

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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.

OMB No 1545-0047 h Open to Public Inspection

Department of the Treasury Information about Form 990 and its instructions is at www.irs.gov/form990. A For the 2016 calendar year, or tax year beginning and ending Check if C Name of organization D Employer identification number NATIONAL CHRISTIAN FOUNDATION REAL Address change PROPERTY, INC. Name change Doing business as 58-2655939 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return 11625 RAINWATER DRIVE 500 404.252.0100 termin-ated 25,496,043. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amende ALPHARETTA, GA 30009-8678 H(a) Is this a group return Applica-F Name and address of principal officer JOHN C. Yes X No for subordinates? SAME AS C ABOVE H(b) Are all subordinates included? I Tax-exempt status X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 If "No," attach a list (see instructions) J Website: ► WWW.NCFGIVING.COM H(c) Group exemption number ▶ K Form of organization: X Corporation Association Other -L Year of formation: 2001 M State of legal domicile: GA Part I Summary Briefly describe the organization's mission or most significant activities THE CORPORATION MAKES GRANTS FOR CHARITABLE PURPOSES TO NATIONAL CHRISTIAN CHARITABLE FOUNDATION, if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 0 Number of independent voting members of the governing body (Part VI, line 1b) 0 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a Ō. b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 11,905,459 16,067,246. 8 Contributions and grants (Part VIII, line 1h) 0 0. Program service revenue (Part VIII, line 2a) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,217,913 136,927. <1,134,707 <949,298.> 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11,988,665 15,254,875. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13,,886,070 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 8,252,119. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10 د ع شد 0 O. 0 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 125 NOV **U17** b Total fundraising expenses (Part IX, column (D), line 25) 100 171,485 263,552. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) [114,057,555 8,515,671. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 <2,068,890. 6,739,204. **Beginning of Current Year End of Year** 78,129,930 Total assets (Part X, line 16) ,056,648. 1,093,045 Total liabilities (Part X, line 26) 531,467. Net assets or fund balances. Subtract line 21 from line 20 77,036,885 84 525, Part II | Signature Block Under penalties of penalty I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign JOHN C. TANNER, VICE PRESIDENT Here Type or print name and title Date Print/Type preparer's name Preparer's signature Check Paid Preparer Firm's name Firm's EIN Use Only Firm's address Phone no.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

May the IRS discuss this return with the preparer shown above? (see instructions)

Form 990 (2016)

J No

Yes



NATIONAL CHRISTIAN FOUNDATION REAL

	1990 (2016) PROPERTY, INC.	58-2655939 Page 2
Рa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission.	
	THE CORPORATION MAKES GRANTS FOR CHARITABLE PURPOSES TO	NATIONAL
	CHRISTIAN CHARITABLE FOUNDATION, INC. AND OTHER CHARITAE	
	ORGANIZATIONS IN THE SAME CLASS.	728
	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
	If "Yes," describe these new services on Schedule O.	
_		Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	L Yes LA No
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs, the total expenses, and
	revenue, if any, for each program service reported.	•
4a	0.050.440	
4a		
	SUPPORTED THE MISSION AND PERFORMED FUNCTIONS OF THE NAT	
	CHARITABLE FOUNDATION, INC. BY OBTAINING CONTRIBUTIONS I	
	OF MAKING GRANTS TO IT AND TO TAX EXEMPT CHARITIES (NOT	PRIVATE GRANT
	MAKING FOUNDATIONS) IT SUPPORTS.	
	Emilio Toubillionby II bollowby	
		
4b	(Code) (Expenses \$ including grants of \$) (Revenue	ue\$)
		
		
4c	(Code) (Expenses \$ including grants of \$) (Revenue	ue \$
	, (100	······································
		
		
		
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 8,252,119.	
		Form 990 (2016)

PROPERTY, INC

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

complete Schedule G, Part III

Form 990 (2016) PROPERTY, INC.

Part IV Checklist of Required Schedules (continued)

			res	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	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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	ļ		
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			}
	complete Schedule L, Part II	26	_	Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	-,-	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
24	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	 		₩.
32	If "Yes," complete Schedule N, Part I	31		Х
JŁ	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N. Part II	00		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
~	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	20	x	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
•	Part V, line 1	24	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	 3		
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		х
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		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	<u> </u>		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	 		 -
	Note. All Form 990 filers are required to complete Schedule O	38	х	
			990	(2016)

