dule D (Form 990) 2014 NCCF TR								7065		age 2
Pai	t III Organizations Maintaining C	ollections of A	rt, Hist	orical Tr	easures, o	r Other	Simil	ar Ass	ts(contin	าued)	
3	Using the organization's acquisition, accessi	on, and other record	is, check	any of the	following that	t are a sigi	nıfıcant	use of its	collectio	n item	ıs
	(check all that apply):										
а	* Public exhibition	d	ı∟∟	oan or excl	hange progra	ms					
b	Scholarly research	e	, 🖂	Other							
C	Preservation for future generations										
4	Provide a description of the organization's co	Ollections and explai	n how the	ey further th	ne organizatio	on's exem _l	pt purpo	ose in Pa	rt XIII		
5	During the year, did the organization solicit of	or receive donations	of art, his	toncal trea	sures, or othe	er sımılar a	ssets		_	_	_
	to be sold to raise funds rather than to be m								Yes		No
Pai	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered "	Yes" to Fo	orm 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21									
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for c	contribution	s or other ass	sets not in	cluded		_	_	_
	on Form 990, Part X?							, L	」 Yes	<u> </u>	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing ta	able							
									Amoun	<u>t</u>	
С	Beginning balance					-	1c				
d	Additions during the year						1d				
e	Distributions during the year						1e				
f	Ending balance										
2 a	Did the organization include an amount on F	orm 990, Part X, line	21, for e	scrow or cu	ustodial accor	unt liability	12		Yes	<u> </u>	No
	If "Yes," explain the arrangement in Part XIII.										<u></u>
Pai	t.V Endowment Funds. Complete i	if the organization ar	swered "	'Yes" to Fo							
		(a) Current year	(b) Pr	or year	(c) Two years	s back (d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance								<u> </u>		
b	Contributions										
С	Net investment earnings, gains, and losses										
đ	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance		<u> </u>								
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1g	g, column (a	ı)) held as						
а	Board designated or quasi-endowment		_%								
	Permanent endowment >	%									
C	Temporanly restricted endowment ▶	%									
	The percentages in lines 2a, 2b, and 2c should	uld equal 100%.									
3 a	Are there endowment funds not in the posse	ession of the organiz	ation that	t are held a	nd administe	red for the	organi	zation			
	by:									Yes	No
	(i) unrelated organizations								3a(i)		<u> </u>
	(ii) related organizations								3a(ii)		<u> </u>
b	If "Yes" to 3a(ii), are the related organization:	•							3b		
4	Describe in Part XIII the intended uses of the		owment f	unds	-						
Pa	VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" to Form 990), Part IV,	line 11a. S	ee Form 990,	Part X, lin	ie 10				
	Description of property	(a) Cost or o			or other		umulate		(d) Boo	k valu	е
		basis (investi		basis	(other)		eciation		4 0 1		~~
1a	Land	1,947,	992.		į	aba dhi	(4, 16) "-	54: 2	1,94	7,9	<u>92.</u>
b	Buildings										
С	Leasehold improvements			_							
d	Equipment	· <u></u>						-			
_	Other							\longrightarrow	4 ^ 4		~~
Total	Add lines to through to (Column (d) must e	acusi Form 990 Part	X colum	n (R) line 1	nc l				1 4 4	7.9	41.

Schedule D (Form 990) 2014

(1) Federal income taxes
(2) ANNUITIES PAYABLE
(3)
(4)
(5)
(6)
(7)
(8)
(9)

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

702,376.

