

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 Open to Public

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Department of the Treasury Inspection Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. and ending A For the 2017 calendar year, or tax year beginning D Employer identification number C Name of organization Check if Address change NCF CHARITABLE TRUST Name change 20-4326440 Doing business as Initial 2 Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number (813) 567-1499 P O BOX 172211 termi ated 572,086,676. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amende TAMPA, FL 33672 H(a) Is this a group return Applica-F Name and address of principal officer SAME AS C ABOVE Yes X No for subordinates? pendina H(b) Are all subordinates included? __Yes ___ No Tax-exempt status X 501(c)(3)) (insert no.) 4947(a)(1) or If "No," attach a list (see instructions) 501(c)(J Website: ► N/A H(c) Group exemption number Other > L Year of formation. 2006 M State of legal domicile. FL K Form of organization. Corporation X Trust Association Part I Summary Briefly describe the organization's mission or most significant activities THE TRUSTEE MAKES GRANTS FOR Activities & Governance CHARITABLE PURPOSES TO NATIONAL CHRISTIAN CHARITABLE FOUNDATION, 2 Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 2 5 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 0 6 Total number of volunteers (estimate if necessary) 113,730,471. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 56,235,161. b Net unrelated business taxable income from Form 990-T, line 34 Prior Year **Current Year** 206,051,978 353,841,808. Contributions and grants (Part VIII, line 1h) Revenue Ō. Ũ Program service revenue (Part VIII, line 2g) 40,779,185. 73,202,274. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 66,080,616. 94,185,214 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 341,016,377. 493,124,698. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 158,014,550. 214,937,578. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0 Benefits paid to or for members (Part IX, column (A), line 4) 31,000 Ō. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25)

7,846,171. 11,896,305. 21 Total liabilities (Part X, line 26) E G Net assets or fund balances Subtractiliate 647,350,117. 818,530,851 22 Part II | Signature Block Under penaltics of perjury, 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 office 13 bases on all information of which preparer has any knowledge Sign RICHARD D. PETERSON, PRESIDENT, NCF CORP Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature Check Paid Preparer Firm's EIN Firm's name 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)

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)

Revenue less expenses Subtract line 18 from line 12

Total assets (Part X, line 16)

18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)

Form **990** (2017)

No

Yes

14,004,779.

228,942,357.

264,182,341.

End of Year

830,427,156.

SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION SEE

30,098,510.

188,144,060.

152,872,317

Beginning of Current Year

655,196,288.

including grants of \$

214,937,578.

) (Revenue \$

Form 990 (2017)

Total program service expenses ▶

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Dart IV	Checklist	of Rec	uuired S	chadulas
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			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	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	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	├ ॅ		<u> </u>
4	during the tax year? If "Yes," complete Schedule C, Part II	4		х
_	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	 -		
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
_		ᡰᡥ		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6	х	
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	┡╬╴	 ^	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_ ا	1	х
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	-	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8_		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		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.		l	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
Ī	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	 		1
124	Schedule D, Parts XI and XII	12a		Х
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	<u> </u>		
	If "Yes." and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13		13		х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	<u> </u>		
J	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	Ť		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		 	ΙŤ
• •	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	''' -		† <u> </u>
18	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
10	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	۳,	 	
19		19		х
	complete Schedule G, Part III		990	
		. 5111		,2017

