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Department of the Treasury Internal Revenue Service

A For the 2015 calendar year, or tax year beginning

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

Open to Public Inspection

OMB No_1545-0047

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

В	Check if applicable	I NATIONAL CURISTIAN FOOR	NDATION REAL		D Employe	r identificati	on number			
	Addres	PROPERTY, INC.								
	Name change	Doing business as			58-2655939					
	Initial return Final return/	Number and street (or P.O. box if mail is not deliced to the street (or P.O. box if mail is not deliced to the street (or P.O. box if mail is not deliced to the street (or P.O. box if mail is not deliced to the street (or P.O. box if mail is not deliced to the street (or P.O. box if mail is not deliced to the street (or P.O. box if mail is not deliced to the street (or P.O. box if mail is not deliced to the street (or P.O. box if mail is not deliced to the street (or P.O. box if mail is not deliced to the street (or P.O. box if mail is not deliced to the street (or P.O. box if mail is not deliced to the street (or P.O. box if mail is not deliced to the street (or P.O. box if mail is not deliced to the street (or P.O. box if mail is not deliced to the street (or P.O. box if mail is not deliced to the street (or P.O. box if mail is not deliced to the street (or P.O. box if mail is not deliced to the street (or P.O. box if mail is not deliced to the street (or P.O. box if mail is not deliced to the street (or P.O. box if mail is not deliced to the street (or P.O. box if mail is not deliced to the street (or P.O. box if mail is not deliced to the street (or P.O. box if mail is not deliced to the street (or P.O. box if mail is not deliced to the street (or P.O. box if mail is not deliced to the street (or P.O. box if mail is not deliced to the street (or P.O. box if mail is not deliced to the street (or P.O. box if mail is not deliced to the street (or P.O. box if mail is not deliced to the street (or P.O. box if mail is not deliced to the street (or P.O. box if mail is not deliced to the street (or P.O. box if mail is not deliced to the street (or P.O. box if mail is not deliced to the street (or P.O. box if mail is not deliced to the street (or P.O. box if mail is not deliced to the street (or P.O. box if mail is not deliced to the street (or P.O. box if mail is not deliced to the street (or P.O. box if mail is not deliced to the street (or P.O. box if mail is not deliced to the street (or P.O. box if mail is not	vered to street address)	Room/suite 500	E Telephor		2.0100			
	termin- ated	City or town, state or province, country, and 2			G Gross receip	ots \$	23,891,971			
느	Amend	WILLWWELLY, GW 20003-6			H(a) Is this	a group retur				
L_	Application pendin	I F Name and address of principal officer 12 2111	NETH C. COLLINS	3	1	ordinates?	Yes X No			
1 1	ax-exe	mpt status. X 501(c)(3) 501(c)()	(insert no.) 4947(a)(1)	or 527	- · ·		(see instructions)			
JV	Nebsit	e: ► WWW.NCFGIVING.COM			7	exemption ni				
K_F	orm of	organization: X Corporation Trust Ass	ociation Other	L Year	of formation:	2001 M St	ate of legal domicile: Ga			
Ρě	art I	Summary								
_e	1	Briefly describe the organization's mission or most support that ITABLE PURPOSES TO NAT	significant activities. THE	CORPOR	RATION 1	MAKES G	RANTS FOR			
Governance	١ ٠									
Ver		Check this box I if the organization discon	· · · · · · · · · · · · · · · · · · ·	osea or more	e tnan 25% oi	rits net asset	S. (
Ĝ	I	Number of voting members of the governing body (•			3				
න්		Number of independent voting members of the gov				\ - +-				
Ě	1	Total number of individuals employed in calendar ye	ear 2015 (Part V, line 2a)			5	 -			
Activities		otal number of volunteers (estimate if necessary)	(5) 1 (5)			6	0			
Ą		Total unrelated business revenue from Part VIII, coli				7a	0			
_	Ь.	Net unrelated business taxable income from Form 9	990-1, line 34			7b				
				<u> </u>	Prior Yea		Current Year			
ne	1	Contributions and grants (Part VIII, line 1h)		<u> </u>	19,957		11,905,459			
Revenue		Program service revenue (Part VIII, line 2g)	-	<u> </u>	460	0.	0 0 0 0 1 0 1 0 1 0 1 0 1 0 1 0 1			
Ř	ľ	nvestment income (Part VIII, column (A), lines 3, 4,		L		,293.>	1,217,913			
_	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	9c, 10c, and 11e)	<u> </u>	<1,289		<1,134,707			
	12	otal revenue - add lines 8 through 11 (must equal F	Part VIII, column (A), line 12)		18,199		11,988,665			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u> </u>	16,495		13,886,070			
	14	Benefits paid to or for members (Part IX, column (A)	, line 4)	L		0.	0			
ŝ	15	Salaries, other compensation, employee benefits (P	art IX, column (A), lines 5-10)	<u> </u>		0.	0			
Expenses	16a	Professional fundraising fees (Part 🗓 column (A), lin	re-1-1e)			0.	0			
ğ	b ·	otal fundraising expenses (Raft IX, column (D), line	(25)) > 1	0.						
Û	17	Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e),		115	,314.	171,485			
	18	otal expenses Add lines 13:17 (must equal garp)x	နှုဝေါယကုရှိ (A), line 25)		16,611	, 299.	14,057,555			
	19	Revenue less expenses. Subtract line 18 from line 1			1,587	,804.	<2,068,890			
Salances				Be	ginning of Cur	rent Year	End of Year			
Ē	20	otal assets (Part X, line 16)	-		81,287		78,129,930			
ě	21	otal liabilities (Part X, line 26)			762	, 367.	1,093,045			
Fund B	22	Net assets or fund balances Subtract line 21 from I	line 20	—	80,524		77,036,885			
		Signature Block								
Jnd	er pena	ties of perjury, I declare that I have examined this return, i	ncluding accompanying schedule	es and statem	ents, and to the	best of my kn	owledge and belief, it is			
		, and complete. Deplaration of preparer (other than officer								
			11/11/	16						
Sign	n Ì	Signature of officer			Date	- // //				
ler		KENNETH C. COLLINS, PRE			•					
٠		Type or print name and title								
_		Print/Type preparer's name	Preparer's signature		Date	Check	PTIN			
Paid	ı l	, this type property of theme	. repaid o oignature	İ		ıf				
	parer	Firm's name			Firm	self-employed	L			
	Only	Firm's address				5 LIII				
	,	5 4451055			Pho	ne no.				
40.	tho If	S discuss this return with the areasy shows show	vo? (see instructions)			no no.	Yes No			
		S discuss this return with the preparer shown above 1-15 LHA For Paperwork Reduction Act Notice		ions			Yes No. No. 15 Yes 10 No. 15 Yes 10 No. 15 N			
320	ا-12 01 چ	EE SCHEDULE O FOR ORGANIZA			יזארי ריראיי	TINUATI				
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NATIONAL CHRISTIAN FOUNDATION REAL PROPERTY. INC.

	1990 (2015) PROPERTI, INC 58-2655	939 Page 2
Pa	rt-III Statement of Program Service Accomplishments	
_	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission	
•	THE CORPORATION MAKES GRANTS FOR CHARITABLE PURPOSES TO NATIONAL	<u></u>
	CHRISTIAN CHARITABLE FOUNDATION, INC. AND OTHER CHARITABLE	
	ORGANIZATIONS IN THE SAME CLASS.	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	Yes X No
2	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
3	If "Yes," describe these changes on Schedule O.	Yes LA⊾ No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by ex-	menses
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exp	
	revenue, if any, for each program service reported	
4a	(Code) (Expenses \$ 13,886,070 · Including grants of \$ 13,886,070 ·) (Revenue \$)
	SUPPORTED THE MISSION AND PERFORMED FUNCTIONS OF THE NATIONAL C	
	CHARITABLE FOUNDATION, INC. BY OBTAINING CONTRIBUTIONS FOR THE OF MAKING GRANTS TO IT AND TO TAX EXEMPT CHARITIES (NOT PRIVATE	
	MAKING FOUNDATIONS) IT SUPPORTS.	GRANT
	MAKING TOUNDATIONDY IT BUILDARD.	
		
4b	(Code) (Suppose to)	
40	(Code) (Expenses \$) (Revenue \$)	,
4c	(Code) (Expenses \$)
		
		
		
4d	Other program services (Describe in Schedule O)	
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses > 13,886,070.	
		Form 990 (2015)
532002	2	,/

Form 990 (2015) PROPERTY, IN Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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	i		1
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			l
	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, VIII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	ĺ		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	L
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	_X_	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	1 1f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		v	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		├ ^
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			
	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		X
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		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	<u> </u>		۳
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	İ	х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			,
	complete Schedule G, Part III	<u>19</u>	000	X
		Form	230	(2015)

Form 990 (2015) Part IV Checklist of Required Schedules (continued)

			Yes	NO
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	L
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	1	'	
	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	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	[[
	Schedule K If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	li		1
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or		-	
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			l
	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			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	}]
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	li		
	instructions for applicable filing thresholds, conditions, and exceptions)	i i		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	i i		
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	L
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			l
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			l <u>. </u>
	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		**	ļ
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	_X_	<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		7.5	
	Part V, line 1	34	X	<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	i.		.,
	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?			.
_	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			. ,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	_	v]
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990	(2015)