a Ester the number reported in Box 3 of Form 1008 Enter 0.4 not applicable b Enter the number of Forms W 2G included in line 1s Enter 0.4 not applicable c Did the organization comply with backing with holding rules for reportable payments to vendors and reportable gaming gambling without minings to prize without put withouting rules for reportable payments to vendors and reportable gaming gambling withoutings to prize withouting rules for reportable payments to vendors and reportable gaming gambling withoutings to prize withouting rules for reportable payments to vendors and reportable gaming gambling withouting the calendary ser ending with or within the yair covered by this return led for the calendar year ending with or within the yair covered by this naturn D If all least one is reported on ine 2a, did the organization the all required federal employment tax returns? Note: If the set fined a form 950 -550, you may be required to e-file else instructions? 3a D dit the crysmization have unrelated business gross in norm of \$1,000 or more during the year? 3b If Yes, a file and form 950 -15 or the year? If Yes, 7 to line 3b, provided an explaination in Schedule 0 1 If Yes, a file and form 950 -15 or the year? If Yes, 7 to line 3b, provided an explaination in Schedule 0 1 If Yes, a file and form 950 -15 or the year of Yes, 7 to line 3b, provided an explaination in Schedule 0 1 If Yes, a file and form 950 -15 or the year or yes, 7 to a prohibited tax schedur transaction of any time during the tax year? 5b If Yes, a file and prayments or the organization file Form 9898-17 5c If Yes, a file and prayments or the organization file form 9898-17 5c If Yes, a file the organization and year that are normally greater than \$10,000, and did the organization solide with every schedulate or any time during the year or year of the year or year of year or year or year or year or year or year year. 5c If Yes, a file organization schedule with every schedule or year or year year year. 5c If Yes, a file the organization	<u> </u>	Check if Schedule O contains a response or note to any line in this Part V			
1a Enter the number reported in Box 3 of Form 1096 Enter 0 if not applicable be filter the number of Forms W20 (included in the 1a Enter-0 if not applicable of the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gaming) with your with seven with the seven with the seven of the payments of				Yes	No
c Dit the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize with even with a series of the provided of t	1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
gambing) winnings to prize winners? 2	b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
2a Eiter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, filled for the cachindar year and ending with or within the year covered by this return. b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to effe (see instructions) a Did the organization have unrelated blusness gross income of \$1,000 or more during the year? b If Yes, "has it filed a Form 990-T for this year? If You," to line 3b, provide an explanation in Schedule 0 b If Yes, "has it filed a Form 990-T for this year? If You," to line 3b, provide an explanation in Schedule 0 b If Yes, "has it filed a Form 990-T for this year? If You," to line 3b, provide an explanation in Schedule 0 b If Yes, "has it filed a Form 990-T for this year? If You," to line 3b, provide an explanation in Schedule 0 b If Yes, "to line 6 foreign country (such as a bank account, securities account, or other financial account? b If Yes, "to line 5 are 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? c If Yes, "to line 5 are 5b, did the organization file Form 8866-T? c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? b If Yes, "indicate the organization induce with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 organizations that may receive deductible contributions under section 170(c). a Did the organization secrete a payment in secsion 575 made party as contribution and party for goods and services provided to the payor? b If Yes, "indicate the number of Forms 8882 filed during the year Did the organization receive a payment in secsion of the value of the goods or services provided? b If Yes, "indicate the number of Forms 8882 filed during the year	C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Mote If a least one is reported on the 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a X		(gambling) winnings to prize winners?	1c		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business greater than 250, you may be required to e-file (see instructions) 5 If 'Yes,' has it filed a Form 990-Tri or this year? If 'No,' to line 3b, provide an explanation in Schedule 0 5 A 1 any time during the celeardy year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account?) 5 If 'Yes,' there the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 Was the organization aparty to a prinibited at scheft transaction at any time during the tax year? 5 Lod any taxable party notify the organization that if was or is a party to a prohibited tax shelter transaction? 5 Lod any taxable party notify the organization file Form 8886-T? 6 Does the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions; and the organization solicit any contributions that were not tax deductible as charitable contributions; and the organization receive a payment in secses of \$75 made party as contributions and party for goods and services provided to the payor? 6 Life Yes, 'indicate the number of Forms 8882 filled during the year 7 Lod the organization receive a normally demonstration and party for goods and services provided to the payor? 8 Life organization and pay funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 Lod the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 9 Lod the organization received any funds, directly o	2a				
Note: If the sum of lines 1a and 2 as greater than 250, you may be required to e-fife (see instructions) 3		filed for the calendar year ending with or within the year covered by this return			
3a Dat the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990.T for this year? If "No," to line 3b, provide an explanation in Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country Such as a bank account, securities account, or other financial accounts (FBAR). 5b If "Yes," either the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization and the district of the filing of the filing of the organization of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5b Was the organization for the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to the 15a or 5b, did the organization file Form 8886-T? 6c Organization state was receive deductible as charitable contributions? 6d If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6d If "Yes," did the organization on thify the donor of the value of the goods or services provided? 6d If "Yes," did the organization on thify the donor of the value of the goods or services provided? 6d If "Yes," did the organization on thify the donor of the value of the goods or services provided? 6d If "Yes," did the organization organizati	b		2b		
b If "Yes," has filled a Form 99.07 for this year? If "No," to line 36, provide an explanation in Schedule O 43 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account? b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 56 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 50 Did any taxable party notify the organization that it was or as a party to a prohibited tax shelter transaction? 50 If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 60 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chartable contributions? 50 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 61 Organizations that may receive deductible contributions under section 170(c). 62 If the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 63 If the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 72 If the organization received a contribution of the value of the goods or services provided? 73 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 74 If the organization received a contribution of cars, botats, airplanes, or other vehicles, did the organization file Form 8899 as required? 75 If the organization received a contribution of cars, botats, airplanes, or other vehicles, did the organization file Form 9899 as required? 75	_				v
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts)? b If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sa Was the organization party to a prohibited tax shelter transaction at any time during the tax year? b D da ny taxable party notify the organization that it was or as a party to a prohibited tax shelter transaction? 5b D case the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charable 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? 7b Organizations that may receive deductible contributions under section 170(c). a D dit ne organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? b If "Yes," indicate the number of Forms 8282 filed during the year c D dit the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f D dit the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7b D did the organization make any taxable distributions under section 4966? 8 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organizations maintaining donor advised funds. a D did the sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organizations maintaining donor advised funds. b Did the spons			\vdash		
If "Yes," enter the name of the foreign country ▶ If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). So Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization aparty to a prohibited tax shelter transaction? 5b DI and any taxbelle party notify the organization that it was or as party to a prohibited tax shelter transaction? 5c United States of St. did the organization file Form 8886-T? 5b Des the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 5c Des the organization receive an apparent in excess of \$5° and et party as a confirabition and partly for goods and services provided to the payor? 7b Organizations that may receive deductible contributions under section 170(c). 8b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8822? 7c If Did the organization makes any funds, circlety or indirectly, to pay premiums on a personal benefit contract? 7d If the organization receive any funds, circlety or indirectly, to pay premiums on a personal benefit contract? 7f If the organization receive any funds, circlety or indirectly, to pay premiums on a personal benefit contract? 7f If the organization receive any funds, circlety or indirectly, to pay premiums on a personal benefit contract? 7f If the organization received a contribution of cars, boats, anyfanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organization have excess business paylaness, or other vehicles		·	_3b		-
b If "Yes," enter the name of the foreign country	4a				v
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6c If Yes, "to line 5a or 5b, did the organization file Form 8886-T? 5b Des the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6c If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization applied that the section of the value of the goods or services provided to the payor? 7 If Yes," did the organization notify the donor of the value of the goods or services provided? 1 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 8 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 Did the organization qualified intellectual property, did the organization file Form 8899 as required? 1 If the organization received a contribution of qualified intellectual property, did the organization file Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 10 Section 501(c)(7) organizations. Enter 11 Indiation fees and capital contributions included on Part VIII, line 12 12 Gross income from other sources (Do not n			4a		-^- -
Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes," to line Sa or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charatible contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$76 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8989 as required? If If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8999 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1998-C? Sponsoring organization maintaining donor advised funds. Did a door advised fund maintained by the sponsoring organization make a distribution is under section 4966? Section 501(c)(1) organization make and path year lands. Did a door advised funds.	b	·			
b Old any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? of If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c	5a		52		x
c f "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? b f "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b f "Yes," did the organization notify the donor of the value of the goods or services provided? C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d f "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? Sponsoring organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Section 501(c)(1) organizations. Enter a Inflation fees and capital contributions included on Part VIII, line 12 10a 10a	_				
Sa Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year P Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 E X TI X Y If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 If Did the organization receive a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, amplanes, or other vehicles, did the organization file Form 8899 as required? If the organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. D Did the sponsoring organization make any taxable distributions under section 4966? B Did the sponsoring organization make any taxable distributions under section 4966? B Did the sponsoring organization make any taxable distributions under section 4966? B Did the sponsoring organization make any taxable distributions under section 4966? B Gross receipts, included on Form 900, Part VIII, line 12 B Gross receipts, included on Form 900, Part VIII, line 12 B Gross receipts, included on Form					_==-
any contributions that were not tax deductible as chantable contributions? b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 b if "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8828? d if "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 to X g if the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 to With the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7 th X 9 Sponsoring organization maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9 a X Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 b X Did the sponsoring organization make any taxable distributions under section 4966? 9 a Cather sponsoring organization make any taxable distributions under section 4966? 9 a Cather sponsoring organization make any taxable distributions under section 4966? 9 a Cather sponsoring organization make any taxable distributions under section 4966? 9 a Cather sponsoring organization make any taxable distributions under section 4966? 9 a Cather sponsoring organization make any taxable distributions under section 4966? 9 a C			<u></u>		
were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 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? 8 If "Yes." did the organization notify the donor of the value of the goods or services provided? 9 Did the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 10 If "Yes." indicate the number of Forms 8282 filed during the year end to divergination receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 10 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 11 If the organization received a contribution of diverse funds, and a donor advised funds. 12 Sponsoring organizations maintaining donor advised funds. 13 Did the sponsoring organizations maintaining donor advised funds. 14 Did the sponsoring organization make any taxable distributions under section 4966? 15 Section 501(c)(7) organizations. Enter a linitiation fees and capital contributions included on Part VIII, line 12 15 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 16 Gross income from members or shareholders 17 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 18 Section 501(c)(12) organizations. Enter 29 Section 501(c)(12) organizations in the standard form the payor in the amount of tax exempt interest received or accrued during the year 19 Section 501(c)(2) organizations in the standard from them organization fling Form 990 in lieu of Form 1041? 19 Section 4947(a)(1) non-exempt charitable trusts. Is the organization fling Form 990 in lieu of Form 1041? 19 Section 4947(a)(1) non-exempt on service and payore in the organization in schedule O 10 Enter the amount of reserves on hand 11			6a		Х
7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 The bif "Yes," dud the organization notify the donor of the value of the goods or services provided? C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? f If the organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. g Did the sponsoring organization make any taxable distributions under section 4966? g Did the sponsoring organization make any taxable distributions under section 4966? g Did the sponsoring organization make any taxable distributions under section 4966? g Did the sponsoring organization make any taxable distributions under section 4966? g Did the sponsoring organization make any taxable distributions under section 4966? g Did the sponsoring organization make any taxable distributions under section 4966? g Did the sponsoring organization make any taxable distributions under section 4966? g Did the sponsoring organization make any taxable distributions under section 4966? g Did the sponsoring organization make any taxable distributions under section 4966? g Did the sponsoring organization make any taxable distributions under section 4966? g Did the sponsoring organiz	b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b if "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d if "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7		were not tax deductible?	6b		
b if "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d if "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 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? h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a X 9b Did the sponsoring organization make any taxable distributions under section 4966? 9b ID did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b X 9cetion 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross income from members or shareholders 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders 11 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12 Section 501(c)(12) organizations interest received or accrued during the year 12b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 17 I X 18 Section 501(c)(12) qualified one) from 1041? 18 Section 501(c)(12) qualified one) from 1041? 19 Section 501(c)(12) qualified one	7	Organizations that may receive deductible contributions under section 170(c).			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 76	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
to file Form 8282? d if "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 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? h If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 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? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter a Intitation fees and capital contributions included on Part VIII, line 12 b Gross income from members or shareholders b Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 501(c)(12) organizations. Enter a Gives, income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 15b If "Yes," enter the amount of reserves the organization is isquired to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of	b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
d if "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f Did the organization flee form 8899 as required? f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? f Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. g Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? g Did the sponsoring organization make any taxable distributions under section 4966? g Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? g Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? g Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? g Did the sponsoring organizations. Enter a Inflation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities g Gross income from members or shareholders b Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 maint	C				.,
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? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a	_		7c		X
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? h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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? 9 Sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution is under section 4966? b Did the sponsoring organization make a distribution is under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Gross income from members or shareholders b Gross income from members or shareholders b Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b 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. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves the organization is require		<u></u>	_		
g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organizations make a distribution to a donor, donor advisor, or related person? 9b X Section 501(c)(7) organizations. Enter initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b 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. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	_				
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distribution to a donor, donor advisor, or related person? 9 Did the sponsoring organizations. Enter 10 Initiation fees and capital contributions included on Part VIII, line 12 10 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Gross income from members or shareholders 11 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 15 Fill "Yes," enter the amount of tax-exempt interest received or accrued during the year 15 Section 501(c)(29) qualified nonprofit health insurance issuers. 16 Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 16 Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 15 Letter the amount of reserves on hand 16 Did the organization receive any payments for indoor tanning services during the tax year? 17 Did the organization receive any payments for indoor tanning services during the tax year? 18 Did the organization receive any payments for indoor tanning services during the tax year?					<u> </u>
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? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 B Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Did Section 501(c)(12) organizations. Enter Gross income from members or shareholders B Gross income from members or shareholders B Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13b C Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a Did the organization receive any payments for indoor tanning services during the tax year? 14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	_				
sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 Did Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Gross income from members or shareholders Did Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? Dif "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13b	_				
9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 b X 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 15 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	•		8		х
a Did the sponsoring organization make any taxable distributions under section 4966? 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 a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b	9				
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b 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. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b C Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	а	· · · · · · · · · · · · · · · · · · ·	9a		Х
a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13a 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	ь		9b		X
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b 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. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X b if "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	10	Section 501(c)(7) organizations. Enter			
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b 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. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filled a Form 720 to report these payments? If "No," provide an explanation in Schedule O	а	Initiation fees and capital contributions included on Part VIII, line 12]		1
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b 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. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a Note. See the instructions for additional information the organization must report on Schedule O 13b 13c 14a X 14a X 15b 16 "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 15c 16 17b 17c 17d 18d 18d 18d 18d 18d 19d 19	11	Section 501(c)(12) organizations. Enter			
amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year I2b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	а	Gross income from members or shareholders]		1
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b 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. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	b				ļ
b 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. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		· · · · · · · · · · · · · · · · · · ·			
Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 13a 13a 13b 13b 13b 13c 14a X			12a		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 13a 13a 13a 13a 13b 13b 13b 13c 14b			ł		
Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b			10		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	а		13a		
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15 Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	_	· · · · · · · · · · · · · · · · · · ·			
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	0]		1
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	_	· · · · · · · · · · · · · · · · · · ·	1		
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			142		x
					