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

Sche	dule D (Form 990) 2014 NCCF TRUST			58	3-6370659 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial	Stateme	nts With R	evenue per Ret	urn.
	Complete if the organization answered "Yes" to Form 990, Part 1	V, line 12a.			
1	Total revenue, gains, and other support per audited financial statements	S .			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments		2a		
b	Donated services and use of facilities		2b		
С	Recoveries of prior year grants		2c		
d	Other (Describe in Part XIII.)		2d		~
е	Add lines 2a through 2d			2	e
3	Subtract line 2e from line 1			<u>_3</u>	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		1 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b		4a		
b	Other (Describe in Part XIII)		4b		
- C	Add lines 4a and 4b	- 10)		4	
5 Da	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line **T XII Reconciliation of Expenses per Audited Financia		onte With F	Evnoncos nor Pa	
I a			ents with t	-xpelises per ni	sturri.
	Complete if the organization answered "Yes" to Form 990, Part I	v, lifte 12a		Γ.	
1	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25.				<u> </u>
2 a	Donated services and use of facilities		2a		
b	Prior year adjustments		2b		
c	Other losses		2c		
d	Other (Describe in Part XIII.)		2d	-	
	Add lines 2a through 2d	••			e
3	Subtract line 2e from line 1	•••			3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b		4a		
ь	Other (Describe in Part XIII.)	_	4b		
С	Add lines 4a and 4b			4	c
_5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, I	ne 18)			5
Pa	t XIII Supplemental Information.				
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4, Part	IV, lines 1b an	d 2b; Part V, line 4, F	Part X, line 2, Part XI,
lınes	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provi	de any add	itional informat	tion	
DAI	RT X, LINE 2:				
<u> FAI</u>	(I A, DINE 2.				
PAI	RT X - FIN 48 FOOTNOTE				
===					
THE	FOLLOWING FOOTNOTE APPLIES TO THE	CONSOL	IDATED 1	FINANCIAL S	STATEMENTS OF
THE	E NATIONAL CHRISTIAN CHARITABLE FOUNT	NOITAC	, INC.,	AND SUPPOR	RTING
	· - · - · - · - · - · - · - · - · - · - ·				
ORG	GANIZATIONS:				
				·-··	
THI	E FINANCIAL STATEMENT EFFECTS OF A TA	AX POS	ITION T	AKEN OR EXI	PECTED TO BE
TAI	KEN ARE RECOGNIZED IN THE CONSOLIDATE	SD FIN	ANCIAL	STATEMENTS	WHEN IT IS
MOT	TO THE WALL WORLD AND AN OWN WITH THE	DTT () 1	MEDIMO	miram mira	DOGTETON
MOI	RE LIKELY THAN NOT, BASED ON THE TECH	IN T CAL	MEKITS	, THAT THE	PUSITION
WTI	L BE SUSTAINED UPON EXAMINATION. IN	ਸ ਼ਸ਼ਤ ਸ਼ਤ	ושם חואב	ΝΔΙ, ΦΤΕς ΤΙ	TANV APF
44 T T	THE BUSININGS OF ON EXAMINATION. IN.	Tearen	WAD EDI	MADITED, II	ANI, ARE
TNO	CLUDED IN EXPENSES IN THE CONSOLIDATI	ED STA	TEMENTS	OF ACTIVITY	TIES. AS OF
43205 10-01-			U		hedule D (Form 990) 2014
10-01-	14	24		30	

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

General Information on Grants and Assistance NCCF TRUST

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

► Attach to Form 990.