	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 16							
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming							
	(gambling) winnings to prize winners?	1c						
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return 2a 0							
þ	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 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
	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						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			v				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X				
D	If "Yes," enter the name of the foreign country:							
5a	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	Ec		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 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	30						
	any contributions that were not tax deductible as charitable contributions?	6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X				
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?	7c		X				
ď	If "Yes," indicate the number of Forms 8282 filed during the year	7e		Х				
_	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?							
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?							
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
-	sponsoring organization have excess business holdings at any time during the year?	8		X				
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X				
10	Section 501(c)(7) organizations. Enter:							
	Initiation fees and capital contributions included on Part VIII, line 12							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
11	Section 501(c)(12) organizations. Enter							
	Gross income from members or shareholders Cross income from attention of the advisor (Pa not not amounts due or paid to other courses accounts)	1						
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			1				
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						
	Note. See the instructions for additional information the organization must report on Schedule O							
b	Enter the amount of reserves the organization is required to maintain by the states in which the			1				
	organization is licensed to issue qualified health plans							
С	Enter the amount of reserves on hand							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X				
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b						
		Form	990	(2015)				

NATIONAL CHRISTIAN FOUNDATION REAL

Form 990 (2015) PROPERTY, INC. 58-2655939 Page

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

	Check if Schedule O contains a response 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] 6							
	If there are material differences in voting rights among members of the governing body, or if the governing	1						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	Í						
b	Enter the number of voting members included in line 1a, above, who are independent 1b 0	ł						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	ļ						
	officer, director, trustee, or key employee?	2		X				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	ļ						
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5_		X				
6	Did the organization have members or stockholders?	6		X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			1,7				
_	more members of the governing body?	7a		X				
р	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	l						
_	persons other than the governing body?	7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		х					
	The governing body? Each committee with authority to act on behalf of the governing body?	8a 8b	X	 				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	100						
3	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)							
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		X				
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	la Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
b	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	أسسا	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	<u> </u>						
	In Schedule O how this was done	12c	-					
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	ł						
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	150		x				
	Other officers or key employees of the organization	15a 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	ļ						
	taxable entity during the year?	16a		х				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	<u> </u>						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	[
	exempt status with respect to such arrangements?	16b						
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ▶GA , CA							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are	availat	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, and	d finan	cial					
	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.							
	CORPORATION - 404.252.0100 11625 RAINWATER DRIVE; STE. 500, ALPHARETTA, GA 30009-8678							
	TIUS MAINWAIDA DAIVE; SIE. SUU, ADPRAKETTA, GA SUUUS-80/8		000	(2015)				

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

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

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

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

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

Name and Title	(A)	(B)	d organization compensat						(D)	(E)	(F)	
Nours per week (list any hours for related organizations below line) Nours for related organizations (W-2/1099-MISC) Nours for miss for mi	Name and Title	Average	Position					one	Reportable	Reportable	Estimated	
(ist any hours for related organizations below line) (1) WILLIAM MATTHEW LAWSON (1) WILLIAM MATTHEW LAWSON (2) MICHAEL BOOTH (3) KENNETH C. COLLINS DIRECTOR & PRESIDENT (4) MARYE LORD DIRECTOR & PRESIDENT (5) JOIN TANNER DIRECTOR & VICE PRESIDENT (5) JOIN TANNER DIRECTOR & VICE PRESIDENT (6) TERRILL A. PARKER FORMER DIRECTOR & VP (7) WILLIAM WILLIAMS FORMER DIRECTOR & PRESIDENT (8) GREGORY L. SPERRY (9) DAVID H. WILLS FORMER DIRECTOR & PRESIDEN (9) DAVID H. WILLS FORMER DIRECTOR & PRESIDEN (10) TERCTOR & PRESIDEN (11) DAVID D. JOHNSON (12) O. 42,197. (13) KENNETH C. COLLINS (14) MARYE LORD (15) JOIN TANNER (16) TERRILL A. PARKER (17) WILLIAM WILLIAMS (18) GREGORY L. SPERRY (18) GREGORY L. SPERRY (18) GREGORY L. SPERRY (19) DAVID H. WILLS FORMER DIRECTOR & PRESIDEN (10) KENNETH M. BOWERS FORMER DIRECTOR & PRESIDEN (11) DAVID D. JOHNSON (12) JOHNSON (13) KENNETH M. BOWERS (14) MARYE LORD (15) JOHNSON (16) JOHNSON (17) WILLIAM WILLIAMS (18) GREGORY L. SPERRY (19) DAVID H. WILLS FORMER DIRECTOR & PRESIDEN (10) KENNETH M. BOWERS (11) DAVID D. JOHNSON (11) DAVID D. JOHNSON		hours per	box, unless person is both an				is bot	han i	compensation	compensation	amount of	
(1) WILLIAM MATTHEW LAWSON		week	offic	cer an	dad	irecto	or/trus	tee)	from	from related	other	
(1) WILLIAM MATTHEW LAWSON			rector				l			•	compensation	
(1) WILLIAM MATTHEW LAWSON		1	9 9) ₂₂]	ated		•	(W-2/1099-MISC)		
(1) WILLIAM MATTHEW LAWSON		1	ustee	trust		ا ا	Bens	1 1	(W-2/1099-MISC)		-	
(1) WILLIAM MATTHEW LAWSON DIRECTOR & PRESIDENT (2) MICHAEL BOOTH DIRECTOR & SECRETARY (3) KENNETH C. COLLINS DIRECTOR & PESIDENT (4) MARYE LORD DIRECTOR & TREASURER (5) JOHN TANNER DIRECTOR & TREASURER (6) TERRILL A. PARKER PORMER DIRECTOR & VP (7) WILLIAM WILLIAMS FORMER DIRECTOR & PRESIDENT (8) GREGORY L. SPERRY PORMER DIRECTOR PORMER DIRECTOR & PRESIDEN (9) DAVID H. WILLS PORMER DIRECTOR & PRESIDEN (9) DAVID H. WILLS PORMER DIRECTOR & PRESIDEN (10) KENNETH M. BOWERS (11) DAVID D. JOHNSON O. 42,197. 18,32 O. 42,197. 18,32 O. 104,770. 20,53 O. 104,770. 20,53 O. 64,786. 7,13 O. 106,334. 7,64 O. 106,334. 7,64 O. 106,334. 7,64 O. 121,718. 15,17 O. 0. 237,777. 4,75 O. 121,718. 15,17 O. 0. 237,777. 4,75 O. 0. 237,777. 4,75 O. 0. 231,047. 17,37 O. 0. 232,572. 23,22 O. 190,000. 22,35		1 ~	ual tr	tronal		ge g	e gi					
1.00			Individ	Institu	Officer	Key en	Highe	Forme			organizations	
1.00	(1) WILLIAM MATTHEW LAWSON											
Director & Secretary 49.00 X X 0. 104,770. 20,53	DIRECTOR & PRESIDENT		X	_	X		<u>L</u>		0.	42,197.	18,326.	
Colling	(2) MICHAEL BOOTH											
DIRECTOR & PRESIDENT	DIRECTOR & SECRETARY		X		X	L	<u> </u>		0.	104,770.	20,530.	
1.00	(3) KENNETH C. COLLINS]									
DIRECTOR & TREASURER (5) JOHN TANNER DIRECTOR & VICE PRESIDENT (6) TERRILL A. PARKER FORMER DIRECTOR & VP (7) WILLIAM WILLIAMS FORMER DIRECTOR & PRESIDENT (8) GREGORY L. SPERRY FORMER DIRECTOR PORMER DI			X		X	L_	_		0.	64,786.	7,139.	
1.00			v		v	l]	l	0	106 224	7 642	
DIRECTOR & VICE PRESIDENT (6) TERRILL A. PARKER FORMER DIRECTOR & VP (7) WILLIAM WILLIAMS FORMER DIRECTOR & PRESIDENT (8) GREGORY L. SPERRY FORMER DIRECTOR (9) DAVID H. WILLS FORMER DIRECTOR & PRESIDEN (9) DAVID H. WILLS FORMER DIRECTOR & PRESIDEN (10) KENNETH M. BOWERS FORMER SECRETARY (11) DAVID D. JOHNSON O. 121,718. 15,17 0. 237,777. 4,75 0. 197,023. 10,53 0. 197,023. 10,53 0. 231,047. 17,37 0. 232,572. 23,22 0. 190,000. 22,35			₽	┝╌	^	-	├-	Н		100,334.	7,042.	
(6) TERRILL A. PARKER	, - ,		x		x		}		0.	121,718.	15,171.	
(7) WILLIAM WILLIAMS FORMER DIRECTOR & PRESIDENT (8) GREGORY L. SPERRY O.00 FORMER DIRECTOR (9) DAVID H. WILLS FORMER DIRECTOR & PRESIDEN (10) KENNETH M. BOWERS FORMER SECRETARY (11) DAVID D. JOHNSON O. 0. 197,023. 10,53 0. 0. 231,047. 17,37 0. 232,572. 23,22 0. 190,000. 22,35	(6) TERRILL A. PARKER	0.00						П			-	
FORMER DIRECTOR & PRESIDENT							_	X	0.	237,777.	4,756.	
(8) GREGORY L. SPERRY PORMER DIRECTOR (9) DAVID H. WILLS FORMER DIRECTOR & PRESIDEN (10) KENNETH M. BOWERS FORMER SECRETARY (11) DAVID D. JOHNSON O. 0. 231,047. 17,37 A 9.00 X 0. 232,572. 23,22 X 0. 190,000. 22,35							}	,,	0	107 000	10 527	
FORMER DIRECTOR 49.00 X 0. 231,047. 17,37 (9) DAVID H. WILLS 0.00 X 0. 232,572. 23,22 (10) KENNETH M. BOWERS 0.00 X 0. 190,000. 22,35 (11) DAVID D. JOHNSON 0.00			-	-		┞	├	A	0.	197,023.	10,537.	
(9) DAVID H. WILLS FORMER DIRECTOR & PRESIDEN (10) KENNETH M. BOWERS FORMER SECRETARY (11) DAVID D. JOHNSON O.00 X 0.0232,572. 23,22 0.190,000. 22,35				1]	x	O.	231 047	17 377	
FORMER DIRECTOR & PRESIDEN 20.00 X 0. 232,572. 23,22 (10) KENNETH M. BOWERS 0.00 X 0. 190,000. 22,35 (11) DAVID D. JOHNSON 0.00			\vdash	\vdash		┝	┢	-		231,01,0	2.,3,,,	
(10) KENNETH M. BOWERS]	$ _{\mathbf{X}} $	0.	232,572.	23,228.	
(11) DAVID D. JOHNSON 0.00	(10) KENNETH M. BOWERS							П				
			L_,	Ш		L_		X	0.	190,000.	22,355.	
FORMER TREASURER 49.00 X 0. 189,566. 22,21				(;		l	l	_		100 566	00 040	
	FORMER TREASURER	49.00	_	<u> </u>		╙	Ļ.	X	0.	189,566.	22,212.	
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Pai	T VII Section A. Officers, Directors, Tru		ploy	ees			ighe	st C	Compensated Employe	es (continued)				
	(A) (B)				_	C)			(D)	(E)	[(F)	
	Name and title	Average hours per	Position (do not check more than one						Reportable	Reportable		Estimate		
		week					ıs bot or/trus		compensation	compensation from related			nount other	
		(list any	į	Ī	Π			Г	the	organization			pensa	
		hours for	a a		l	Ì	sated	ĺ	organization	(W-2/1099-MI	SC)		om th	
		related organizations	trustee or director	truste			beusa		(W-2/1099-MISC)	}	1	_	anızat	
		below	leal fr	tonal	1	ploye	at com	_	1	}	})	d relat anızatı	
		line)	Individual	Institutional trustee	Officer	Key employee	Highest compens employee	Former	<u> </u>	ļ 		J	a nzu	0113
			$\left[- \right]$											
				T			<u> </u>	-						
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			L	L	<u>. </u>			L		7			~ ~	=-
	Sub-total	## O							0.	1,717,7	90.	16	9,2	0.
	Total from continuation sheets to Part \ Total (add lines 1b and 1c)	/II, Section A							0.	1,717,7		16	9,2	
2	Total number of individuals (including but	not limited to th	nose	liste	ed al	bove	e) wt	no re						
	compensation from the organization												Yes	No.
3	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for			e, ke	ey er	nplo	yee.	, or	highest compensated e	mployee on	ſ	3	х	
4	For any individual listed on line 1a, is the s			amo	ensa	atior	n and	d oth	her compensation from	the organization	ŀ	-		
	and related organizations greater than \$15	•		-					•	J	ļ	4	X	
5	Did any person listed on line 1a receive or	•						elat	ed organization or indiv	idual for services	;	_		v
Sec	rendered to the organization? If "Yes," contion B. Independent Contractors	npietė Schedul	e J i	or s	ucn	pers	son					5		<u> </u>
1	Complete this table for your five highest complete this table for your five highest complete the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the	ompensated in	depe	ende	ent c	onti	racto	ors t	hat received more than	\$100,000 of cor	npens	ation f	rom	
	the organization Report compensation for										<u> </u>			
	(A) Name and busines	s address	N	INC	E			ł	(B) Description of s	services	С	(C ompe		n .
								7				<u> </u>		
								7						
								\dashv						
								-						
								-			L			
		 												