				990	(2016)

NATIONAL CHRISTIAN FOUNDATION REAL

Form 990 (2016) 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 3	[l				
	If there are material differences in voting rights among members of the governing body, or if the governing			l				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	\		1				
b	Enter the number of voting members included in line 1a, above, who are independent 1b 0			l				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?	2		X				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			i				
	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			l				
	more members of the governing body?	7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	.	,	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:			1				
а	The governing body?	8a	X					
þ	Each committee with authority to act on behalf of the governing body?	8b	Х	<u> </u>				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			l				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	L	X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)							
			Yes	No				
	Did the organization have local chapters, branches, or affiliates?	10a		X				
ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	Ì '	1					
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	17					
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X					
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	i i	₹.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 SEE SCHEDUEL 0	12a	_X_	X				
	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		v					
40	ın Schedule O how this was done SEE SCHEDUEL O	12c	X	 				
13	Did the organization have a written whistleblower policy?	13	X	 -				
14	Did the organization have a written document retention and destruction policy?	14	<u> </u>	-				
15	Did the process for determining compensation of the following persons include a review and approval by independent		}					
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or too management official. SEE SCHEDUEL O	45-		x				
a	The organization of the product, or top management official	15a	┝─	X				
Б	- more construction of the organization	15b	├──					
16.	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	1	İ	}				
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-	Į	x				
.	taxable entity during the year?	16a	├─-	 ^ -				
U	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	1	}	1				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	466	l	1				
500	exempt status with respect to such arrangements? tion C. Disclosure	16b	<u> </u>					
17 18	List the states with which a copy of this Form 990 is required to be filed ►GA, CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	01/01/01	ulo.					
10		avallaD	n c					
	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)							
10	·	d for	a a l					
19								
20	statements available to the public during the tax year State the name address, and telephone number of the person who personed the organization's books and records.							
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							
	22020 ILLEMITTER DELTE, DIE: 500, ALITERETTA, GR. 50005 0070	· · · · ·	. 000	(2016)				

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

hours for related organizations hours for related organizations hours for related organizations helow line helow line helow line helow helow line helow he	(A)	(B)	1		(0				(D)	(E)	(F)
hours per week (list any hours for related (organizations) below line) 1.00 2.07,525. 19,865 1.00 2.07,525. 1.00 2.07,525. 1.00 2.07,525. 1.00 2.07,525. 1.00 2.07,525. 1.00 2.07,525. 1.00 2.07,525. 1.00 2.07,525. 1.00 2.07,525. 1.00 2.07,525. 1.00 2	Name and Title	Average	(do	not c	Pos	rtion	than	one	Reportable	Reportable	
Companies of the organization (N-2/1099-MISC) Compensation (N-2/109-MISC) Compensation (N-2/109		hours per	box	, unle:	unless person		son is both an		compensation	compensation	amount of
1.00		week	-	cer an	dad	irecto	or/trus	tee)	from	from related	other
1.00			ector								compensation
1.00		T.	i d		i		ated		_	(W-2/1099-MISC)	
1.00		t .	stee	truste	ĺ	ىە	bens		(W-2/1099-MISC)		
1.00		1 -	yal tr	oual		ploye	E 89				
1.00			Divid.	Stituti	fficer	ey em	ighes! mploy	ormer			organizations
1.00	(1) KENNETH C. COLLINS	1.00	┢═	_		Ť	டி	-			
DIRECTOR & TREASURER	DIRECTOR & PRESIDENT	49.00	X		x				0.	113,470.	11,922.
1.00 X	(2) MARYE LORD										
SECRETARY 49.00 X 0. 193,782. 21,933	DIRECTOR & TREASURER		Х		X				0.	107,737.	7,938.
(4) JOHN TANNER 1.00 VICE PRESIDENT 49.00 X 0. 126,397. 15,418 (5) TERRILL A. PARKER 0.00 X 0. 231,233. 4,756 FORMER DIRECTOR & VP 49.00 X 0. 75,046. 6,136 (6) WILLIAM WILLIAMS 49.00 X 0. 75,046. 6,136 (7) GREGORY L. SPERRY 0.00 X 0. 212,691. 21,837 (8) DAVID H. WILLS 0.00 X 0. 207,525. 19,863 (9) DAVID D. JOHNSON 0.00 X 0. 207,525. 19,863	-										
VICE PRESIDENT (5) TERRILL A. PARKER (6) WILLIAM WILLIAMS FORMER DIRECTOR & PRESIDEN (7) GREGORY L. SPERRY FORMER DIRECTOR (8) DAVID H. WILLS FORMER DIRECTOR & PRESIDEN (9) DAVID D. JOHNSON 0. 126,397. 15,418 0. 0. 231,233. 4,756 X 0. 231,233. 4,756					Х				0.	193,782.	21,933.
(5) TERRILL A. PARKER FORMER DIRECTOR & VP (6) WILLIAM WILLIAMS FORMER DIRECTOR & PRESIDEN (7) GREGORY L. SPERRY FORMER DIRECTOR (8) DAVID H. WILLS FORMER DIRECTOR & PRESIDEN (9) DAVID D. JOHNSON O. 0.00 X 0. 231,233. 4,756 X 0. 212,691. 21,837 X 0. 207,525. 19,863] _ [
FORMER DIRECTOR & VP			L_		X				0.	126,397.	15,418.
(6) WILLIAM WILLIAMS FORMER DIRECTOR & PRESIDEN (7) GREGORY L. SPERRY FORMER DIRECTOR (8) DAVID H. WILLS FORMER DIRECTOR & PRESIDEN (9) DAVID D. JOHNSON O.00 X 0.00 X 0.75,046. 6,136 X 0.212,691. 21,83								. ,		221 222	4 756
FORMER DIRECTOR & PRESIDEN 49.00 X 0. 75,046. 6,136 (7) GREGORY L. SPERRY 0.00 X 0. 212,691. 21,83° (8) DAVID H. WILLS 0.00 FORMER DIRECTOR & PRESIDEN 20.00 X 0. 207,525. 19,863 (9) DAVID D. JOHNSON 0.00			<u> </u>	<u> </u>		┢		_	0.	231,233.	4,/56
(7) GREGORY L. SPERRY FORMER DIRECTOR (8) DAVID H. WILLS FORMER DIRECTOR & PRESIDEN (9) DAVID D. JOHNSON O.00 X 0.00 X 0.212,691. 21,837 0.00 X 0.207,525. 19,863			1					v	ا م	75 046	6 136
FORMER DIRECTOR 49.00 X 0. 212,691. 21,833 (8) DAVID H. WILLS 0.00 X 0. 207,525. 19,863 (9) DAVID D. JOHNSON 0.00			┢							73,040.	0,130
(8) DAVID H. WILLS FORMER DIRECTOR & PRESIDEN (9) DAVID D. JOHNSON (8) DAVID D. JOHNSON (9) DAVID D. JOHNSON (9) DAVID D. JOHNSON			i					x	0.	212,691.	21,837.
(9) DAVID D. JOHNSON 0.00	(8) DAVID H. WILLS										
			1					Х	0.	207,525.	19,863.
FORMER TREASURER 49.00 X 0. 193,830. 21,933	(9) DAVID D. JOHNSON										
	FORMER TREASURER	49.00	_					X	0.	193,830.	21,933.
			_	<u> </u>							
			-								
			\vdash		\vdash	\vdash	-	-			

632007 11-11-16

Ŗа	t VII Section A. Officers, Directors, Trus		ploy	/ees			ighe	st C		es (continued)				
	(A) Name and title	(B) Average hours per week	(do	not c	Pos heck ss pe	C) itior more erson		one h an	(D) Reportable compensation	(E) Reportable compensation		am	(F) timate nount o other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organization (W-2/1099-MIS	s	comp fro orga and	pensa om the anizati d relate	e ion ed
				=	0	×	Ξ 65	4						
	·		<u> </u>	_	_		_	_						
			_	igdash	_	-	-	_						
	 		-		-	-	-	_						
			-					-						
				\vdash			<u> </u>	-			-		_	
С	Sub-total Total from continuation sheets to Part V	II, Section A						>	0.	1,461,7	0.		1,7 1,7	0.
<u>a</u> 2	Total (add lines 1b and 1c) Total number of individuals (including but recompensation from the organization	not limited to th	nose	hste	ed a	bov	e) wi	no re				13.	<u> </u>	<u>30.</u>
3	Did the organization list any former officer	, director, or tru	uste	e, ke	ey er	mple	oyee	, or	highest compensated e	mployee on			Yes	No
4	Inne 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the si	um of reportab	le c	•					•	the organization		3	X	
5	and related organizations greater than \$15 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con	accrue compe	nsat	tion 1	from	an	y uni			idual for services	, 1	5	X	Х
Sec 1	tion B. Independent Contractors Complete this table for your five highest co							ors t	that received more than	\$100,000 of cor	nnens		rom	
	the organization. Report compensation for (A)											(C		
	Name and business	address	N	ONI	E				Description of s	ervices	С	ompe	nsatio	<u>n</u>
								-						
								_						
													-	
2	Total number of independent contractors (\$100,000 of compensation from the organ		ot li	mite	d to		ose II O	stec	d above) who received n	nore than				
												Form !	9 90 (2	2016)

Form 990 (2016)