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

Employer identification number 58-6370659

Part IV, line 21, for any	of (h) Purpose of grant unce or assistance	SUPPORT OF GRANT MAKING							Schedule I (Form 990) (2014)
Yes" to Form 990,	(g) Description non-cash assista								
anization answered "	(f) Method of valuation (book, FMV, appraisal, other)	CASH							
complete if the org	(e) Amount of non-cash assistance	0.							
c Governments. Conal space is need	(d) Amount of cash grant	326,072.						e line 1 table	
izations and Domesti	(c) IRC section if applicable	501(C)(3)						ganizations listed in th	ions for Form 990.
Domestic Organ \$5,000. Part II car	(p) EIN	58-1493949						nd government or	s isted in the line, see the Instruct
RedU Grants and Other Assistance to recipient that received more than 9	1 (a) Name and address of organization or government	NATIONAL CHRISTIAN CHARITABLE FDN, INC 11625 RAINWATER DRIVE, STE 500 - ALPHARETTA, GA 30009						2 Enter total number of section 501(c)(3) a	٦,
	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organiza recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line received more than \$5,000. Part II can be duplicated if additional space is needed. Name and address of organization or government (a) Method of valuation (book, Inon-cash assistance other)	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Cash grant and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part II can be duplicated if additional space is needed. Cash grant C	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part received more than \$5,000. Part II can be duplicated if additional space is needed. (a) Name and address of organization (b) EIN (c) IRC section or government and address of organization (b) EIN (d) Amount of organization (book, if applicable organization organization) (b) EIN (c) IRC section (d) Amount of cash grant in non-cash assistance assistance assistance assistance assistance organization (book, in on-cash assistance organization) (a) Name and address of organization (book, if applicable if additional space is needed. (d) Amount of in Method of it is applicable if additional space is needed. (f) Method of it is appraisable if applicable if the organization answered "Yes" to Form 990, Part II is applicable if additional space is needed. (g) Amount of it is applicable if additional space is needed. (g) Amount of it is applicable if the organization answered "Yes" if applicable if additional space is needed. (g) Amount of it is applicable if the organization and it is applicable if additional space is needed. (g) Amount of it is applicable if additional space is needed. (g) Amount of it is applicable if additional space is needed. (g) Amount of it is applicable if additional space is needed. (g) Amount of it is applicable if additional space is needed. (g) Amount of it is applicable if additional space is needed. (g) Amount of it is applicable if additional space is needed. (g) Amount of it is applicable if additional space is needed. (g) Amount of it is applicable if additional space is needed. (g) Amount o	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. or government of government (e) IRC section (d) Amount of if phethod (book, or valuation (book, or valuation (book, or valuation (book, or valuation (book, or valuation book, or valuation (book, or valuation book, or valuation (book, or valuation book, or valuation of sasistance assistance assistance or valuation book, or valuation book, or valuation (book, or valuation book, or valuation book, or valuation (book, or valuation book, or valuation book, or valuation of the valuation book, or valuation of the valuati	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part received more than \$5,000. Part II can be duplicated if additional space is needed. (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of organization (d) Amount of organization (d) Amount of organization (d) Amount of organization (d) Amount of organization (d) Amount of organization (d) Amount of organization (d) Amount of organization (d) Amount of organization (d) Amount of organization (d) Amount of organization (d) Description of organization (d) Amount of organization (d) Description of organization (d) Amount of organization (d) Description organization (d) Description organization (d) Description organization (d) Description organization (d) Description organization (d) Description organization (d) Description organization (d) Description organization (d) Description organization (d) Description organization (d) Description organization (d) Description organization (d) Description organization (d) Description organization (d) Description organization (d) Description organization (d) Description organization (d) Description organization (d) Description organization (d) Description organ	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. All Description of a part of the Amount of a part of government of government of government of government of government assistance	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part recipent that received more than \$5,000. Part if can be duplicated if additional space is needed. (a) Name address of organization (b) EIN (b) EIN (c)	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization arswered "Yes" to Form 990, Part respect more than \$5,000. Part it can be duplicable of additional space as needed. All Name and address of organization PiEN

Schedule I (Form 990) (2014)

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

Part III can be duplicated if additional space is needed.

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

Schedule I (Form 990) (2014)

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.

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

2014 Open to Public Inspection

Name of the organization

NCCF TRUST

Employer identification number 58-6370659

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

CHRISTIAN CHARITABLE FOUNDATION, INC. AND OTHER CHARITIES IN THE SAME

CLASS OF TAX EXEMPT CHARITABLE ORGANIZATIONS.

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

SUPPORTED THE MISSION AND PERFORMED FUNCTIONS OF THE NATIONAL CHRISTIAN

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

IN THE SAME CLASS OF TAX-EXEMPT CHARITABLE ORGANIZATIONS.

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

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 OF THE CORPORATE TRUSTEE FOR INFORMATIONAL PURPOSES ONLY. FINALLY, THE FORM IS FILED WITH THE INTERNAL REVENUE SERVICE.

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

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

FORM 990, PART VI, LINE 15B

THE ORGANIZATION HAS NO TOP MANAGEMENT OFFICIAL OR KEY EMPLOYEE. THESE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2014)
432211
68-27-14

Schedule O (Form 990 or 990-EZ) (2014) Name of the organization NCCF TRUST	Page 2 Employer identification number 58-6370659
FUNCTIONS ARE PERFORMED BY THE SUPPORTED ORGANIZATION TH	AT SERVES AS
TRUSTEE FOR THIS ORGANIZATION.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	105.022
SHAREHOLDER DISTRIBUTIONS	195,822.
CHANGE IN VALUE OF ANNUITIES	-56,121.
BOOK TO TAX DIFF DUE TO UBI	-17,170.
EXPENSES NOT INCLUDED IN TR	-4,492.
TOTAL TO FORM 990, PART XI, LINE 9	118,039.