2	Total number of independent contractors \$100,000 of compensation from the organ		ot li	mıte	d to		se lis	stec	above) who received n	nore than				
53200												Form	990 (2015)

Form 990 (2015) Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII Revenue excluded from tax under sections 512 - 514 Related or Unreláted Total revenue exempt function business revenue revenue fts, Grants 1 a Federated campaigns **b** Membership dues 1b 1c c Fundraising events 2,133,251, 1đ d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f 9,772,208 9,690,205 g Noncash contributions included in lines 1a-1f \$ 11,905,459 h Total. Add lines 1a-1f Business Code Program Service Revenue 2 a f All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and 106,049 106,049. other similar amounts) Income from investment of tax-exempt bond proceeds 89,615 89,615. 5 Royalties (ı) Real (ii) Personal 532,863 6 a Gross rents 1,767,646. b Less. rental expenses <1,234,783. c Rental income or (loss) <1,234,783 <1,234,783.> d Net rental income or (loss) (ii) Other 7 a Gross amount from sales of (i) Securities 11,247,524. assets other than inventory b Less. cost or other basis 10,135,660 and sales expenses 1,111,864, c Gain or (loss) 1,111,864 1,111,864. 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 900000 OTHER INCOME 10,461 10,461. 11 a d All other revenue 10,461 e Total. Add lines 11a-11d 83,206. 11,988,665, 0. 0. Total revenue. See instructions. Form 990 (2015)

Form 990 (2015)

PROPERTY, INC.

Part-IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, Total expenses Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations 13,886,070. 13,886,070 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV. lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes 10 Fees for services (non-employees): Management 18,596. 18,596. Legal 100. $\overline{100}$. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 3,857 3,857 column (A) amount, list line 11g expenses on Sch O.) 12 Advertising and promotion 13 Office expenses Information technology 14 15 Royalties 16 Occupancy 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 2. 2. 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) PROPERTY TAXES 63,010. 63,010 MISCELLANEOUS PROPERTY 36,659. 36,659. 32,027. c COMMISSIONS 32,027. d OUTSIDE CONSULTANTS 10,775. 10,775. 6,459. 6,459. e All other expenses 14,057,555. 13,886,070 171,485. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Pa	rt-X-	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	954,555.	2	1,781,281.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	26,717.	4	25,889.
	5	Loans and other receivables from current and former officers, directors,			
	ì	trustees, key employees, and highest compensated employees. Complete		1	
	ł	Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
	1	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary	,		
St.	Į	employees' beneficiary organizations (see instr). Complete Part II of Sch L		_6_	
Assets	7	Notes and loans receivable, net	8,467,125.	7	6,762,548.
•	8	Inventories for sale or use	<u></u>	8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other		!	
		basis. Complete Part VI of Schedule D 10a 53,027,057.		1	
	b	Less, accumulated depreciation 10b 0.	56,547,656.		53,027,057.
	11	Investments - publicly traded securities	404	11	4.4 000 500
	12	Investments - other securities See Part IV, line 11	12,401,926.	12	14,028,729.
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets	0.000.040	14	0 504 406
	15	Other assets. See Part IV, line 11	2,889,249.	15	2,504,426.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	81,287,228.	16	78,129,930.
	17	Accounts payable and accrued expenses	683,684.	17	1,016,985.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	ļ	21	
ies	22	Loans and other payables to current and former officers, directors, trustees,			
Ħ	İ	key employees, highest compensated employees, and disqualified persons		Í	
Liabilities		Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X of	78,683.		76,060.
	06	Schedule D Tabel link illaina Add lines 17 through 95	762,367.	25 26	1,093,045.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶	702,307.	20	1,000,040.
m	İ	complete lines 27 through 29, and lines 33 and 34.		ł l	
Š	27	Unrestricted net assets	80,524,861.	27	77,036,885.
<u>la</u>	ı		00,521,0011	28	77,030,0031
8	28 29	Temporarily restricted net assets Permanently restricted net assets		29	 -
Ĕ	29	Organizations that do not follow SFAS 117 (ASC 958), check here			
F	1	and complete lines 30 through 34.			
ts c	30	Capital stock or trust principal, or current funds		30	1
Se	31	Paid-in or capital surplus, or land, building, or equipment fund	 	31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	 	32	
ž	33	Total net assets or fund balances	80,524,861.	33	77,036,885.
	34	Total liabilities and net assets/fund balances	81,287,228.		78,129,930.
		Total madificed and not additionally palations			Form 990 (0015)

Form **990** (2015)

NATIONAL CHRISTIAN FOUNDATION REAL PROPERTY, INC.

Form	1990 (2015) PROPERTI, INC.	20.	-200:) J	Pa	ge 12	
Pa	rt XI Reconciliation of Net Assets					_	
	Check if Schedule O contains a response or note to any line in this Part XI					X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,98			
2	Total expenses (must equal Part IX, column (A), line 25)	2		4,05			
3	Revenue less expenses. Subtract line 2 from line 1	3		2,06			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8	0,52	4,8	61.	
5	Net unrealized gains (losses) on investments	5	<:	2,07	4,9	99.	
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9		65	5,9	13.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10	7'	7,03	6,8	<u>85.</u>	
Pa	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII					<u></u> _	
					Yes	No	
1	Accounting method used to prepare the Form 990.					•	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				[
	separate basis, consolidated basis, or both:					•	
	Separate basis Consolidated basis Both consolidated and separate basis					İ	
b	Were the organization's financial statements audited by an independent accountant?			2b	X	<u> </u>	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis	,		ŀ	1	
	consolidated basis, or both				i	1	
	Separate basis Consolidated basis Both consolidated and separate basis					}	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c		X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch					ŀ	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Au	dıt			ا	
	Act and OMB Circular A-133?			3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired au	dıt			ļ	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	بيبا	<u> </u>	
				Form	990	(2015)	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

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.irs.gov/form990.