Part IV | Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	ŀ		
	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		X
b		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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	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	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	_X_	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
		Form	990	(2017)

a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W 2C included in line 1a Enter 0- if not applicable Discription of the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return In it is if at least one is reported to inhe 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) If I 'Yes', has filed a Form 990-T for this year? If 'Mo', 't for Im 980, provide an explanation in Schedule O By It 'Yes', has filed a Form 990-T for this year? If 'Mo', 't for Im 980, provide an explanation in Schedule O By It 'Yes', 't enter the name of the foreign country louch as a bank account, securities account, or other national accounts (FBAR) See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) Substitutions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) Sa Was 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 chantable contributions? If 'Yes,' to line 5a or 5b, did the organization file Form 8886.T? For Organization shart may receive deductible contributions under section 170(c). If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? If 'Yes,' did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Obd the organization sell, exchange, or otherwised dispose of tangible personal property for which it was require	Par	TV Statements Regarding Other IRS Filings and Tax Compliance					
Enter the number reported in Box 3 of Form 1096 Enter 0-if not applicable Enter the number of Forms W-2G included in line 13 Enter 0-if not applicable Did the organization comply with backup withholding nules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return 1 If a less and one a reported on line 28, did the organization file all required federal employment tax returns? Note, If the sum of lines 1 a and 2s is greater than 250, you may be required to 6-life (see instructions) 3 If the sum of lines 1 a and 2s is greater than 250, you may be required to 6-life (see instructions) 3 If the sum of lines 1 and 2s is greater than 250, you may be required to 6-life (see instructions) 3 If the sum of lines 1 and 2s is greater than 250, you may be required to 6-life (see instructions) 3 If the sum of lines 1 and 2s is greater than 250, you may be required to 6-life (see instructions) 3 If the sum of lines 1 and 2s is greater than 250, you may be required to 6-life (see instructions) 3 If the sum of lines 1 and 2s is greater than 250, you may be required to 6-life (see instructions) 3 If the sum of lines 1 and 2s is greater than 250, you may be required to 6-life (see instructions) 3 If the sum of lines 1 and 2s is greater than 250, you may be required to 6-life (see instructions) 3 If the sum of lines 1 and 2s is greater than 250, you may be required to 6-life (see instructions) 4 If the sum of sum of the activity of sum 3s bears and analyses of sum of s		Check if Schedule O contains a response or note to any line in this Part V			_	1	ᆜ
b Enter the number of Forms W-2G included in line 1s Enter-0-if not applicable c Did the organization comply with backing withholding rules for reportable payments to vendors and reportable gaming (gamibing) withoutings to prize withholding rules for reportable payments to vendors and reportable gaming (gamibing) withoutings to prize withholding rules for reportable payments to vendors and reportable gaming (gamibing) withoutings or provided for the provided rules of the provided rules of the reportable payment that returns? 2Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the called a report of the reportable payment tax returns? 3D bit a report of the reportable payment tax returns? 3D bit and the organization has been considered for the reportable payment tax returns? 3D bit we organization have unrelated business gross income of \$1,000 or more during the year? 4D bit 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 (guids as a bank account, securines account, or deef reauthority over, a financial Accounts (FBAR) 5E was the organization and the foreign country IP— 5E was the organization and the foreign country IP— 5E was the organization and the foreign country IP— 5E was the organization and the foreign country IP— 5E was the organization and the foreign country IP— 5E was the organization and the foreign country IP— 5E was the organization and the foreign country IP— 5E was the organization and the foreign country IP— 5E was the organization and the foreign Bank and Financial Accounts (FBAR) 5E was the organization and the organization that it was or is a party to a prohibited tax shelter transaction? 5E bit Yes, to did the organization make country to prohibited tax shelter transaction? 5E bit Yes, to did the organization make accountry to prohibited tax shelter transaction? 5E bit Yes, did the organization include which were			_	1.0		Yes	No ,
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Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions) 3a. Dut the organization have unrelated business gross income of \$1,000 or more during the year? 4b. If "Yes," sat filed a Form 990 For this year? If "No," to line 95, provide an explanation in Schedule O 4c. A rany 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 accountly over, a financial account in a foreign country such as a bank account, securities account, or other financial accountly over, a financial account in a foreign country such as a bank account, securities account, or other financial accountly over, a financial account in a foreign country such as a bank account, securities account, or other financial accountly over, a financial financia						ˈx l	- 1
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14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14a X 14b							
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			_13C		14-		x
b if "Yes," has it filed a Form 720 to report these payments 711 No., provide an explanation in Schedule 0 [146] Form 990 (2017)			۰.				
	b	The res, nas π filed a Form 720 to report these payments 711 No, provide an explanation in Schedule	9 0			990	(2017)