[Tai	rt VII	Check if Schedule O cont		e or note to any lin	e in this Part VIII			
		9.004,11 90.1000.10 9 00.11	anio a rospono		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
io ai	b	Membership dues	1b				'	•
Am Am	C	Fundraising events	1c					
a g	d	Related organizations	1d	1,526,389.				
J.S.	е	Government grants (contribut	tions) 1e			Ì		
e it	f	All other contributions, gifts, gran	its, and					
[similar amounts not included abo	ve 1f	14,540,857.				
털	g		1a-1f \$	13,624,164.				
2 6	<u>h</u>	Total. Add lines 1a-1f			16,067,246.			
	_			Business Code				
§	2 a					 		
Program Service Revenue	b					 		
E S	c d			 				
ğœ	u _					 		
F	f	All other program service reve	enue			 		
ŀ	a	Total. Add lines 2a-2f	5.1.00	•				
	3	Investment income (including	dividends, inte	rest, and				
- 1		other similar amounts)		>	111,024.	ł	.	111,024.
ĺ	4	Income from investment of ta	x-exempt bond	proceeds >				
ł	5	Royalties		<u></u>	119,076.			119,076.
j			(ı) Real	(ıi) Personal		j	1	
	6 a	Gross rents	458,311			1		
l		Less. rental expenses	1,565,009					
ł		Rental income or (loss)	<1,106,698					
		Net rental income or (loss)			<1,106,698.	<u> </u>		<1,106,698.
J	7 a	Gross amount from sales of	(i) Securities					
		assets other than inventory		8,702,062.				
Ì	D	Less cost or other basis	1	8,676,159.		}		
- 1		and sales expenses Gain or (loss)	—	25,903.				
ļ		Net gain or (loss)	<u> </u>		25,903.	J		25,903.
اہ		Gross income from fundraisin	a events (not				 	
enne		including \$	of			<u> </u>	1	
ě		contributions reported on line	1c) See				1	
Other Rev		Part IV, line 18		a	1			
	b	Less direct expenses		b		1		
		Net income or (loss) from fund						
<u> </u>	9 a	Gross income from gaming ad	ctivities See	1]	1
- [_	Part IV, line 19		a				
1		Less direct expenses		b[]	
1		Net income or (loss) from gan	-	_ _	<u> </u>	 		<u> </u>
1	то а	Gross sales of inventory, less and allowances						
	h	Less: cost of goods sold		a [b				ĺ
ļ		Net income or (loss) from sale		°L			1	1
<u> </u>	<u>`</u>	Miscellaneous Revenu		Business Code		 		
l	11 a	OTHER INCOME		900000	38,324.			38,324.
- [b				<u>-</u>	 		
- 1	c						 	
- 1	đ	All other revenue						
1	е	Total. Add lines 11a-11d			38,324.	·L		
\perp	12	Total revenue. See instructions.			15,254,875.	. 0.	0.	
632009	11-11	1-16		_				Form 990 (2016)

	1990 (2016) PROPERTY, IN			58-26	55939 Page 10
	rt IX Statement of Functional Expense				
Sect	ion 501(c)(3) and 501(c)(4) organizations must comp			mplete column (A).	
	Check if Schedule O contains a respon-				(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	8,252,119.	8,252,119.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign			ļ	
	organizations, foreign governments, and foreign	ł			
	individuals See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members				
3	Compensation of current officers, directors,	ľ	•	1	
6	trustees, and key employees Compensation not included above, to disqualified				
Ū	persons (as defined under section 4958(f)(1)) and)	
	persons described in section 4958(c)(3)(B)	})	
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal	40,627.		40,627.	
С	Accounting	855.		855.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				, , , , , , , , , , , , , , , , , , ,
f	Investment management fees				
g		2 725		2 705	
	column (A) amount, list line 11g expenses on Sch 0.)	3,796.		3,796.	
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16 17	Occupancy Travel				
18	Payments of travel or entertainment expenses				
.5	for any federal, state, or local public officials	}		1	
19	Conferences, conventions, and meetings				
20	Interest	9,439.		9,439.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	MISCELLANEOUS PROPERTY	67,160.		67,160.	
b	PROPERTY TAXES	63,904.		63,904.	
С	TAXES	48,379.		48,379.	
đ	OUTSIDE CONSULTANTS	22,518.		22,518.	
е	· · · · · · · · · · · · · · · · · · ·	6,874.		6,874.	
25	Total functional expenses. Add lines 1 through 24e	8,515,671.	8,252,119.	263,552.	0.
26	Joint costs. Complete this line only if the organization	İ		Ì	
	reported in column (B) joint costs from a combined		j)	
	educational campaign and fundraising solicitation	1	1	ì	

	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing		1	<u> </u>
2	Savings and temporary cash investments	1,781,281.	2	2,453,856
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	25,889.	4	22,357
5	Loans and other receivables from current and former officers, directors,			
1	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
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			
1	employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
7	Notes and loans receivable, net	6,762,548.	7	7,767,246
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment. cost or other			
	basis. Complete Part VI of Schedule D 10a 57,926,407.			
b	Less: accumulated depreciation 10b 0.	53, <u>027,</u> 057.	10c	57,926,40
11	Investments - publicly traded securities		11	
12	Investments - other securities See Part IV, line 11	14,028,729.	12	14,384,089
13	Investments - program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11	2,504,426.	15	2,502,69
16	Total assets. Add lines 1 through 15 (must equal line 34)	78,129,930.	16	85,056,64
17	Accounts payable and accrued expenses	1,016,985.	17	457,14
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20_	
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons.			
1	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	76 060		74 221
1	Schedule D	76,060.	25_	74,32' 531,46'
26	Total liabilities. Add lines 17 through 25	1,093,045.	26	531,40
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and		•	
	complete lines 27 through 29, and lines 33 and 34.	77,036,885.		04 525 10
27	Unrestricted net assets	11,030,003.	27	84,525,18
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
1	Organizations that do not follow SFAS 117 (ASC 958), check here			
	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds	77 026 005	32	01 525 10
33	Total net assets or fund balances	77,036,885.	33	84,525,18
34	Total liabilities and net assets/fund balances	78,129,930.	34	85,056,64

Form	1 990 (2016) PROPERTY, INC.	58-	-2655	939	Pag	_{le} 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)	2		, 25		
2	Total expenses (must equal Part IX, column (A), line 25)	8,515,671 6,739,204				
3	Revenue less expenses. Subtract line 2 from line 1					
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		,03			
5	Net unrealized gains (losses) on investments	5		<15	5,0	<u>00.</u> >
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		90	4,0	92.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	1				
_	column (B))	10	84	, 52	<u>5,1</u>	<u>81.</u>
Pa	rt XIII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.		1 1		
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			1 1		ı
	Separate basis Consolidated basis Both consolidated and separate basis			i i		
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	te basis	i,	1 1		ļ
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis			1		
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	edule ()			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dıt			
	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 required	ıred au	dit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3ь		
				Form	990	(2016)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

2016

Open to Public Inspection

Name of the organization NATIONAL CHRISTIAN FOUNDATION REAL Employer identification number PROPERTY, INC. 58-2655939 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 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, ات An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university 10 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). 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. a X Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (ı) Name of supported (v) Amount of monetary (vi) Amount of other (in) EIN (III) Type of organization n vour gove ıng document' organization (described on lines 1-10 support (see instructions) support (see instructions) No Yes above (see instructions)) NATIONAL CHRISTIAN CHARITABLE FOUNDATI 58-1493949 8,017,326. 7 X

Total

8,017,326.

NATIONAL CHRISTIAN FOUNDATION REAL

58-2655939 Page 2

Schedule A (Form 990 or 990-EZ) 2016 PROPERTY, INC.

[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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants ")	L		<u> </u>			
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to		ļ				
	or expended on its behalf					<u> </u>	
3	The value of services or facilities						
	fumished by a governmental unit to	1	1				}
	the organization without charge					<u> </u>	
4	Total. Add lines 1 through 3		L			<u> </u>	
5	The portion of total contributions			}			
	by each person (other than a						
	governmental unit or publicly				l .		
	supported organization) included						
	on line 1 that exceeds 2% of the				ŀ		į
	amount shown on line 11,		ľ				
	column (f)			 	 	 	
	Public support. Subtract line 5 from line 4					<u> </u>	<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	(a) 2012	(0) 2013	(6) 2014	(4) 2013	(e) 2010	(i) Total
8	Gross income from interest,		 	 	<u> </u>		
Ü	dividends, payments received on]
	securities loans, rents, royalties					Ì	
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10		L				<u> </u>
12	Gross receipts from related activities,	etc (see instruct	ions)			12	
13	First five years. If the Form 990 is for	the organization'	's first, second, th	ırd, fourth, or fıfth t	ax year as a secti	on 501(c)(3)	
A :-	organization, check this box and stor						
	ction C. Computation of Publ						
	Public support percentage for 2016 (•	column (f))		14	%
	Public support percentage from 2015					15	<u>%</u>
16a	33 1/3% support test - 2016. If the c				14 is 33 1/3% or	more, check this b	ox and
_	stop here. The organization qualifies		· ·		d line 15 in 00 1/0		bio bio.i
מ	33 1/3% support test - 2015. If the c	-			u iine 15 is 33 1/39	vo or more, cneck t	INS DOX
170	and stop here. The organization qual	•	• • •		o 12 160 or 16b	and line 14 is 1006	or more
17 a	10% -facts-and-circumstances tes	-	_				
	and if the organization meets the "fact					art viriow trie orga	Inzation
.	meets the "facts-and-circumstances"	_	•		-	17a and line 15 is	10% or
IJ	10% -facts-and-circumstances tes more, and if the organization meets the		=				
	organization meets the "facts-and-circ				-		▶ □
18	Private foundation. If the organization		_	•			ns 📗
<u></u>	rearragement in the organization	Sid flot officer a	. 237 01 1110 10, 1	<u> </u>		edule A (Form 99	
					34.		

Schedule A (Form 990 or 990 EZ) 2016 PROPERTY, INC.