2015

Open to Public Inspection

Name of the organization NATIONAL CHRISTIAN FOUNDATION REAL Employer identification number PROPERTY 58-2655939 INC. 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). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 5 L 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). 6 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.) 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 11q. 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. J Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. 🔟 Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (III) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of listed in your organization (described on lines 1-9 support (see other support (see governing document? above (see instructions)) instructions) instructions) Yes No NATIONAL CHRISTIAN CHARITABLE FOUNDATI 58-1493949 7 X 11,424,114 11,424,114.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990 EZ) 2015 PROPERTY, INC. 58 – 2655939 Page 2

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not		1	İ		}	
	include any "unusual grants.")		<u></u>	<u> </u>		!	
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to			ľ		1	
	or expended on its behalf		<u> </u>	1	1	}	
3	The value of services or facilities		([
	furnished by a governmental unit to			[1	
	the organization without charge		<u> </u>		<u> </u>		l
4	Total. Add lines 1 through 3					,	
5	The portion of total contributions						
	by each person (other than a		j		1		
	governmental unit or publicly		ļ	ļ		ļ	
	supported organization) included		ł				
	on line 1 that exceeds 2% of the			i)	Ì	
	amount shown on line 11,						
	column (f)		1		ĺ		
6	Public support. Subtract line 5 from line 4						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4				<u> </u>		
8	Gross income from interest,			†			
	dividends, payments received on			Į.		Į	
	securities loans, rents, royalties		ľ	ľ		ĺ	
	and income from similar sources			<u> </u>			
9	Net income from unrelated business					ļ ⁻	
	activities, whether or not the					ľ	
	business is regularly carried on				L	1	
10	Other income. Do not include gain		ļ	(Į.	ļ	
	or loss from the sale of capital						
	assets (Explain in Part VI.)			<u> </u>			
11	Total support. Add lines 7 through 10		<u> </u>	L	<u> </u>		<u> </u>
	Gross receipts from related activities,	•	•			12	<u> </u>
13	First five years. If the Form 990 is for		s first, second, thii	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	
<u>e .</u>	organization, check this box and stop ction C. Computation of Publ	here	roontogo				
_						14	
	Public support percentage for 2015 (I			column (f))			
	Public support percentage from 2014	•			14 00 1/00/	15	%
169	33 1/3% support test - 2015. If the d	_			14 IS 33 1/3% OF I	nore, check this bo	x and
	stop here. The organization qualifies		<u>-</u>		d line 15 io 22 1/20	Cormora abasis th	
U	33 1/3% support test - 2014. If the c	_		•	1111 E 13 IS 33 1737	o or more, check if	iis box
170	and stop here. The organization qual	•			0 12 160 or 16b	and line 14 is 100/	
17a	10% -facts-and-circumstances test and if the organization meets the "fac	-	-				•
				•	•	irt vi now the organ	nzation _
	meets the "facts-and-circumstances" 10% -facts-and-circumstances test	-			-	170 and line 15 :-	10% or
0		•				•	
	more, and if the organization meets the organization meets the "facts-and-circ				-		`
12	Private foundation. If the organization						
10	1 114 ate 10 and a atom in the organizatio	GIO HOL OHECK A	DOX OIT III O TO, TO	.a, 100, 17a, 01 17		edule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2015 PROPERTY, INC. 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

Se	ction A. Public Support	ciow, picase com	piete i ait ii.j	-			
Cale	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and			1		1	
	membership fees received. (Do not		1	}	\	1	ł
	include any "unusual grants.")		ł		ļ		l
2	Gross receipts from admissions.				 		
	merchandise sold or services per-]	1]	
	formed, or facilities furnished in		i	1		ĺ	<u> </u>
	any activity that is related to the organization's tax-exempt purpose	I	{	}	}		1
3	Gross receipts from activities that			 	 	 	
Ŭ	are not an unrelated trade or bus-		ł	Į.		1	l
	iness under section 513	I	1	ľ			
4	Tax revenues levied for the organ-		 	 -		 	}
7	ization's benefit and either paid to	I	1			1	
	or expended on its behalf	į	[{		1	{
_	The value of services or facilities		 -	 	 	 	
3	fumished by a governmental unit to					1	ł
	the organization without charge	ļ	1]		Ì	
_			 		 	 	
	Total. Add lines 1 through 5		 		 	 	
12	Amounts included on lines 1, 2, and 3 received from disqualified persons	l		1	}	1	ł
	Amounts included on lines 2 and 3 received		 	 	 	 	
•	from other than disqualified persons that]
	exceed the greater of \$5,000 or 1% of the	}	1]		Ì	
	amount on line 13 for the year		 		 	 	
	Add lines 7a and 7b		 	 			
8	Public support. (Subtract line 7c from line 6.)		L	<u> </u>			
_		(-) 0011	(*) 2010	T (1)0040	T (0.0014	1.10045	
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6 Gross income from interest,		 	 	 	 	
IUž	dividends, payments received on		1		1	1	
	securities loans, rents, royalties		\	{	}	}	}
	and income from similar sources	 _			 	 	
t	Unrelated business taxable income		İ	l		İ	1
	(less section 511 taxes) from businesses		ļ]	}		1
	acquired after June 30, 1975					 	
	Add lines 10a and 10b				 	}	
11	Net income from unrelated business activities not included in line 10b.		į	i		ł	1
	whether or not the business is	ı	Į			1	ĺ
40	regularly carried on				 	 	
12	Other income. Do not include gain or loss from the sale of capital		Ì	ĺ]	
	assets (Explain in Part VI)		 	<u> </u>	 	<u> </u>	
	Total support. (Add lines 9, 10c, 11, and 12)		l	L	L	<u> </u>	L
14	First five years. If the Form 990 is for	the organization	s first, second, thu	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organi	zation,
	check this box and stop here	- 0					
_	ction C. Computation of Publ						
	Public support percentage for 2015 (I		•	column (f))		15	
	Public support percentage from 2014					16	%
	ction D. Computation of Inves					T.=T	
	Investment income percentage for 20			ne 13, column (f))		17	
18	. •				e.	18	%
198	33 1/3% support tests - 2015. If the	-		•			1/ Is not
	more than 33 1/3%, check this box at		-		-		
t	33 1/3% support tests - 2014. If the	_			·		
	line 18 is not more than 33 1/3%, che		-	•	, ,	-	▶ ;;;
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	₽└

Part-IV Supporting Organizations

(Complete only if you checked a box in line 11 on 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 S	upporting	Orga	nizations
------------	-------	-----------	------	-----------

- 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.
 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- B 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 or 990-EZ).
- **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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

_		Yes	No
	1	x	
	2		x
	3a		х
	3b		
	3c		
L	4a		х
	4b		
	4 c		
	5 a		x
	5b		
	5c		
	6		x
	7		х
	8		X
	9a		<u> </u>
	9b		X
	9c		X
	10a		X

NATIONAL CHRISTIAN FOUNDATION REAL Schedule A (Form 990 or 990-EZ) 2015 PROPERTY, INC.

Sche	edule A (Form 990 or 990-EZ) 2015 PROPERTY, INC.	58-265593	9 P	age 5
Pa	rt-IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	1	{	ł
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	ļ,	1	
	below, the governing body of a supported organization?	11a		X
b	A family member of a person described in (a) above?	11b	L	Х
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	L	X
Sec	tion B. Type I Supporting Organizations		,	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		1	Ì
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the)	Ì
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		}	1
	controlled the organization's activities. If the organization had more than one supported organization,		}	İ
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			•
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	X	<u> </u>
2	Did the organization operate for the benefit of any supported organization other than the supported	1	ļ	l
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	1	ļ	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	1 _		
Cas	supervised, or controlled the supporting organization	2	<u> </u>	X
Sec	tion C. Type II Supporting Organizations		1.	T
	Many a majority of the agreement only discretized by the story of the territory of the discretized	[Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	\	i	}
	or management of the supporting organization was vested in the same persons that controlled or managed	· ·		<u> </u>
	the supported organization(s)			
Sec	tion D. All Type III Supporting Organizations		<u> </u>	<u> </u>
000	ton 5. All 1990 in deporting diganizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	NO
,	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax]]	1
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	}]	Ì
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		l
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			_
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	İ	
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see inst	ructions):		
а	The organization satisfied the Activities Test. Complete line 2 below			
þ	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	y (see instructions)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	!	ļ I	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	· · · · · · · · · · · · · · · · · · ·		
	how the organization was responsive to those supported organizations, and how the organization determined		į	
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	1]	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1	ן ן	
	reasons for the organization's position that its supported organization(s) would have engaged in these	} '	i '	İ
_	activities but for the organization's involvement.	2b		<u> </u>
3	Parent of Supported Organizations Answer (a) and (b) below.	}	[
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			l
	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	<u>3a</u>	 	├
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	[l
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.] 3b		<u> </u>

SCITE	edule A (Form 990 or 990-EZ) 2015 PROPERTY, INC.			8-2655939 _{Page}
Pa	rt=V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970. See instr	uctions. All
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Pnor Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI).			<u> </u>
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 pnor year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly-integrate	ed Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2015

	dule A (Form 990 or 990 EZ) 2015 PROPERTY, INC	· · · · · · · · · · · · · · · · · · ·		8-2655939 Page 7
Ь—	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			ļ
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	IS	
4	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
<u></u>	Total annual distributions. Add lines 1 through 6			<u> </u>
8	Distributions to attentive supported organizations to which t	he organization is responsive	9	1
	(provide details in Part VI). See instructions.			
9_	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
				Amount for 2010
1	Distributable amount for 2015 from Section C, line 6			<u> </u>
2	Underdistributions, if any, for years prior to 2015]		
	(reasonable cause required-see instructions)			ļ
3	Excess distributions carryover, if any, to 2015	<u> </u>		
a				<u> </u>
p				
c				
d	From 2013			
e	From 2014			
f	Total of lines 3a through e		<u> </u>	
g	Applied to underdistributions of prior years			<u> </u>
<u>h</u>	Applied to 2015 distributable amount			
i_				<u></u>
_ <u>j</u> _	Remainder Subtract lines 3g, 3h, and 3i from 3f		<u> </u>	
4	Distributions for 2015 from Section D,			
	line 7 \$			
a	Applied to underdistributions of prior years			
<u> </u>	Applied to 2015 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any Subtract lines 3g and 4a from line 2 (if amount	ļ		
	greater than zero, see instructions)			
6	Remaining underdistributions for 2015 Subtract lines 3h	1		
	and 4b from line 1 (if amount greater than zero, see	ļ ,		
	instructions)			<u></u>
7	Excess distributions carryover to 2016. Add lines 3j]		
	and 4c.			
8	Breakdown of line 7			
a				
<u> </u>				
c	Excess from 2013			
d	Excess from 2014			L
_	Excess from 2015			1

Schedule A (Form 990 or 990-EZ) 2015

Schedule A	Form 990 or 990 EZ) 2015 PROPERTY, INC. 56-2055959 Page 8
-Part:VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1, Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions)
	(See Instructions)
	
-	

SCHEDULE D

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on 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.lrs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

NATIONAL CHRISTIAN FOUNDATION REAL

Employer identification number 58-2655939

PROPERTY. INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 70 Total number at end of year 1 11,905,459. Aggregate value of contributions to (during year) 13,538,564. Aggregate value of grants from (during year) 77,138,885. Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds X Yes are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring X Yes impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. Total number of conservation easements **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure 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 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 532051 11-02-15

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Schedule D (Form 990) 2015

NATIONAL CHRISTIAN FOUNDATION REAL PROPERTY, INC.