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

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
			•		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		_1		l .
	If there are material differences in voting rights among members of the governing body, or if the governing	ľ				l .
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				1	1
b	Enter the number of voting members included in line 1a, above, who are independent	1b		_1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other			، ج. ا
	officer, director, trustee, or key employee?			2	-	X
3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	ct supervision			J.,
	of officers, directors, or trustees, or key employees to a management company or other person?			3	ļ	X
4	Did the organization make any significant changes to its governing documents since the prior Form		as filed?	4	+	$\frac{\hat{\mathbf{x}}}{\mathbf{x}}$
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets		5 6	+	X
6	Did the organization have members or stockholders?			•	+	 ^
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppomi	one or	7a		x
_	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders or	<u>'</u> "		
ь	persons other than the governing body?	SLOCKII	oluers, or	7ь		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by th	e following:			<u> </u>
	The governing body?	~y ***	_ · · · · · · · · · · · · · · · · · · ·	8a	X	- '
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ached	at the		T	
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenu	e Code)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapter	s, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	L	L
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy befo	re filing the form	[?] 11a	X	<u> </u>
þ	Describe in Schedule O the process, if any, used by the organization to review this Form 990					-:
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	 -
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	┼	X
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	res," d	escribe		X	
	In Schedule O how this was done			12c	X	├
13	Did the organization have a written whistleblower policy?			13	$\frac{\Lambda}{X}$	├─
14	Did the organization have a written document retention and destruction policy?	بريط لم	danandant	14	+	\vdash
15	Did the process for determining compensation of the following persons include a review and approve persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		idependent			'
_	The organization's CEO, Executive Director, or top management official	•		15a		X '
	Other officers or key employees of the organization			15b	T	X
J	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			-32		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vith a			
. Ju	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its i	participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization	nızatıc	n's			۱. ۱
	exempt status with respect to such arrangements?			16b	<u> </u>	<u> </u>
Sec	tion C. Disclosure		.=			
17	List the states with which a copy of this Form 990 is required to be filed ▶ FL , CA					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sect	tion 501(c)(3)s or	nly) avaıla	ble	
	for public inspection. Indicate how you made these available. Check all that apply	_				
	Own website Another's website X Upon request Other (explain		•			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	onflict	of interest policy	, and fina	ncial	
	statements available to the public during the tax year					
20	State the name, address, and telephone number of the person who possesses the organization's bo	ooks a	nd records -			
	NCF CORPORATION - (813) 567-1499					
	P O BOX 172211, TAMPA, FL 33672			Eor	ת ספה	(2017)
73200	5 11-28-17			1 01		(=017)

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

Check this box if neither the organiz (A) Name and Title	(B) Average hours per	(do xod offi	not c	Pos heck	C) ition more rson	than is bot or/trus	one h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
,	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organization
l) NCF CORPORATION, TTEE RUSTEE	20.00		х					0.	0.	
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Form 990 (2017)

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Form 990 (2017)