Part III Support	Schedule for	Organizations Des	scribed in Section	509(a)(2)
--------------------	--------------	--------------------------	--------------------	-----------

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")		}	}			<u> </u>
2	Gross receipts from admissions,						
	merchandise sold or services per-	1					
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						<u> </u>
3	Gross receipts from activities that						
	are not an unrelated trade or bus-]	1			1
	iness under section 513		ł	i			
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to			1			
	or expended on its behalf]	<u> </u>		<u> </u>
5	The value of services or facilities						
	furnished by a governmental unit to			1			
	the organization without charge		į.	ļ			
6	Total. Add lines 1 through 5						
7:	Amounts included on lines 1, 2, and				<u> </u>		<u> </u>
	3 received from disqualified persons		1	1	İ		
ı	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the		1			Ì	
	amount on line 13 for the year		1				
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6		T				
10	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties				ì	ì	1
	and income from similar sources				į		
ı	Unrelated business taxable income						
	(less section 511 taxes) from businesses]				
	acquired after June 30, 1975			1	}		
•	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						1
	regularly carried on		}		}	}	1
12	Other income Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI)	}	1	1	1		1
13	Total support. (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is fo	r the organization'	s first, second, the	rd, fourth, or fifth t	tax year as a section	on 501(c)(3) organi	zation,
	check this box and stop here	.		- ,	,	- ()(-) - 3	· ▶ □
Se	ction C. Computation of Publ	ic Support Pe	ercentage				
15	Public support percentage for 2016 (line 8, column (f) c	divided by line 13,	column (f))		15	%
16	Public support percentage from 2015	Schedule A, Parl	t III, line 15	\ <i>'</i> ,''		16	%
	ction D. Computation of Inve						
17	Investment income percentage for 20	016 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
	Investment income percentage from	•				18	%
	33 1/3% support tests - 2016. If the			on line 14, and lin	e 15 is more than		
	more than 33 1/3%, check this box a	-					▶□
ì	33 1/3% support tests - 2015. If the	-	-				and
-	line 18 is not more than 33 1/3%, che	•					. 🗀
20	Private foundation. If the organization			•		-	

Schedule A (Form 990 or 990-EZ) 2016 PROPERTY, INC.

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Sec	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	,		
	class or purpose, describe the designation If historic and continuing relationship, explain.	1	X	
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		X
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	За		X
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	3b		L
С	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	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		X
Ь	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	4b		
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	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			$\lceil \rceil$
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			l
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			l
	(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)	5a		X
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?	5b		<u> </u>
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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			l
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also		 	ł
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6	<u> </u>	X
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)	_ 7		X
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	!		
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		X
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			1
	In section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		X
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.	_9b		X
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit		1	

10a

X

X

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

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

supporting organizations)? If "Yes," answer 10b below.

determine whether the organization had excess business holdings.)

NATIONAL CHRISTIAN FOUNDATION REAL

Schedule A (Form 990 or 990-EZ) 2016 PROPERTY, INC. 58-2655939 Page 5 Part IV | Supporting Organizations (continued) No Yes 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) X 11a below, the governing body of a supported organization? b A family member of a person described in (a) above? 11b c 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 Section B. Type I Supporting Organizations Yes No Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported X organizations and what conditions or restrictions, if any, applied to such powers during the tax year Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, X supervised, or controlled the supporting organization 2 Section C. Type II Supporting Organizations No 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 or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 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 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 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). ☐ The organization satisfied the Activities Test. Complete line 2 below. __ The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions) 2 Activities Test. Answer (a) and (b) below. No a 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 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 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 of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement 2b 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. За b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard Schedule A (Form 990 or 990-EZ) 2016

. NATIONAL CHRISTIAN FOUNDATION REAL

	edule A (Form 990 or 990 EZ) 2016 PROPERTY, INC.			58-2655939 Page
<u>Pa</u>	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov. 20, 1970 (explain in	Part VI.) See instructions.
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E	
ect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2_	Recoveries of prior-year distributions	2		
3_	Other gross income (see instructions)	3_		
4	Add lines 1 through 3	4		
5_	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			1
	collection of gross income or for management, conservation, or	1 1		
	maintenance of property held for production of income (see instructions)	6		1
7	Other expenses (see instructions)	7		<u> </u>
В	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		<u> </u>
ect	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):			<u> </u>
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		<u> </u>
c	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):			
2_	Acquisition indebtedness applicable to non-exempt-use assets	2		<u> </u>
3_	Subtract line 2 from line 1d	3		
ŧ	Cash deemed held for exempt use Enter 1.1/2% of line 3 (for greater amount,	[]		
	see instructions)	4		<u> </u>
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
<u>.</u>	Multiply line 5 by .035	6		<u></u>
_	Recoveries of prior-year distributions	7		
<u>_</u>	Minimum Asset Amount (add line 7 to line 6)	8		
ect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
<u> </u>	Enter greater of line 2 or line 3	4		
<u> </u>	Income tax imposed in prior year	5		<u></u>
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		<u></u>
7	Check here if the current year is the organization's first as a non-functional	lly integra	ated Type III supporting or	ganization (see
	(nethiotions)			

Schedule A (Form 990 or 990-EZ) 2016

	rt V Type III Non-Functionally Integrated 509			0-203333 Page 7
<u> </u>	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations (continued)	Current Year
<u> </u>		mpt purposes		Current fear
<u>'</u>	Amounts paid to supported organizations to accomplish exe Amounts paid to perform activity that directly furthers exemp			
-	organizations, in excess of income from activity	or purposes or supported		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	e	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			_
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 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-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2016.			
a				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
_i	Carryover from 2011 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			ļ
	line 7 \$			
<u>a</u>	Applied to underdistributions of prior years			
_ <u>b</u>	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			ł
	any Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI See instructions	<u> </u>		<u> </u>
6	Remaining underdistributions for 2016. Subtract lines 3h	{		
	and 4b from line 1 For result greater than zero, explain in			ĺ
	Part VI See instructions	 		ļ
7	Excess distributions carryover to 2017. Add lines 3	1		Į
	and 4c	<u> </u>		
8	Breakdown of line 7.	ļ		
a		 		ļ
	Excess from 2013	ļ		
	Excess from 2014	 	 	
<u> </u>	Excess from 2015	 		

Schedule A (Form 990 or 990-EZ) 2016

NATIONAL CHRISTIAN FOUNDATION REAL

Schedule A	Form 990 or 990-EZ) 2016 PROPERTY, INC.	_ 58-2655939 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 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 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 D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additio (See instructions)	17b; Part III, line 12, and 2, Part IV, Section C, /, Section B, line 1e; Part V,
	(See instructions)	
		
		
		
		
		
		
		
		
		
		

Department of the Treasury

(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.irs.gov/form990.

Open to Public

Inspection

OMB No 1545-0047

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 1 Total number at end of year 11,905,459. 2 Aggregate value of contributions to (during year) 13,538,564 3 Aggregate value of grants from (during year) 84,841,458. 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 a Total number of conservation easements 2a 2b **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) **2**c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 _ Yes 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 6 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) ☐ No _ 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 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 a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

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

632051 08-29-16

NATIONAL CHRISTIAN FOUNDATION REAL

	dule D (Form 990) 2016 PROPERT								55939		<u>2</u>
Pai	t III Organizations Maintaining C	ollections of A	rt, Histo	orical Tr	easures, or O	ther S	Simil	ar Asse	ts(continu	ued)	_
3	Using the organization's acquisition, accession	on, and other record	ls, check a	any of the	following that are	a sıgnı	ficant	use of its	collection	rtems	
	(check all that apply)										
а	Public exhibition	d	╵╠╣╙	oan or excl	hange programs						
þ	Scholarly research	е	- - 0	ther							_
C	Preservation for future generations										
4	Provide a description of the organization's co			-	-			ose in Pa	t XIII.		
5	During the year, did the organization solicit of	r receive donations (of art, hist	torical treat	sures, or other sin	nılar as	sets		_		
	to be sold to raise funds rather than to be ma								Yes	<u> </u>	<u>-</u>
Pai	t IV Escrow and Custodial Arrangereported an amount on Form 990, Par		ete if the c	organizatio	n answered "Yes'	on Fo	rm 99(), Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for co	ontribution	s or other assets	not inc	luded				_
	on Form 990, Part X?		•						Yes		0
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	ble							
		•	ŭ						Amount		_
С	Beginning balance						1c	· · ·		-	_
đ	Additions during the year						1d				_
е	Distributions during the year						1e				
f	Ending balance						1f				_
2 a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for es	scrow or cu	ustodial account l	ability?	?		Yes	N	lo
b	If "Yes," explain the arrangement in Part XIII										_
Pa	t V Endowment Funds. Complete	f the organization an	swered "	Yes" on Fo	orm 990, Part IV, li	ne 10					_
		(a) Current year	(b) Pri	or year	(c) Two years bac	k (d)	Three	ears back	(e) Four	years bac	<u>k</u>
1a	Beginning of year balance								<u> </u>		_
b	Contributions								<u> </u>		
С	Net investment earnings, gains, and losses										_
d	Grants or scholarships										_
е	Other expenditures for facilities										
	and programs								ļ		
f	Administrative expenses								<u> </u>		
g	End of year balance		L		<u> </u>				<u> </u>		_
2	Provide the estimated percentage of the curr	rent year end baland	e (line 1g	, column (a	a)) 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	ssion of the organiz	ation that	are held a	nd administered f	or the	organi	zation	_		_
	by.									Yes N	<u> </u>
	(i) unrelated organizations	-							3a(i)		_
_	(ii) related organizations								3a(ii)		
	If "Yes" on line 3a(ii), are the related organiza								3b		—
1 02	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		owment fu	ınds.							—
Liai			0 004 07	lma 44 - 5	200 Form 000 D-	4 V 1	0.10				
	Complete if the organization answere								(d) D= : :		_
	Description of property	(a) Cost or o			or other (other)	Accu dente	imulati ciation	1	(d) Book	value	
	Load	43,996,		บสราร	(Otriei)	aepie	CIALIUI	_	13,996	9/11	—
	Land	13,929,							13,929		
	Buildings Leasehold improvements	13,929,	2001					- + 	,	,,500	<u>•</u>
	_		-+					_			
	Equipment	<u> </u>	-+		+-			- 			—
	Other Add lines 1a through 1e (Column (d) must e	gual Form 990 Port	X colum	n (R) line 1	100)			_ 	57.926	5.407	<u> </u>

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)
Part IX	Other Assets.