Sche	dule D (Form 990) 2015 PROPERT	Y, INC.					!	58-26	55939	Page 2
Par	t'III Organizations Maintaining C	collections of A	rt, Histo	rical Tr	easures, or Oth	ier S	Simil	ar Asse	ts(continu	ued)
3	Using the organization's acquisition, accessing the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the compa	on, and other record	ls, check a	any of the	following that are a	signit	ficant	use of its	collection	rtems
а	Public exhibition	d		an or excl	nange programs					
b	Scholarly research	e		ther	iango programo					
c	Preservation for future generations	•								
4	Provide a description of the organization's co	ollections and explai	n how the	v further th	ne organization's ex	emnt	חוות	se in Par	1 XIII	
5	During the year, did the organization solicit of							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	• • • • • • • • • • • • • • • • • • • •	
Ū	to be sold to raise funds rather than to be ma					u . u o.	3010	[Yes	☐ No
Par	t IV Escrow and Custodial Arran	gements. Comple				n For	m 990), Part IV,		
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for co	ontribution	s or other assets no	ot incl	uded	_	_	
	on Form 990, Part X?	-						느	」 Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing tal	ble:		r				
						- 1			Amount	
С	Beginning balance					ļ	1c			
d	Additions during the year					ļ	1d			
е	Distributions during the year					- 1	1e			
f	Ending balance					Į	1f			
	Did the organization include an amount on F					_		L_	∐ Yes	⊢ No
	If "Yes," explain the arrangement in Part XIII									
Par	t V Endowment Funds. Complete						-		T	
		(a) Current year	(b) Pric	or year	(c) Two years back	(d)	inree y	rears back	(e) Four	years back
1a	Beginning of year balance					╄			<u> </u>	
ь	Contributions					╄			 	
С	Net investment earnings, gains, and losses					├ ─			 	
	Grants or scholarships					-			 	
e	Other expenditures for facilities				ı	ŀ			ł	
	and programs					↓_			}	
f	Administrative expenses					↓ —				
g	End of year balance	L	L			Ц.			L	
2	Provide the estimated percentage of the cur	rent year end baland	e (line 1g,	column (a	ı)) held as					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	· ·								
3a	Are there endowment funds not in the posse	ession of the organiz	ation that	are held a	nd administered for	the	organi	zation	г	
	by									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations		٠						3a(ii)	 -
_	If "Yes" on line 3a(ii), are the related organization								3b	
Pai	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipn		owment tu	nas.						
	Complete if the organization answere	d "Yes" on Form 99	0, Part IV,	line 11a. S	See Form 990, Part	X, line	10.			
	Description of property	(a) Cost or o		(b) Cost			mulate		(d) Book	value
		basis (investi		basis	(other) d	epred	ation			
1a	Land	42,844,						4	2,844	1,867.
b	Buildings	10,182,	190.						.0,182	2,190.
c	Leasehold improvements									
d	Equipment							L		
e	Other									
Tota	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column	n (B), line 1	10c)			▶ 5	3,02	7,057.

Schedule D (Form 990) 2015

MALLOHAD	CIMITOTIAN	٠
DDADEDWA	TNC	

chedule D (Form 990) 2015	PROPERTY,	INC.	 5 <u>8</u> - <u>2</u> 655939	Page 3
13/11	OH O = TA!		 	

Complete if the organization answered "Yes"	on Form 990 Part IV	line 11b. See Form 990	Part X line 12	
(a) Description of security or category (including name of security)	(b) Book value			f-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A) INTERESTS IN LIMITED				
(B) PARTNERSHIPS	1,002,66		EAR MARKET	
(C) INTERESTS IN LLC'S	13,026,06	5. END-OF-Y	EAR MARKET	VALUE
(D)				
(E)				
(F)				
(G)				
(H)	14 000 77	<u>, </u>		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	14,028,72	29.		
Part VIII Investments - Program Related.	F 400 F			
Complete if the organization answered "Yes" (a) Description of investment	on Form 990, Part IV			l-of-year market value
	(b) BOOK Value	(c) Metriod of V	aluation. Cost or end	roryear market value
(1)				
(2)				
(3)		- }		
(4)				
(5) (6)				
(7)			 	
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"	on Form 990, Part IV.	line 11d. See Form 990.	Part X. Ime 15.	
	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line	9 15)			
Part X Other Liabilities.				
Complete if the organization answered "Yes"	on Form 990, Part IV,		n 990, Part X, line 25	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes		76.060		
(2) ANNUITIES PAYABLE		76,060.		
(3)				
(4)				
(5)				
<u>(6)</u>				
<u>(8)</u>				
(9)		76 060		
Total. (Column (b) must equal Form 990, Part X, col (B) line	e 25) -	76,060.		