SCHEDULE R

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Parting

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

► Attach to Form 990.

Information about Schedule R (Form 990) and its instructions is at ways its gov/form990.

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

NCCF TRUST

2014

OMB No 1545-0047

Employer identification number 58-6370659

(a)	(q)	(c)	(ব)	(0)	E
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)			entity
GRJS OUTREACH, LLC - 58-6370659					
PO BOX 212					
LEWES, DE 19958-0212	HOLDS LAND	DELAWARE	1,600.	2,458,617.NCCF TRUST	ACCF TRUST
8 MILE FARM COMPANY, LLC - 58-6370659					
158 TERRACE TRAIL SOUTH					
LAKE QUIVIRA, KS 66217	HOLDS LAND	KANSAS	0.		1,730,NCCF TRUST
Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt	tions Complete if the organization ans	swered "Yes" on Form 990, Par	rt IV, line 34 because	it had one or more r	elated tax-exempt

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

Comments of the carry of the ca							
(a)	(q)	(0)	(p)	(0)	(J)	(6)	0-V13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	controlled	(c) Y (c)
of related organization		foreign country)	section	status (if section	entity	entity?	,
				501(c)(3))		Yes	٩ ۷
NATIONAL CHRISTIAN CHARITABLE FDN, INC							
58-1493949, 11625 RAINWATER DRIVE; STE 500,							
ALPHARETTA, GA 30009-8678	GRANT MAKING	GEORGIA	501(C)(3)	4	N/A		×
NCCF SUPPORT, INC 58-2268010					NTL CHRISTIAN		
11625 RAINWATER DRIVE; STE 500	ı				CHARITABLE FDN,		
ALPHARETTA, GA 30009-8678	GRANT MAKING	GEORGIA	501(C)(3)	11 I	INC.		×
NATL CHRISTIAN FON REAL PROPERTY, INC					NTL CHRISTIAN		
58-2655939, 11625 RAINWATER DRIVE; STE 500,	ī				CHARITABLE FDN,		
ALPHARETTA, GA 30009-8678	GRANT MAKING	GEORGIA	501(C)(3)	11 I	INC.		×
NCF CORPORATION - 20-4281656					NTL CHRISTIAN		
707 N. FRANKLIN STREET, SUITE 800					CHARITABLE FDN,		
TAMPA, FL 33602	CHARITABLE TRUSTEESHIP	FLORIDA	501(C)(3)	11 I	INC.		×
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ns for Form 990.				Schedule R (Form 990) 2014	orm 990)	2014

30

58-6370659

Section 512(b)(13) controlled organization?

> Direct controlling entity

Public charity status (if section 501(c)(3))

ε

e

Exempt Code section

T

ŝ

Yes

×

CHARITABLE FDN,

TT CHRISTIAN

×

HARITABLE FON,

TT CHRISTIAN

INC.

11 I

501(C)(3)

×

CHARITABLE FDN,

INC.

501(C)(3)

TL CHRISTIAN

INC.

501(C)(3)

NCCF TRUST

Schedule R (Form 990)

Legal domicile (state or foreign country) GEORGIA BORGIA LORIDA Primary activity Part II Continuation of Identification of Related Tax-Exempt Organizations 9 SRANT MAKING GRANT MAKING GRANT MAKING 30-0209280, 11625 RAINWATER DRIVE; STE 500 NATIONAL CHRISTIAN FOUNDATION, INC. NCF CHARITABLE TRUST - 20-4326440 707 N. FRANKLIN STREET, SUITE 800 Name, address, and EIN of related organization GIVERS TRUST, INC. - 30-0075789 11625 RAINWATER DR; STE 500 ALPHARETTA, GA 30009-8678 ALPHARETTA, GA 30009-8678 TAMPA, FL 33602