(6)(7)(8)

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)		
(3)		
(4)		
(5)		
(6)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15)		

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
	Federal income taxes	
(2)	ANNUITIES PAYABLE	74,327.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (C	Column (b) must equal Form 990, Part X, col (B) line 25.)	▶ 74,327.

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII 🐰 Schedule D (Form 990) 2016

632053 08-29-16

Schedule D (Form 990) 2016 PROPERTY, INC.		58-2055939 Page 4
Part XI Reconciliation of Revenue per Audited Financial Statem		Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	i.	
 Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12. 	-	
a Net unrealized gains (losses) on investments	2a	\$ \$
b Donated services and use of facilities	2b	1 1
c Recoveries of prior year grants	2c	7 1
d Other (Describe in Part XIII)	2d	7 }
e Add lines 2a through 2d		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	_{ }
b Other (Describe in Part XIII)	4b	<u>.</u> 1
c Add lines 4a and 4b		4c
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	A Wish F	151
Part XII Reconciliation of Expenses per Audited Financial Statem	•	r Heturn.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	1	7-7
 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990. Part IX, line 25 	-	
 Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities 	2a	1 1
b Prior year adjustments	2b	-
c Other losses	2c	┦
d Other (Describe in Part XIII)	2d	-
e Add lines 2a through 2d		7 _{2e}
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	•	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	_}
b Other (Describe in Part XIII)	4b]
c Add lines 4a and 4b		4c
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5
Part XIII Supplemental Information.		
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par		e 4, Part X, line 2; Part XI,
lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any ad-	ditional information	
PART X, LINE 2:		
		
THE FOLLOWING FOOTNOTE APPLIES TO THE CONSOI	LIDATED FINANCIAL	L STATEMENTS OF
		
THE NATIONAL CHRISTIAN CHARITABLE FOUNDATION	I, INC., AND SUPI	PORTING
ORGANIZATIONS:		
	 	
TNOOME MAY EVERNOE TO DECORDED BOD ACCUTANT	C MUAM CHARDAMH	INDEL MED
INCOME TAX EXPENSE IS RECORDED FOR ACTIVITIE	ES THAT GENERATE	UNRELATED
BUSINESS INCOME. THE FOUNDATION GENERATES TA	VARIE THOOME TH	POLICE
BUSINESS INCOME. THE FOUNDATION GENERALES IF	AABLE INCOME IN	ROUGH
INVESTMENT TRANSACTIONS. THE FOUNDATION ACC	PTS DONATIONS OF	F S-CORPORATION
INVESTMENT TRANSPORTIONS. THE TOURDATION ACCE	II ID DONALIOND OF	b conformation
STOCK. DURING ITS HOLDING PERIOD, THE FOUNDA	ATION RECEIVES TA	AXABLE
		=======================================
DISTRIBUTIONS. FURTHER, A TAXABLE CAPITAL GA	AIN MAY BE GENERA	ATED UPON THE
		
SALE OF THE STOCK. SIMILARLY, THE FOUNDATION	RECEIVES INTER	ESTS IN LLCS
THAT GENERATE TAXABLE INCOME. FOR THE YEARS	ENDED DECEMBER	31, 2016 AND
632054 08-29-16		Schedule D (Form 990) 2016

SCHEDULE 1 (Form 990)

Grants and Other Assistance to Organizations,

OMB No 1545-0047

•																																		
2016	Open to Public	Inspection	Employer identification number 58-2655939	76.76.75		X Yes		, for any		(h) Purpose of grant or assistance		SUPPORT OF GRANT-MAKING																						
			Employer		ction			t IV, Ime 21				SUPPORT																						
GOVERNMENTS, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.		0.			istance, and the selec			es" on Form 990, Par		(g) Description of noncash assistance																								
		www.irs.gov/form99	t www.irs.gov/form99			the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection			ization answered "Yo	ization answered "Ye	ization answered "Ye	ization answered "Ye	ization answered "Ye	ization answered "Ye	ization answered "Ye	"Yatıon answered "Y	nization answered "Y	nization answered "Y	inization answered "	anization answered "	anization answered "	inization answered "	nization answered ")	nization answered ")	inization answered "	anization answered "	ization answered "Ye	iization answered "Yo	lization answered "Y	(f) Method of valuation (book, EMV, appraisal, other)		CASH		
nts, and Individuals in the United States ganization answered "Yes" on Form 990. Part IV, Jine 21 or 2	m 990.	s instructions is a			grantees' eligibility		d States	complete if the orga	ded	(e) Amount of non-cash assistance		0.																						
nd Individua	► Attach to Form 990	on about Schedule I (Form 990) and its	on about Schedule I (Form 990) and it	ion about Schedule I (Form 990) and it	on about Schedule I (Form 990) and it	Information about Schedule (Form 990) and its instructions is at www.irs.gov/form990.	(Form 990) and it	(Form 990) and it	I REAL		or assistance, the	Is or assistance, tr	funds in the Unite	c Governments.	ional space is neer	(d) Amount of cash grant		8,017,326.																
GOVERNMENTS, ar	•						FOUNDATION				oring the use of grant	ations and Domestic	be duplicated if addi-	(c) IRC section (if applicable)		501(C)(3)																		
95 Sm ₀ 0	•	▶ Informat	CHRISTIAN INC.	ind Assistance	to substantiate th	stance?	ocedures for mon	Domestic Organ	\$5,000 Part II car	(b) EIN		58-1493949																						
		1	NATIONAL PROPERTY,	General Information on Grants and Assistance	Does the organization maintain records to substantiate the amount of	criteria used to award the grants or assistance?	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	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	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	1 (a) Name and address of organization or government		GA 30009																						
(101)	Department of the Treasury	Internal Revenue Service	Name of the organization	Part General In	1 Does the organiz	criteria used to a	2 Describe in Part	Part II Grants an	recipient th	1 (a) Name and ac or gov	NATIONAL CHRISTIA INC 11625 RAIN	500 - ALPHARETTA,																						

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

3 Enter total number of other organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule 1 (Form 990) (2016)

INC PROPERTY,

Page 2

58-2655939

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 Schedule | (Form 990) (2016)
Part III Grants and Other

(f) Description of noncash 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) (2016)

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.

Open to Public

► Attach to Form 990.

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

NATIONAL CHRISTIAN FOUNDATION REAL Emplo

Employer identification number 58-2655939

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

PROPERTY, INC.

P	art 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			
	Travel for companions Payments for business use of personal residence	!!!		1
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			1
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)	l i	ľ	1
		[]		1
þ	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	}	ŀ	1
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	L	
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 on line 1a?	2		L
		} i		1
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's	!		1
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to	1		1
	establish compensation of the CEO/Executive Director, but explain in Part III	, ,		l
	Compensation committee Written employment contract	ł !	,	1
	Independent compensation consultant	1		1
	Form 990 of other organizations Approval by the board or compensation committee] ;		1
		·		ł
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	[]	1]
	organization or a related organization:			
	Receive a severance payment or change-of-control payment?	4a		X
ь	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			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	1		
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			ļ
	contingent on the revenues of:	} !		ł
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.	[]		F
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	l i		l
	contingent on the net earnings of	ļ :		1
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			l
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments))		j
	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" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		
I HA	For Pananyark Reduction Act Notice, see the Instructions for Form 900	1/1	- 000	0046

PROPERTY, INC.

Schedule J (Form 990) 2016 PROPERTY, INC. 58 – 2655939 Page 2

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 aren't listed on Form 990, Part VII

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	ple	(E) Total of columns	(F) Compensation
(A) Name and Title		(I) Base compensation	(II) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(Q)-(i)(B)	in column (B) reported as deferred on prior Form 990
(1) KENNETH M, BOWERS	E	0	0	0	0	0	0	0
SECRETARY	Ξ	189,535.	4,247.	0	3,883.	18,050.	215,715.	0
(2) TERRILL A. PARKER	Ξ)				0	0	0
FORMER DIRECTOR & VP	(11)	230,726.	507.		4,75	0.	235,98	0
(3) WILLIAM WILLIAMS	(0)	0	0					
FORMER DIRECTOR & PRESIDEN	(II)	75,046.			4,001.	2,135.	81,182.	0
(4) GREGORY L. SPERRY	Ξ			0				0
FORMER DIRECTOR	(II)	207,891.	4,800.	0	4,659.	17,178.	234,528.	
(5) DAVID H, WILLS	Ξ	0	0	0	0			
FORMER DIRECTOR & PRESIDEN	(ii)	202,398.	5,127.	0	4,734.	15,129.	227,388.	0
(6) DAVID D. JOHNSON	Ξ	0	0	0	0	0	0	0
FORMER TREASURER) (ii)	189,582.	4,248.	0	3,883.	18,050.	215,763.	0
	Ξ							
	(E)							
	Ξ							
	(ii)							
	Ξ							
	Ξ							
	Ξ							
	(III)							
	Ξ							
	<u> </u>							
	Ξ							
	Ξ							
	(ii)							
	Ξ							
	3							
	Ξ							
	3							
	Ξ							
	3							
							Schedu	Schedule J (Form 990) 2016

Page 3 58-2655939 Schedule J (Form 990) 2016

Part III Supplemental Information

part for any additional information								Schedule J (Form 990) 2016
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								
id for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a								
Provide the information, explanation, or descriptions required for Part I,								

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

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

NATIONAL CHRISTIAN FOUNDATION REAL Employ

Attach to Form 990.