Schedule D (Form 990) 2015

532053 09-21-15

^{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

Sche	edule D (Form 990) 2015 PROPERTY, INC.		58-2655939 Page 4
Pa	rt-XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per F	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	1 1
b	Donated services and use of facilities .	2b	1 1
С	Recoveries of prior year grants	2c	1
d	Other (Describe in Part XIII)	2d	7)
e	Add lines 2a through 2d		1 2e
3	Subtract line 2e from line 1	-	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1 1
b	Other (Describe in Part XIII.)	4b	1
c	Add lines 4a and 4b		1 _{4c}
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
ΙPa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses per	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		TICLETTI.
		·	T 2 T
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.	اما	
a	Donated services and use of facilities	2a	-
p	Prior year adjustments	2b	-
C	Other losses	2c	4 1
d	Other (Describe in Part XIII)		-{ _
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1	1 1
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
р	Other (Describe in Part XIII.)	4b	<u>.</u> 1
С	Add lines 4a and 4b		l 4c l
•			
_5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5
_5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information.		
5 Pa		IV, lines 1b and 2b; Part V, line	5
5 Pa	rt XIII Supplemental Information.		5
5 Pa	rt XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part		5
Prov Innes	rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any add		5
Prov Innes	rt XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part		5
Pa Prov lines	rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any add RT X, LINE 2:	litional information.	5 4, Part X, line 2; Part XI,
Pa Prov lines	rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any add	litional information.	5 4, Part X, line 2; Part XI,
Provinces PAI	rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any add RT X, LINE 2: E FOLLOWING FOOTNOTE APPLIES TO THE CONSOL	IDATED FINANCIAL	5 4, Part X, line 2; Part XI, STATEMENTS OF
Provinces PAI	rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any add RT X, LINE 2:	IDATED FINANCIAL	5 4, Part X, line 2; Part XI, STATEMENTS OF
Provinces PAI	rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any add ATT X, LINE 2: E FOLLOWING FOOTNOTE APPLIES TO THE CONSOLE NATIONAL CHRISTIAN CHARITABLE FOUNDATION	IDATED FINANCIAL	5 4, Part X, line 2; Part XI, STATEMENTS OF
Provinces PAI	rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any add RT X, LINE 2: E FOLLOWING FOOTNOTE APPLIES TO THE CONSOL	IDATED FINANCIAL	5 4, Part X, line 2; Part XI, STATEMENTS OF
Provinces PAI	rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any add ATT X, LINE 2: E FOLLOWING FOOTNOTE APPLIES TO THE CONSOLE NATIONAL CHRISTIAN CHARITABLE FOUNDATION	IDATED FINANCIAL	5 4, Part X, line 2; Part XI, STATEMENTS OF
Provinces PAI	rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any add ATT X, LINE 2: E FOLLOWING FOOTNOTE APPLIES TO THE CONSOLE NATIONAL CHRISTIAN CHARITABLE FOUNDATION	IDATED FINANCIAL	5 4, Part X, line 2; Part XI, STATEMENTS OF
PAI THI	rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any add RT X, LINE 2: E FOLLOWING FOOTNOTE APPLIES TO THE CONSOLE NATIONAL CHRISTIAN CHARITABLE FOUNDATION GANIZATIONS:	IDATED FINANCIAL	5 4, Part X, line 2; Part XI, STATEMENTS OF PORTING
PAI THI	rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any add ATT X, LINE 2: E FOLLOWING FOOTNOTE APPLIES TO THE CONSOLE NATIONAL CHRISTIAN CHARITABLE FOUNDATION	IDATED FINANCIAL	5 4, Part X, line 2; Part XI, STATEMENTS OF PORTING
Pal Prov lines PAI THI ORG	rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any add RT X, LINE 2: E FOLLOWING FOOTNOTE APPLIES TO THE CONSOLE NATIONAL CHRISTIAN CHARITABLE FOUNDATION GANIZATIONS: COME TAX EXPENSE IS RECORDED FOR ACTIVITIES.	IDATED FINANCIAL , INC., AND SUPE	5 4, Part X, line 2; Part XI, STATEMENTS OF PORTING UNRELATED
Pal Prov lines PAI THI ORG	rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any add RT X, LINE 2: E FOLLOWING FOOTNOTE APPLIES TO THE CONSOLE NATIONAL CHRISTIAN CHARITABLE FOUNDATION GANIZATIONS:	IDATED FINANCIAL , INC., AND SUPE	5 4, Part X, line 2; Part XI, STATEMENTS OF PORTING UNRELATED
PAI TH: ORG	rt XIII Supplemental Information. Indeethe descriptions required for Part III, lines 3, 5, and 9; Part III, lines 1a and 4, Part 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any add and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any add and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any add and 4b, and Part XIII, lines 1a and 4, Part 2d and 4b, and Part XIII, lines 1a and 4, Part 2d and 9; Part III, lines 1a and 4, Part 2d and 9; Part III, lines 1a and 4, Part 2d and 9; Part III, lines 1a and 4, Part 2d and 9; Part III, lines 1a and 4, Part 2d and 9; Part III, lines 1a and 4, Part 2d and 9; Part III, lines 1a and 4, Part 2d and 9; Part III, lines 1a and 4, Part 2d and 9; Part III, lines 1a and 4, Part III, lines 1a and 4, Part III, lines 1a and 4, Part III, lines 1a and 4, Part III, lines 1a and 4, Part III, lines 1a and 4, Part III, lines 1a and 4, Part III, lines 1a and 4, Part III, lines 1a and 4, Part III, lines 1a and 4, Part III, lines 1a and 4, Part III, lines 1a and 4, Part III, lines 1a and 4, Part III, lines 1a and 4, Part III, lines 1a and 4, Part III, lines 1a and 4, Part III, lines 1a and 4, Part III, lines 1a and 4, Part III, lines 1a and 4, Part III, lines 1a and 4, Part III, lines 1a and 4, Part III, lines 1a and 4, Part III, lines 1a and 4, Part III, lines 1a and 4, Part III, lines 1a and 4, Part III, lines 1a and 4, Part III, lines 1a and 4, Part III, lines 1a and 4, Part III, lines 1a and 4, Part III, lines 1a and 4, Part III, lines 1a and 4, Part III, lines 1a and 4, Part III, lines 1a and 4, Part III, lines 1a and 4, Part III, lines 1a and 4, Part III, lines 1a and 4, Part III, lines 1a and 4, Part III, lines 1a and 4, Part III, lines 1a and 4, Part III, lines 1a and 4, Part III, lines 1a and 4, Part III, lines 1a and 4, Part III, lines 1a and 4, Part III, lines 1a and 4, Part III, lines 1a and 4, Part III, lines 1a and 4, Part III, lines 1a and 4, Part III, lines 1a and 4, Part III, lines 1a and 4, Part I	IDATED FINANCIAL , INC., AND SUPE S THAT GENERATE XABLE INCOME THE	4, Part X, line 2; Part XI, STATEMENTS OF PORTING UNRELATED ROUGH
PAI TH: ORG	rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any add RT X, LINE 2: E FOLLOWING FOOTNOTE APPLIES TO THE CONSOLE NATIONAL CHRISTIAN CHARITABLE FOUNDATION GANIZATIONS: COME TAX EXPENSE IS RECORDED FOR ACTIVITIES.	IDATED FINANCIAL , INC., AND SUPE S THAT GENERATE XABLE INCOME THE	4, Part X, line 2; Part XI, STATEMENTS OF PORTING UNRELATED ROUGH
PAI THI ORG	THE XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any add RT X, LINE 2: E FOLLOWING FOOTNOTE APPLIES TO THE CONSOLE NATIONAL CHRISTIAN CHARITABLE FOUNDATION GANIZATIONS: COME TAX EXPENSE IS RECORDED FOR ACTIVITIES INESS INCOME. THE FOUNDATION GENERATES TAY VESTMENT TRANSACTIONS. THE FOUNDATION ACCE	IDATED FINANCIAL , INC., AND SUPF S THAT GENERATE XABLE INCOME THE	4, Part X, line 2; Part XI, STATEMENTS OF PORTING UNRELATED ROUGH F S-CORPORATION
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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

▶ Attach to Form 990.

1700	CI 07	Open to Public	Inspection
			_

OMB No 1545-0047

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

ž [] **Employer identification number** 58-2655939 X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection NATIONAL CHRISTIAN FOUNDATION REAL Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part I General Information on Grants and Assistance INC. criteria used to award the grants or assistance? PROPERTY, Name of the organization Part II

recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	\$5,000. Part II can	be duplicated if additi-	onal space is need	Jed.			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL CHRISTIAN CHARITABLE FDN, INC 11625 RAINWATER DRIVE, STE 500 - ALPHARETTA, GA 30009	58-1493949	501(C)(3)	11,424,114.	0.	САЅН		SUPPORT OF GRANT-MAKING
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government or	ganizations listed in the	e line 1 table				•

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

Schedule I (Form 990) (2015)

Page 2

58-2655939

Schedule I (Form 990) (2015) PROPERTY, INC.

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed Part III

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) THE ORGANIZATION DOES NOT MONITOR THE USE OF FUNDS GRANTED TO ORGANIZATIONS RELIGIOUS, CHARITABLE, EDCATIONAL OR OTHER PURPOSES DESCRIBED IN THAT CODE Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. THOSE ORGANIZATIONS QUALIFY AS EXEMPT FROM FEDERAL INCOME TAX UNDER CODE IN THE UNITED STATES SINCE IT GRANTS FUNDS TO ORGANIZATIONS HERE ONLY IF SECTION 501(C)(3) AND THEREFORE, ARE BOUND TO USE SUCH FUNDS ONLY FOR (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance PART I, LINE 2: SECTION Schedule I (Form 990) (2015)

SCHEDULE-J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

NATIONAL CHRISTIAN FOUNDATION REAL PROPERTY, INC.

Employer identification number 58-2655939

Pa	rt I Questions Regarding Compensation			
_			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	1 1		{
	First-class or charter travel Housing allowance or residence for personal use	1 1		1
	Travel for companions Payments for business use of personal residence	1 1		l
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
) 1		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or) 1		1
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		1 _
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		<u> </u>
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			l
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to	1 1		1
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract	1 1		ì
	Independent compensation consultant Compensation survey or study	1 1		í
	Form 990 of other organizations Approval by the board or compensation committee	1 1		ſ
		1 1		1
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	1 1		1
	organization or a related organization:	1 1		l
а	Receive a severance payment or change-of-control payment?	4a	L	X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	1 1		
		1 1		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	1 1		Í
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	1 1		1
	contingent on the revenues of.	J {		
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	1 1		1
	contingent on the net earnings of:	1 1		Ì
а	The organization?	6a		X
þ	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			1
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	1 1		[
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	ınıtıal contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			1
	Regulations section 53 4958-6(c)?	9		<u> </u>
LH/	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	J (Form	n 990	2015

58-2655939

INC.

PROPERTY, Schedule J (Form 990) 2015

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(i)(a)	in column (B) reported as deferred on prior Form 990
(1) TERRILL A. PARKER	Ξ	0	0	0	0	0	0	0
FORMER DIRECTOR & VP	: 3	237,777.	0	0	4,756.	0	242,533.	0
(2) WILLIAM WILLIAMS	Ξ	0	0.	0	0	0		0
IER DIRECTOR & PRESIDENT	(ii)	197,02		0.	4,001.	6,536.	207,560.	0
(3) GREGORY L. SPERRY	ε	1 1	0.	0	0.			0
FORMER DIRECTOR	(ii)	226,50	4,	0	4,659.	12,718.	248,424.	0
(4) DAVID H. WILLS	Ξ		0	0	0			0
FORMER DIRECTOR & PRESIDEN	(11)	227,95	4,	0	4,734.	18,494.	255,800.	0
(5) KENNETH M. BOWERS	ε		0	0	0	1		0
FORMER SECRETARY	€	186,26	3,	0	3,883.	18,472.	212,355.	0
(6) DAVID D. JOHNSON	Θ			0	0			0
FORMER TREASURER	(ii)	185,68	3,883.	0	3,740.	18,472.	211,77	0
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Schedule J (Form 990) 2015

NATIONAL CHRISTIAN FOUNDATION REAL PROPERTY, INC.

Schedule J (Form 990) 2015

58-2655939

Page 3

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

Schedule J (Form 990) 2015

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Open To Public Inspection

Name of the organization

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990. NATIONAL CHRISTIAN FOUNDATION REAL

PROPERTY, INC.