Section A. Officers, Directors,	Trustees, Key Em	ploye	es,	and	l Hig	hest	C	ompensated Employe	es (continuea)				
(A)	(B)		_	(C				(D)	(E)			(F)	
Name and title	Average hours per	Position (do not check more than one box, unless person is both an						Reportable	Reportable			tımate	
	week				son is rector/i			compensation from	compensation from related			nount other	Oī
	(list any	tor						the	organizations	- 1		pensa	ition
	hours for	ar direc			2	3		organization	(W-2/1099-MIS	C)	fr	om th	е
	related organizations	ıstee o	truste		e usus			(W-2/1099-MISC)			_	anızat	
	below	ual fr	gonal	ı	ploye	a .	_					d relat anızatı	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee Hinhest compa	employee	Former				o, gc		0,10
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			1	1	1	,	7			\dashv			
1b Sub-total		Ш				┸	_	0.		0.			0.
c Total from continuation sheets to Pa	art VII. Section A							0.		0.			0.
d Total (add lines 1b and 1c)	,					•	•	0.		0.			0.
2 Total number of individuals (including l	but not limited to th	nose li	stec	d ab	ove)	who	re	ceived more than \$100	,000 of reportable				
compensation from the organization	<u> </u>											Yes	No.
3 Did the organization list any former of	ficer, director, or tru	ustee,	key	em/	ploye	ee, c	or h	nighest compensated e	mployee on	ſ		163	140
line 1a? If "Yes," complete Schedule J	for such individual		-								3		X
4 For any individual listed on line 1a, is the	•		•					•	the organization			1	
and related organizations greater than										ŀ	4		X
5 Did any person listed on line 1a receive	•				•		ate	ed organization or indiv	idual for services	}	_		x
rendered to the organization? If "Yes," Section B. Independent Contractors	complete Scriedur	E J 101	rsuc	сп р	erso	111					5	i	
1 Complete this table for your five higher										pensa	ation f	rom	
the organization Report compensation		ear er	ndın	ıg wı	ith or	with	hin	the organization's tax (B)	year I		(0	٠,	
(A) Name and busi		NO	NE					Description of s	ervices	C	ompei		n
-							T						
							+						
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							+	·					
2 Total number of independent contract	ore (including but a	ot lim	nted	l to t	those	a liste		ahove) who received m	ore than				
\$100,000 of compensation from the or	-	ÇE III I	eu		0	. 11316	Ju		ore triair				
											Form !	990 (2017)

Part VIII Statement of Revenue

		Check if Schedule O cont	ains a respon	se or note to any lin		· · · · · · · · · · · · · · · · · · ·		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ats I	1 a	Federated campaigns	1a					
탾킱	ь	Membership dues	1b					
₽°,	С	Fundraising events	1c					
ᄩ	d	Related organizations	1d	2,707,601.				
ş Ē	е	Government grants (contribut	ions) 1e]				
P S	f	All other contributions, gifts, gran	ts, and			}		ł
호텔		similar amounts not included abor	ve 1f	351,134,207.				
눌위	g	Noncash contributions included in lines	1a-1f \$	346,504,485.				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f			353,841,808.			
ĺ				Business Code				
8	2 a			-				
e c	þ			_			<u> </u>	
Program Service Revenue	C			_				
Par	d	·		-				
ğ_	е	<u> </u>		-				
۱ ۳	f	All other program service reve	nue	900003				
\rightarrow		Total. Add lines 2a-2f						
l	3	Investment income (including	dividends, int	erest, and	,			
		other similar amounts)		•]	5,655,999.	5,655,999.		
	4	Income from investment of ta	x-exempt bon	d proceeds				
l	5	Royalties			289,031.	289,031.		
- 1			(i) Real	(ii) Personal				
	6 a		127,48					
		Less rental expenses	247,73					
		Rental income or (loss)	<120,25	3.>				
J		Net rental income or (loss)			<120,253.	·		<120,253.
	7 a	Gross amount from sales of	(i) Securitie					
		•	120,162,07	1. 26,098,448.				
	þ	Less cost or other basis						
- 1		and sales expenses		2. 14,383,152.				
		Gain or (loss)	55,830,97	9. 11,715,296.	67 646 276		49 226 004	10 220 101
		Net gain or (loss)		P	67,546,275.		48,326,094.	19,220,181.
e	8 a	Gross income from fundraising	• •					
evenue		including \$	of					
Be		contributions reported on line	1c) See					
Other R		Part IV, line 18		a				
5		Less direct expenses		, b				
		Net income or (loss) from fund	-	s				
	9 a	Gross income from gaming ac	tivities See	_				
		Part IV, line 19		a				
- [Less direct expenses		ь				
		Net income or (loss) from gam	_		-			
- 1	io a	Gross sales of inventory, less	returns	_				
		and allowances		<u>a</u>				
		Less cost of goods sold	a af ini iantani	ь				
ŀ	C	Net income or (loss) from sale		Business Code				
ł	11 a	Miscellaneous Revenu UBTI PASSTHROUGH INCOM		900003	65,404,377.		65,404,377.	ĺ
	ii a	OMITTED TAYGONE		900099	507,461.	507,461.	,,-,,,,,	
l	0			-	,			
ŀ	d	All other revenue		-				
ŀ	_	Total. Add lines 11a-11d		L-	65,911,838.	-		
ŀ	12	Total revenue. See instructions.		.	493,124,698.	6,452,491.	113,730,471.	19,099,928.
—	14	. J. L. 1040 HBC. OCC HISH UCHOHS.				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,	Form 990 (2017)