Employer identification number

PROPERTY, INC. 58-2655939 Part I Types of Property (d) (a) (b) (c) 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 2 Art - Historical treasures 3 Art - Fractional interests Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded 10 Securities · Closely held stock Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous Qualified conservation contribution -13 Historic structures Qualified conservation contribution - Other 14 5,987,914.APPRAISED FMV $\overline{\mathbf{x}}$ 12 15 Real estate - Residential X 7,636,250.APPRAISED FMV 16 Real estate - Commercial Real estate - Other 17 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other -26 Other 27 Other 28 Other Number of Forms 8283 received by the organization during the tax year for contributions 21 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 isn't required to be used for X exempt purposes for the entire holding period? 30a b If "Yes," describe the arrangement in Part II X Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 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

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

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) (2016)

NATIONAL CHRISTIAN FOUNDATION REAL 1990 (2016) PROPERTY. INC.

Schedule M (Form 990) (2016) PROPERTY, INC.	58-2655939 Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, is reporting in Part I, column (b), the number of contributions, the number of items received, or this part for any additional information.	and 33, and whether the organization a combination of both. Also complete
SCHEDULE M, LINE 32B:	
THE ORGANIZATION WORKS WITH NUMEROUS LOCAL CHRISTIAN	FOUNDATIONS
LOCATED THROUGHOUT THE UNITED STATES. ALTHOUGH THIS	ORGANIZATION DOES
NOT CONTROL THOSE FOUNDATIONS, THE LOCAL FOUNDATIONS	ENCOURAGE
POTENTIAL DONORS TO CONTRIBUTE NON-CASH ASSETS TO THIS	S ORGANIZATION.
THE ORGANIZATION CONTRACTS WITH NUMEROUS UNRELATED BROWN	OKERS TO SELL ITS
NON-CASH ASSETS. NATIONAL CHRISTIAN CHARITABLE FOUNDA	FION, INC. ALSO
PROVIDES ADMINISTRATIVE SERVICES.	
	
632142 08-23-16	Schedule M (Form 990) (2016)

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

OMB No 1545-0047 llfi Open to Public

Inspection

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

PROPERTY, INC. 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 11B: 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 B, LINE 12C: GENERAL COUNSEL FOR THE SUPPORTED ORGANIZATION MONITORS TRANSACTIONS FOR THIS ORGANIZATION TO ASSURE THAT NO DIRECTOR, OFFICER, OR KEY EMPLOYEE HAS ANY INTEREST IN SUCH TRANSACTIONS. 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 PROPERTY, INC.'S BYLAWS AND OTHER SIGNIFICANT OPERATIONAL POLICIES ARE NOT AVAILABLE TO THE PUBLIC. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

Name of the organization NATIONAL CHRISTIAN FOUNDATION REAL PROPERTY, INC.	Employer identification number 58-2655939
TROIDETT, INC.	30 203333
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
SHAREHOLDER DISTRIBUTION	909,133.
CHANGE IN VALUE OF ANNUITIES AND TRUSTS	-5,040.
ADJUSTMENT TO BALANCE	-1.
TOTAL TO FORM 990, PART XI, LINE 9	904,092.
FORM 990, PART VI, LINE 15B COMPENSATION	
THE ORGANIZATION DOES NOT ENGAGE IN A PROCESS FOR DETERM	IINING
COMPENSATION FOR THE LISTED PERSONS BECAUSE IT PAYS NO C	OMPENSATION TO
THEM.	
	
	·
	
	

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

▶ Attach to Form 990.

2016 Open to Public ' Inspection

OMB No 1545-0047

NATIONAL CHRISTIAN FOUNDATION REAL INC. PROPERTY, Department of the Teasury Internal Revenue Service
Name of the organization

Employer identification number 58-2655939

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part 1

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
NCCF SUPPORT 100, LLC - 58-2655939					
12910 SHELBYVILLE RD., STE 137	Γ.				NATIONAL CHRISTIAN FDN
LOUISVILLE, KY 40243	HOLDS LLC.	KENTUCKY	<28.	0	0 REAL PROPERTY, INC.
ZECHARIAH, LLC - 58-2655939					
860 SEREDIPITY DRIVE	-				NATIONAL CHRISTIAN FDN
AURORA, IL 60504	HOLDS REAL ESTATE	ILLINOIS	813,604.	1,503,930.	1,503,930, REAL PROPERTY, INC.
HOTHOUSE TOWNSHIP, LLC - 58-2655939					
11 LUMPKIN STREET, SUITE 200	-				NATIONAL CHRISTIAN FDN
LAWRENCEVILLE, GA 30045	HOLDS REAL ESTATE	GEORGIA	48,011.	5,164.	5,164, REAL PROPERTY, INC.
GRANT ACTS 434, LLC - 58-2655939					
PO BOX 524					NATIONAL CHRISTIAN FDN
ALPHARETTA, GA 30009-0524	HOLDS REAL ESTATE	GEORGIA	<3,957.		1,123,516. 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

(a)	(a)	(၁)	© —	(e)	£	(6)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	section 5 (z(p)	Z(D)(13) lled
of related organization		foreign country)	section	status (if section	entity	entity?	7.5
				501(c)(3))		Yes	2
NATIONAL CHRISTIAN CHARITABLE FDN, INC							
58-1493949, 11625 RAINWATER DRIVE; STE 500,							
LPHARETTA, GA 30009-8678	GRANT MAKING	GEORGIA	501(C)(3)	4	N/A		×
NCCF SUPPORT, INC 58-2268010					NTL CHRISTIAN		{
1625 RAINWATER DRIVE; STE 500					CHARITABLE FDN,	-	
LPHARETTA, GA 30009-8678	GRANT MAKING	GEORGIA	501(C)(3)	11 I	INC.		×
NCF CORPORATION - 20-4281656					NTL CHRISTIAN		{
N. FRANKLIN STE 800					CHARITABLE FDN,		
AMPA, FL 33602	CHARITABLE TRUSTEESHIP	FLORIDA	501(C)(3)	11 I	INC.		×
NATIONAL CHRISTIAN FOUNDATION, INC					NTL CHRISTIAN		}
30-0209280, 11625 RAINWATER DRIVE; STE 500,					CHARITABLE FON,	-	
ALPHARETTA, GA 30009-8678	GRANT MAKING	GEORGIA	501(C)(3)	hl I	INC.		×
For Paperwork Reduction Act Notice, see the Instructions for Form 990,	s for Form 990.				Schedule R (Form 990) 2016	orm 990) 2016

58-2655939

Schedule R (Form 990) PROPERTY, INC.

Part I Continuation of Identification of Disregarded Entities

(a)	(q)	(၁)	(p)	(e)	(1)
Name, address, and FIN	Primary activity	l edal domicile (state or	Total income	Fnd-of-vear assets	Direct controlling
of disregarded entity		foreign country)			entity
MAX 2COR 97 INVESTMENTS, LLC - 58-2655939					
2118 HARBOR VIEW COURT					NATIONAL CHRISTIAN FDN
SANTA CRUZ, CA 95062	HOLDS REAL ESTATE	CALIFORNIA	768.	1,973.	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	<5,413.	, 732,709.	REAL PROPERTY, INC.
NCT-105, LLC - 58-2655939					
340 N. POTTEBAUM AVENUE					NATIONAL CHRISTIAN FDN
CASA GRANDE, AZ 85222	HOLDS REAL ESTATE	FLORIDA	<10,127.	1,000,642.	1,000,642, REAL PROPERTY, INC.
NCT-104, LLC - 58-2655939					
1319 BAYOU DRIVE					NATIONAL CHRISTIAN FDN
OCEAN SPRINGS, MS 39564	HOLDS REAL ESTATE	FLORIDA	<761.	30,019.	REAL PROPERTY, INC.
NCT-112, LLC - 58-2655939					
PO BOX 97365					WATIONAL CHRISTIAN FDN
RALEIGH, NC 27614	HOLDS REAL ESTATE	FLORIDA	<139.	2,301,148.	2,301,148, REAL PROPERTY, INC.
NCT-119, LLC - 58-2655939					
10304 NE 62ND STREET					NATIONAL CHRISTIAN FDN
KIRKLAND, WA 98033	HOLDS REAL ESTATE	FLORIDA	<45,347.	666,423.	REAL PROPERTY, INC.
TOUCHING LIVES II, LLC - 58-2655939					
PO BOX 674					NATIONAL CHRISTIAN FDN
WINDERMERE, PL 34786	HOLDS REAL ESTATE	FLORIDA	60,927.	880,136.	REAL PROPERTY, INC.
CLEVELAND HEIGHTS (LEE RD.) I, LLC -					
58-2655939, 4200 NORTHSIDE PKWY, NW, BLDG 2,					NATIONAL CHRISTIAN FDN
SUITE 220, ATLANTA, GA 30327-3054	HOLDS REAL ESTATE	GEORGIA	<36,090.	4,247,339.	REAL PROPERTY, INC.
MUSTARD SEED LAND FUND, LLC - 58-2655939					
3191 WOOD VALLEY ROAD					NATIONAL CHRISTIAN FDN
ATLANTA, GA 30327	HOLDS REAL ESTATE	GEORGIA	100,340.	528,467.	528,467 REAL PROPERTY, INC.
NCFRP-104, LLC - 58-2655939					
1110 EAST MISSOURI AVE., STE. 200					NATIONAL CHRISTIAN FDN
PHOENIX, AZ 85014	HOLDS REAL ESTATE	GEORGIA	<3,302.	391,641.	391,641.REAL PROPERTY, INC.