Employer identification number 58-2655939

Schedule M (Form 990) (2015)

Part I Types of Property (d) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts tems contributed Form 990, Part VIII, line 1g Art - Works of art Art · Historical treasures Art - Fractional interests 3 Books and publications Clothing and household goods Cars and other vehicles 6 7 Boats and planes Intellectual property 8 9 Securities - Publicly traded 10 Securities - Closely held stock Securities - Partnership, LLC, or 5,341,805.APPRAISED FMV 11 trust interests X 12 Securities - Miscellaneous 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 2,306,500.APPRAISED FMV $\bar{\mathbf{x}}$ 15 Real estate - Residential X 2,041,900.APPRAISED FMV Real estate - Commercial 16 17 Real estate - Other Collectibles 18 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts Scientific specimens 23 Archeological artifacts 24 25 Other > 26 Other 27 Other 28 Other Number of Forms 8283 received by the organization during the tax year for contributions 26 for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a X b If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? Х 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X contributions? 32a b If "Yes," describe in Part II 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

532141 08-21-15

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Schedule M (Form 990) (2015) PROPERTY, INC.	58-2655 <u>939</u> Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, is reporting in Part I, column (b), the number of contributions, the number of items received, or a contitution part for any additional information	, and whether the organization
SCHEDULE M, LINE 32B:	·
THE ORGANIZATION WORKS WITH NUMEROUS LOCAL CHRISTIAN FOUN	DATIONS
LOCATED THROUGHOUT THE UNITED STATES. ALTHOUGH THIS ORGA	NIZATION DOES
NOT CONTROL THOSE FOUNDATIONS, THE LOCAL FOUNDATIONS ENCO	URAGE
POTENTIAL DONORS TO CONTRIBUTE NON-CASH ASSETS TO THIS OR	GANIZATION.
THE ORGANIZATION CONTRACTS WITH NUMEROUS UNRELATED BROKER	S TO SELL ITS
NON-CASH ASSETS. NATIONAL CHRISTIAN CHARITABLE FOUNDATION	, INC. ALSO
PROVIDES ADMINISTRATIVE SERVICES.	
	
·	

Schedule M (Form 990) (2015)

532142 08-21-15

SCHEDULE O

Internal Revenue Service

Department of the Treasury

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.

2015
Open to Public Inspection

Name of the organization

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

NATIONAL CHRISTIAN FOUNDATION REAL Emplo
PROPERTY, INC. 58

Employer identification number 58-2655939

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: INC. AND OTHER CHARITABLE ORGANIZATIONS IN THE SAME CLASS. FORM 990, PART VI, SECTION B, LINE 11: LINE 11A EXPLANATION - THE DRAFT FORM 990 IS PREPARED BY THE TAX COMPLIANCE MANAGER AND COMPARED WITH THE AUDITED FINANCIALS. THE DRAFT IS REVIEWED BY LEGAL COUNSEL, WHO PROVIDES FEEDBACK TO THE TAX COMPLIANCE MANAGER. IF CHANGES ARE MADE TO THE FORM, THE TAX COMPLIANCE MANAGER PROVIDES THE REVISED FORM TO THIS INDIVIDUAL FOR ANOTHER REVIEW. ONCE ALL SUGGESTED CHANGES HAVE BEEN TAKEN INTO ACCOUNT, A FINAL FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS WITHOUT THE LENGTHY SCHEDULE B FOR INFORMATIONAL PURPOSES ONLY. FINALLY, THE FORM IS FILED WITH THE INTERNAL REVENUE SERVICE. FORM 990, PART VI, SECTION C, LINE 19: NATIONAL CHRISTIAN FOUNDATION REAL PROPERTY, INC.'S AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON NCF'S WEBSITE AND UPON REQUEST. NATIONAL CHRISTIAN FOUNDATION REAL PROPERTY, INC.'S ARTICLES OF INCORPORATION ARE AVAILABLE FROM THE SECRETARY OF STATE. NATIONAL CHRISTIAN FOUNDATION REAL INC.'S BYLAWS AND OTHER SIGNIFICANT OPERATIONAL POLICIES ARE NOT PROPERTY, AVAILABLE TO THE PUBLIC. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: SHAREHOLDER DISTRIBUTION 660,953. CHANGE IN VALUE OF ANNUITIES AND TRUSTS -5,040. TOTAL TO FORM 990, PART XI, LINE 9 655,913. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2015) 532211 09-02-15

Name o	f the organ	ızation	LAN	ION	L CH	RISTIA NC.	N FO	UND	ATION	I RE	AL			Employer identification number 58-2655939
FORM	990,	PART	VI		NE 1	5B COM	IPENS	ATI	ON_					
THE	ORGAN	IZATI	ON	DOES	TON	ENGAG	E IN	Α	PROCE	ess i	FOR I	ETER	IIM	IING
COMP	ENSAT	ION F	OR	THE	LIST	ED PER	SONS	BE	CAUSE	IT	PAYS	NO	COM	PENSATION TO
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SCHEDULE R (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

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.

NATIONAL CHRISTIAN FOUNDATION REAL

2015 Open to Public Inspection

OMB No 1545-0047

Employer identification number 58-2655939

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

(a)	(q)	(2)	9	<u> </u>	ε
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
NCCF SUPPORT 100, LLC - 58-2655939					
12910 SHELBYVILLE RD., STE 137					NATIONAL CHRISTIAN FDN
LOUISVILLE, KY 40243	HOLDS LLC.	KENTUCKY	<59.	28.	28. REAL PROPERTY, INC.
ZECHARIAH, LLC - 58-2655939					
860 SEREDIPITY DRIVE					NATIONAL CHRISTIAN FDN
AURORA, IL 60504	HOLDS REAL ESTATE	ILLINOIS	<32,491.	695,477.	695, 477. REAL PROPERTY, INC.
HOTHOUSE TOWNSHIP, LLC - 58-2655939					
11 LUMPKIN STREET, SUITE 200					NATIONAL CHRISTIAN FDN
LAWRENCEVILLE, GA 30045	HOLDS REAL ESTATE	GEORGIA	<12,851.		467,920 REAL PROPERTY, INC.
GRANT ACTS 434, LLC - 58-2655939					
PO BOX 524					NATIONAL CHRISTIAN FDN
ALPHARETTA, GA 30009-0524	HOLDS REAL ESTATE	GEORGIA	<3,850.		1,127,473,REAL PROPERTY, INC.

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

990) 2015	Form (Schedule R (Form 990) 2015				s for Form 990,	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
×		INC.	11 I	501(C)(3)	GEORGIA	GRANT MAKING	ALPHARETTA, GA 30009-8678
		CHARITABLE FDN,					30-0209280, 11625 RAINWATER DRIVE, STE 500,
		NTL CHRISTIAN					NATIONAL CHRISTIAN FOUNDATION, INC
×		INC.	11 I	501(C)(3)	FLORIDA	CHARITABLE TRUSTEESHIP	TAMPA, FL 33602
_		CHARITABLE FDN,					707 N. FRANKLIN STE 800
-		NTL CHRISTIAN					NCF CORPORATION - 20-4281656
×		INC.	11 I	501(C)(3)	GEORGIA	GRANT MAKING	ALPHARETTA, GA 30009-8678
		CHARITABLE FDN,					11625 RAINWATER DRIVE; STE 500
		NTL CHRISTIAN					NCCF SUPPORT, INC 58-2268010
×		N/A	7	501(C)(3)	GEORGIA	GRANT MAKING	ALPHARETTA, GA 30009-8678
_							58-1493949, 11625 RAINWATER DRIVE; STE 500,
							NATIONAL CHRISTIAN CHARITABLE FDN, INC
No	Yes		501(c)(3))				
entity?	•	entity	status (if section	section	foreign country)		of related organization
controlled	8	Direct controlling	Public charity	Exempt Code	Legal domicile (state or	Primary activity	Name, address, and EIN
(g)	Caction	Œ	(0)	(p)	(၁)	(9)	(a)

532161 09-08-15 LHA

NATIONAL CHRISTIAN FOUNDATION REAL PROPERTY, INC.

58-2655939

Schedule R (Form 990) PROPERTY, INC.

Part I Continuation of Identification of Disregarded Entities

					•
(a)	(q)	(0)	(Q)	(e)	(1)
Name, address, and EIN	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
of disregarded entity		foreign country)			entity
WAY JONE OF TAXESCHAPAMIC TITLE EQ JCEE030					
ZON 3/ INVESTMENTS, DEC					
2118 HARBOR VIEW COURT					NATIONAL CHRISTIAN FUN
SANTA CRUZ, CA 95062	HOLDS REAL ESTATE	CALIFORNIA	<128.	1,205.	1,205. REAL PROPERTY, INC.
NCT-1 COR 2:9, LLC - 58-2655939					
63 WINDY RIDGE LANE	HOLDS REAL ESTATE AND				NATIONAL CHRISTIAN FDN
KETTLE FALLS, WA 99141	PROMISSORY NOTE	FLORIDA	<37,415.	738,128.	738,128, REAL PROPERTY, INC.
NCT-103, LLC - 58-2655939					
PO BOX 524					NATIONAL CHRISTIAN FDN
ALPHARETTA, GA 30009-0524	HOLDS REAL ESTATE	FLORIDA	492,109.	1,000,755.	1,000,755.REAL PROPERTY, INC.
NCT-105, LLC - 58-2655939					
340 N. POTTEBAUM AVENUE					NATIONAL CHRISTIAN FDN
CASA GRANDE, AZ 85222	HOLDS REAL ESTATE	FLORIDA	<501,354.		REAL PROPERTY, INC.
NCT-104, LLC - 58-2655939					
1319 BAYOU DRIVE					NATIONAL CHRISTIAN FDN
OCEAN SPRINGS, MS 39564	HOLDS REAL ESTATE	FLORIDA	<17,157.	30,781.	REAL PROPERTY, INC.
NCT-112, LLC - 58-2655939					
PO BOX 97365	r	_			NATIONAL CHRISTIAN FDN
RALEIGH, NC 27614	HOLDS REAL ESTATE	FLORIDA	<600,164.	2,301,287.	2,301,287. REAL PROPERTY, INC.
NCT-119, LLC - 58-2655939					
10304 NE 62ND STREET					NATIONAL CHRISTIAN FDN
KIRKLAND, WA 98033	HOLDS REAL ESTATE	FLORIDA	<64,139.	705,562	REAL PROPERTY, INC.
TOUCHING LIVES II, LLC - 58-2655939					
PO BOX 674			-		WATIONAL CHRISTIAN FDN
WINDERMERE, FL 34786	HOLDS REAL ESTATE	FLORIDA	4.008,80	880,136	880,136, REAL PROPERTY, INC.
CLEVELAND HEIGHTS (LEE RD.) I, LLC -					
58-2655939, 4200 NORTHSIDE PKWY, NW, BLDG 2,				-4	NATIONAL CHRISTIAN FDN
SUITE 220, ATLANTA, GA 30327-3054	HOLDS REAL ESTATE	GEORGIA	<35,988.		4,247,491, REAL PROPERTY, INC.
MUSTARD SEED LAND FUND, LLC - 58-2655939					
3191 WOOD VALLEY ROAD				*	NATIONAL CHRISTIAN FDN
ATLANTA, GA 30327	HOLDS REAL ESTATE	GEORGIA	<8,655.	428,127.	428,127. REAL PROPERTY, INC.