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2222

Schedule R (Form 990) 2014 NCCF TRUST

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

(i) (k)	울통의 수	\$00.08	X 92.00%		ле or more related	Percentage \$12(0) (1) Section (2) (2) Controlled controlled entity?	+			
(9)	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	N/A	N/A		because it had or	(g) Share of Per end-of-year ow assets	495,786,	,		
£	Disproportionate allocations?	×	×		IV, line 34					
(B)	of year ts	239,595.	1,373,692.		orm 990, Part	(f) Share of total o, income				
ω	total ne	<6,505.	0.		swered "Yes" on F	(e) Type of entity (C corp, S corp, or trust)	S CORP			
	it income irelated, it tax under 12-514)		3)(3)		organization ans	(d) Direct controlling entity	NCCF TRUST			
(e)		DNRELATED	EXC 512(B)(3)		mplete if the	(C) Legal domicile (state or foreign country)	4 5			
9	Direct controlling entity	VALLEY VIEW COMMERCE CTR 2, LTD	C AND L GIFTING, LLC		poration or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related x year.	(b) Primary activity				
(0)	Legal domicile (state or foreign country)	TX	WA	:	as a Corpo	Prim	HOLDS LAND			
(<u>a</u>)	Primary activity	RENTAL R/E	RENTAL R/E		janizations Taxable poration or trust duri	Z.	- 58-1680481			
(a)	Name, address, and EIN of related organization	VALLEY VIEW COMMERCE CTR 2, LTD 03-0561559, 9645 VIEWSIDE, DALLAS, TX 75231-1507	C AND L GIFTING, LLC - 20-5694416, 909 KELLOGG, KENNEWICK, WA 99301 R		Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year.	(a) Name, address, and EIN of related organization	UNIVERSAL PROPERTIES DEV. CORP 11625 RAINWATER DR, STE 500 ALPHARETTA, GA 30009-8678			

Schedule R (Form 990) 2014 NCCF TRUST

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.						Kes Ko	ş
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	lated organizations listed	in Parts II-IV?				
a Recept of (i) interest, (ii) annuties, (iii) royalties, or (iv) rent from a controlled entity					1a		×
b Gift, grant, or capital contribution to related organization(s)					1	X	
c Gift. grant. or capital contribution from related organization(s)					15		×
					₽		×
					;	1	×
 Loans or loan guarantees by related organization(s) 					•	Ť	4
					1	1	×
f Dividends from related organization(s)	٠				=	†	4
g Sale of assets to related organization(s)			•		19	7	×
h Purchase of assets from related organization(s)					ŧ		×
i Exchange of assets with related organization(s)					=		×
J Lease of facilities, equipment, or other assets to related organization(s)					7		×
					<u> </u>		ا إ
k Lease of facilities, equipment, or other assets from related organization(s)	;				¥ ;	T	« >
	ınızation(s)				₹,	T	< >
 Performance of services or membership or fundraising solicitations by related organization(s) 	nization(s)				E	1	4
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)uoi	::	:	:	Ę		×
 Sharing of paid employees with related organization(s) 				•	9		×
							ŋ
p Reimbursement paid to related organization(s) for expenses					4		×
 Reimbursement paid by related organization(s) for expenses 	:			:	19		×
	:	•	•	:		Г	
r Other transfer of cash or property to related organization(s)					-		×
	:					Ť	
[22	1	4
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete the	is line, including covered	relationships and transa	action thresholds.			
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	Method of	(d) Method of determining amount involved	olved		
(1) NATIONAL CHRISTIAN CHARITABLE FDN, INC.	В	326,072.CASH	CASH				
(2)							
<u> </u>							
(4)							
(5)							
ies							
432163 08-14-14	33			Schedule R (Form 990) 2014	(Form	98	8 4

Page 4

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(k) ercentage wnership					Schedule R (Form 990) 2014
(i) negling orther?	Yes			 	 Ę.
Gene D mans	8 ∠		·		
(i) (k) Code V-UBI General or Percentage amount in box 20 managing ownership of Schedule K-1 partner?	(Form 1065)				Schedule
(h) Disproportionate a	Yes No				
Dis					
(g) Share of end-of-year	assets				
(f) Share of total	income				
Are all partners sec 501(c)(3) orgs?	Yes				
(d) Predominant income pa (related, unrelated, seccluded from tax under	Sections 512-514)				
(c) Legal domicile (state or foreign	country)				
(b) Primary activity					
(a) (b) (c) (d) Name, address, and EIN Primary activity (state or foreign excluded from tax under					

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