58-2655939

Schedule R (Form 990) PROPERTY, INC.

[Part I] Continuation of Identification of Disregarded Entities

					•
(a)	(q)	(0)	(P)	(e)	£
Name, address, and EIN	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
of disregarded entity		foreign country)			entity
NCFRP-103, LLC - 58-2655939					
1110 EAST MISSOURI AVE., STE. 200	,				NATIONAL CHRISTIAN FDN
PHOENIX, AZ 85014	HOLDS REAL ESTATE	GEORGIA	<1,901.	261,824.	261,824. REAL PROPERTY, INC.
NCFRP-105, LLC - 58-2655939					
PO BOX 1643					NATIONAL CHRISTIAN FDN
GAYLORD, MI 49734	HOLDS REAL ESTATE	GEORGIA	<1,117.	250,098.	250,098. REAL PROPERTY, INC.
SAUNDERS FAMILY REAL ESTATE LLC - 58-2655939					
1339 13TH AVENUE			-		NATIONAL CHRISTIAN FDN
COLUMBUS, GA 30901	HOLDS REAL ESTATE	GEORGIA	80,000.	135,110.	135,110. REAL PROPERTY, INC.
NCPRP-107, LLC - 58-2655939					
6232 98TH STREET NW					HATIONAL CHRISTIAN FDN
MARYSVILLE, WA 98271	HOLDS REAL ESTATE	WASHINGTON	253,575.	1,096,034.	1,096,034. REAL PROPERTY, INC.
NORTHFIELD CAMPUS, LLC - 58-2655939					
7707 SW 44TH STREET					WATIONAL CHRISTIAN FDN
OKLAHOMA CITY, OK 73179	HOLDS REAL ESTATE	MASSACHUSETTS	<78,887>	. 31,007,677.	31,007,677. REAL PROPERTY, INC.
NCFRP-106, LLC - 58-2655939					
5203 DIVISION AVENUE	1				NATIONAL CHRISTIAN FDN
SOUTH GRAND RAPIDS, MI 49548	HOLDS REAL ESTATE	GEORGIA	<506,066.	. 40.	40. REAL PROPERTY, INC.
NCT-140, LLC - 58-2655939					
3333 S. ORANGE AVE., STE 200	HOLDS BENEFICIAL INTERESTS				NATIONAL CHRISTIAN FDN
ORLANDO, FL 32839	IN TRUSTS	FLORIDA	<5,505,5	, 925,729.	REAL PROPERTY, INC.
NCFRP-109, LLC - 58-2655939					
10555 SOUTH WRIGHT ROAD	-				NATIONAL CHRISTIAN FDN
EAGLE, MI 48822	HOLDS REAL ESTATE	MICHIGAN	0.	11,611.	11,611.REAL PROPERTY, INC.
NCFRP-112, LLC - 58-2655939					
719 EUCLID AVENUE					NATIONAL CHRISTIAN FDN
BIRMINGHAM, AL 35213	HOLDS REAL ESTATE	GEORGIA	<1,118.	45.	45. REAL PROPERTY, INC.
NCFRP-113, LLC - 58-2655939					
2550 BARFIELD DR. SE					MATIONAL CHRISTIAN FDN
GRAND RAPIDS, MI 49546	HOLDS REAL ESTATE	GEORGIA	18,499.	363,104.	REAL PROPERTY, INC.

58-2655939

Part I Continuation of Identification of Disregarded Entities

Schedule R (Form 990)

MATIONAL CHRISTIAN FON NATIONAL CHRISTIAN FDN IATIONAL CHRISTIAN FDN ATIONAL CHRISTIAN FDN NATIONAL CHRISTIAN FDN MATIONAL CHRISTIAN FDN 341,996, REAL PROPERTY, INC. Direct controlling 563. REAL PROPERTY, INC. 546,446. REAL PROPERTY, INC. REAL PROPERTY, INC. REAL PROPERTY, INC. 400,450 REAL PROPERTY, INC. entity End-of-year assets 130,377. 549,492. <u>e</u> <380,450, 324,559. <341,117. <126,016. 123,358 520,984 Total income ਓ Legal domicile (state or foreign country) GEORGIA GEORGIA BORGIA SEORGIA EORGIA BEORGIA Primary activity HOLDS REAL ESTATE HOLDS REAL ESTATE HOLDS REAL ESTATE HOLDS REAL ESTATE HOLDS REAL ESTATE HOLDS REAL ESTATE ê Name, address, and EIN of disregarded entity NCFRP-121, LLC - 58-2655939 719 EUCLID AVENUE NCFRP-122, LLC - 58-2655939 NCFRP-115, LLC - 58-2655939 NCFRP-114, LLC - 58-2655939 NCFRP-118, LLC - 58-2655939 6 RIATA, LLC - 58-2655939 WESLEY CHAPEL, FL 33544 7 INVERNESS PARK CIRCLE BIRMINGHAM, AL 35213 OWENSBORO, KY 42303 MAGNOLIA, TX 77354 ASHVILLE, NC 28803 HOUSTON, TX 77055 3528 WATERMARK DR 01 BROOKLINE DR. LOS ENCINOS DR 3201 VEACH ROAD

58-2655939

Schedule R (Form 990) PROPERTY, INC.

[Part II] Continuation of Identification of Related Tax-Exempt Organizations

(a)	(q)	(2)	(Đ)	(e)	(J)	(6)	ء ا
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)(13)	ર્જે
of related organization		foreign country)	section	status (if section	entity	organization?	ı
ŀ				501(c)(3))		Yes No	
NCCF TRUST - 58-6370659					NTL CHRISTIAN	-	1
952 ECHO LANE; SUITE 190					CHARITABLE FON,		
HOUSTON, TX 77024	GRANT MAKING	TEXAS	501(C)(3)	11 I	INC.	×	
NCF CHARITABLE TRUST - 20-4326440					NTL CHRISTIAN		1
707 N. FRANKLIN STE 800	r				CHARITABLE FDN,		
TAMPA, FL 33602	GRANT MAKING	FLORIDA	501(C)(3)	11 I	INC.	×	
							í
	1						ı
							1
						-	
	 						
						}-	}
	-						
	-1-					-	
							ſ
					-		
							ı
	T					-	
							1
	T						
	T						
							1
	T-						
	T-						
						-	1
	7-						
	-						
						_	ł
	, , , , , , , , , , , , , , , , , , , 						
							1
632222 04-01-16		50					
		1					

Schedule R (Form 990) 2016 PROPERTY, INC.

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 nartnership distribution the fax year.

Page 2

58-2655939

טופטוויבטווים וופסנים פי ש שפיים	מ אמוזים מחווום מווים ומי אכמו	an year								•
(e)	(p)	<u></u>		(ə)	((h)	Ξ	3	3
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Of Disproportionate ear allocations?	amount in box 20 of Schedule K-1 (Form 1065)	General or Percentage managing ownership partner?	entage nership
										
						+	-		-	
						+	-		+	
Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year	ganizations Taxable a reporation or trust during	as a Corport	oration or Trust. Co	mplete if the organizat	ion answered "	Yes" on Form	990, Part IV, line :	34 because it had o	ne or more re	elated
(e)			(q)	(c) (q)		(a)	(£)	(6)	(u)	Ξ
Name, address, and EIN of related organization		Prım	Primary activity	(state or forming and propertion)		Type of entity (C corp, S corp,	Share of total income	ař ař	Percentage 512 ownership con	Section 512(b)(13) controlled entity?
				country)	ō 	trust)		assets	Yes	No
			1	+	-		+	+	+	1
										
										_
							<u></u>			
						-			-	_
										
					-	+	+		+	1
	-							-		
632162 09-06-16				51				Schedul	Schedule R (Form 990) 2016	0) 2016

58-2655939

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	elated organizations listed	in 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
e Loans or loan guarantees by related organization(s)				1e X
f Dividends from related organization(s)				1t X
g Sale of assets to related organization(s)				1g X
h Purchase of assets from related organization(s)				1h X
 Exchange of assets with related organization(s) 				11 X
j Lease of facilities, equipment, or other assets to related organization(s)				1j X
k Lease of facilities, equipment, or other assets from related organization(s)				1k X
1 Performance of services or membership or fundraising solicitations for related organization(s)	ınızatıon(s)			1 X
m Performance of services or membership or fundraising solicitations by related organization(s)	ınızatıon(s)			1m X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			th X
o Sharing of paid employees with related organization(s)				10 X
p Reimbursement paid to related organization(s) for expenses				X X
				19 X
r Other transfer of cash or property to related organization(s)				×
	who must complete to	nis 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,				
	В	8,017,326.CASH	САЅН	
(2)				
(3)				
(4)				
(5)				
(6)				
632 163 09-06-16	52		Schedul	Schedule R (Form 990) 2016

58-2655939

NATIONAL CHRISTIAN FOUNDATION REAL

PROPERTY, INC. Schedule R (Form 990) 2016 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

mar was not a leighed organization, ode mandellon regalding exclusion	success regarding excit	Jaion for Certain inv	or certain investment partitiersings							
(a)	(Q)	(2)	(p)		E	(a)	E	€ 	8	¥
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income partic (related, unrelated, 501	partners sec SP 501(c)(3)	Share of total	Share of	Dispropor- tronate	Disproportionale amount in box 20 managing ownership	General or managing	Percentage
		country)	excluded from tax under or sections 512-514) Yes		income	assets	Yes No	of Schedule K-1 (Form 1065)	Yes No	
			-							
				_						
							_			
			_]		
							_		_	
							_			
				-	1		+		1	
							_			
									_	
							1			
					-					
				_						
									_	
							_		_	
									_	
					+		$\frac{1}{1}$			
							_		_	
			-							
				1	1		$\frac{1}{1}$			
			-							
							1			

Schedule R (Form 990) 2016