58-2655939

NATIONAL CHRISTIAN FOUNDATION REAL PROPERTY, INC.

Schedule R (Form 990) PROPERTY, INC.

Part I Continuation of Identification of Disregarded Entities

1-1	3	1	(4)		5
8	(a)	(2)	6)	<u>e</u>	E
Name, address, and EIN	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
of disregarded entity		foreign country)			entrty
NCFRP-104, LLC - 58-2655939					
1110 EAST MISSOURI AVE,, STE, 200					NATIONAL CHRISTIAN FDN
PHOENIX, AZ 85014	HOLDS REAL ESTATE	GEORGIA	<3,133.	391,038.	REAL PROPERTY, INC.
NCFRP-103, LLC - 58-2655939					
1110 EAST MISSOURI AVE., STE. 200					NATIONAL CHRISTIAN FON
PHOENIX, AZ 85014	HOLDS REAL ESTATE	GEORGIA	<2,450.	261,122.	261,122.REAL PROPERTY, INC.
NCFRP-102, LLC - 58-2655939					
5121 MCKINNEY AVENUE					NATIONAL CHRISTIAN FDN
DALLAS, TX 75205	HOLDS REAL ESTATE	GEORGIA	•	0	REAL PROPERTY, INC.
NCFRP-101, LLC - 58-2655939					
4934 SAINT CROIX DRIVE					NATIONAL CHRISTIAN FDN
TAMPA, FL 33629	HOLDS REAL ESTATE	GEORGIA	<993.	.0	0. REAL PROPERTY, INC.
NCFRP-105, LLC - 58-2655939					
PO BOX 1643	_				NATIONAL CHRISTIAN FDN
GAYLORD, MI 49734	HOLDS REAL ESTATE	GEORGIA	3,663.	251,715.	251,715. REAL PROPERTY, INC.
SAUNDERS FAMILY REAL ESTATE LLC - 58-2655939					
1339 13TH AVENUE	`				MATIONAL CHRISTIAN FDN
COLUMBUS, GA 30901	HOLDS REAL BSTATE	GEORGIA	.0	55,110.	REAL PROPERTY, INC.
NCPRP-107, LLC - 58-2655939					
6232 98TH STREET NW					WATIONAL CHRISTIAN FON
MARYSVILLE, WA 98271	HOLDS REAL ESTATE	WASHINGTON	1,418.	834,948.	948. REAL PROPERTY, INC.
NCFRP-106, LLC - 58-2655939					
5203 DIVISION AVENUE				-	MATIONAL CHRISTIAN FON
SOUTH GRAND RAPIDS, MI 49548	HOLDS REAL ESTATE	GEORGIA	<29,592.	506,530.	530. REAL PROPERTY, INC.
NCT-140, LLC - 58-2655939			} } }		
3333 S. ORANGE AVE., STE 200	HOLDS BENEFICIAL INTERESTS				WATIONAL CHRISTIAN FON
ORLANDO, FL 32839	IN TRUSTS	FLORIDA	<11,484.	922,034.	922,034.REAL PROPERTY, INC.
NCPRP-109, LLC - 58-2655939					
10555 SOUTH WRIGHT ROAD				-	NATIONAL CHRISTIAN FDN
EAGLE, MI 48822	HOLDS REAL ESTATE	MICHIGAN	<202,803.	11,251.	11,251. REAL PROPERTY, INC.

NATIONAL CHRISTIAN FOUNDATION REAL PROPERTY, INC.

58-2655939

Schedule R (Form 990) PROPERTY, INC.

[Part] Continuation of Identification of Disregarded Entities

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Name, address, and EIN	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
of disregarded entity		foreign country)		-	entrty
NCFRP-112, LLC - 58-2655939					
719 EUCLID AVENUE					NATIONAL CHRISTIAN FON
BIRMINGHAM, AL 35213	HOLDS REAL ESTATE	GEORGIA	<1,898,837.	1,163.	1,163, REAL PROPERTY, INC.
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58-2655939

NATIONAL CHRISTIAN FOUNDATION REAL

INC.

PROPERTY,

Schedule R (Form 990)

Section 512(b)(13) controlled -Yes No × × × (f) Direct controlling CHARITABLE FDN, CHARITABLE FDN, CHARITABLE FDN WIL CHRISTIAN TL CHRISTIAN NTL CHRISTIAN entity INC. INC. INC. status (if section Public charity 501(c)(3)) e Exempt Code section 501(C)(3) 501(C)(3) 501(C)(3) Legal domicile (state or foreign country) LORIDA BORGIA EXAS Primary activity Part II Continuation of Identification of Related Tax-Exempt Organizations GRANT MAKING GRANT MAKING GRANT MAKING NCF CHARITABLE TRUST - 20-4326440 Name, address, and EIN of related organization GIVERS TRUST, INC. - 30-0075789 11625 RAINWATER DR; STE 500 ALPHARETTA, GA 30009-8678 952 ECHO LANE; SUITE 190 NCCF TRUST - 58-6370659 707 N. FRANKLIN STE 800 HOUSTON, TX 77024 TAMPA, FL 33602

532222 04-01-15

NATIONAL CHRISTIAN FOUNDATION REAL PROPERTY, INC.

Schedule R (Form 990) 2015

58-2655939 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 Part III

Page 2

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(8)	(q)	(c)	(p)	(e)	-	E	6)	_	Ξ	9	3	_	3
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	_		Share of total income	Share of end-of-year		Disproportionate	Code V-UBI		o Perc	General or Percentage managing ownership
		foreign country)		exciuded from tax under sections 512-514)	m tax under 512-514)		assets	1-	Ž	20 of Schedule K-1 (Form 1065)		19	
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Part IV Identification of Related Organizations Taxable as a Corporatio organizations treated as a corporation or trust during the tax year.	ganizations Taxable rporation or trust duri	as a Corpo	wation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related lear.	implete if the	organization a	mswered "Ye	s" on Form 99(), Part IV, I	ine 34 be	ecause it had	one or r	nore re	lated
(a)					9		(0)	ε	<u> </u>	(6)	ε	°	 = {
Name, address, and EIN of related organization	 ≧ c	Prim	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp,		Share of total income	—–– ∾ ਛੂ `	Share of end-of-year	Percentage ownership		512(b)(13) controlled entity?
				country)	i	5	(Sep			assats		Υes	S S
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Schedule R (Form 990) 2015

532162 09-08-15

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

Page 3

58-2655939

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes No	
1 Dunng the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	is with one or more r	elated organizations listed	ın Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	_			1a X	
b Gift, grant, or capital contribution to related organization(s)				1b X	
c Gift, grant, or capital contribution from related organization(s)				1c X	
d Loans or loan guarantees to or for related organization(s)				1d X	
 Loans or loan guarantees by related organization(s) 				1e X	
f Dividends from related organization(s)				# X	
g Sale of assets to related organization(s)				Ig X	
h Purchase of assets from related organization(s)				1h X	
i Exchange of assets with related organization(s)				1i X	
j Lease of facilities, equipment, or other assets to related organization(s)				1 ×	
k Lease of facilities, equipment, or other assets from related organization(s)				* *	
l Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			T X	
m Performance of services or membership or fundraising solicitations by related organization(s)	ınization(s)			1m X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			1n X	
 Shanng of paid employees with related organization(s) 				٠ ۲	
				=	
				د 1	
 Reimbursement paid by related organization(s) for expenses 				1g A	
r Other transfer of cash or property to related organization(s)				 	
				-	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete t	his line, including covered	relationships and transaction thresholds.		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved	
NATIONAL CHRISTIAN CHARITABLE FOUNDATION,	gr.	11 918 476 CASH	CASH		
NATIONAL CHRISTIAN CHARITABLE FOUNDATION,		704 363	HD KU C J C		
(Z) TUC.	 ر	474,304.	CASH		
(3)					
(4)					
(5)					
(9)					
532163 09-08-15	53		Schedule	Schedule R (Form 990) 2015	

58-2655939

Page 4

NATIONAL CHRISTIAN FOUNDATION REAL

INC.

PROPERTY, Schedule R (Form 990) 2015 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) or Percentage ng ownership			
(j) General or managing partner? Yes NO	 	 	
(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			
(h) Disproportionate aliocations?			
Share of DI end-of-year all			
(f) Share of total income			
Are all partners sec 501(c)(3) orgs Yes No			
(d) Predominant income particulated, intralated, intralated, excluded from tax under sections 512-514)			
(c) Legal domicile (state or foreign country)			
(b) Primary activity			
(a) (b) (c) (d) (d) (e) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e			

NATIONAL CHRISTIAN FOUNDATION REAL 58-2655939 Page 5 Schedule R (Form 990) 2015 PROPERTY, INC. Part-VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) FORM 990 SCHEDULE R, PART II FOR ADDITIONAL RELATED ORGANIZATIONS, SEE THE 2015 FORM 990 FOR NATIONAL CHRISTIAN CHARITABLE FOUNDATION, INC. 58-1493949.

532165 09-08-15

Schedule R (Form 990) 2015