Part IX | Statement of Functional Expenses

Sect	on 501(c)(3) and 501(c)(4) organizations must con			omplete column (A)	
_	Check if Schedule O contains a respo	nse or note to any line in (A)	this Part IX (B)	(c)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	214,937,578.	214,937,578.		·
2	Grants and other assistance to domestic				•
	individuals See Part IV, line 22				<u></u>
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	J	J		•
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	·			
9	Other employee benefits				
10	Payroll taxes		·		
11	Fees for services (non-employees)			1	
a	Management	194,286.		194,286.	
Ь	Legal	134,200.		174,200.	
c	Accounting				
d e	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)	63,382.		63,382.	
12	Advertising and promotion				
13	Office expenses		<u></u>		
14	Information technology	···			·
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	17,376.		17,376.	
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)				I
	amount, list line 24e expenses on Schedule 0.) TAXES	13,707,328.		13,707,328.	
a	MISCELLANEOUS EXPENSES	9,202.	· -	9,202.	
Ь	MISCELLANEOUS PROP EXP	8,437.	 	8,437.	
c d	LICENSES & FEES	4,768.	-	4,768.	
_				=,/00.	
е 25	All other expenses Total functional expenses. Add lines 1 through 24e	228 942 357	214,937,578.	14,004,779.	0.
26	Joint costs. Complete this line only if the organization			,,	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				
					5000 (0017)

Pai	rt X	Balance Sheet				
		Check if Schedule O contains a response or not	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		18,275,793.	1	13,310,325.
	2	Savings and temporary cash investments		12,355,462.	2	18,585,923.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and fo	ormer officers, directors,			
		trustees, key employees, and highest compensations	ated employees Complete		i	
		Part II of Schedule L	, ,	•	5	
	6	Loans and other receivables from other disquali	fied persons (as defined under			
		section 4958(f)(1)), persons described in section				
		employers and sponsoring organizations of sect				
ts		employees' beneficiary organizations (see instr)		6		
Assets	7	Notes and loans receivable, net		20,000,869.	7	29,053,277.
Ä	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		30,984.	9	29,435
	10a	Land, buildings, and equipment cost or other	1			
		basis Complete Part VI of Schedule D	10a 526,500.		ا ۔	
	ь	Less accumulated depreciation	10b 0.	441,500.	10c	526,500.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities See Part IV, line	11	592,291,876.	12	744,004,838.
	13	Investments - program-related See Part IV, line	11		13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		11,799,804.	15	24,916,858.
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	655,196,288.	16	830,427,156.
	17	Accounts payable and accrued expenses		2,063,787.	17	4,539,268.
	18	Grants payable		164 000	18	462 240
	19	Deferred revenue		464,889.	19	463,340.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete			21	
es	22	Loans and other payables to current and former			ľ	
Ĭ		key employees, highest compensated employee	es, and disqualified persons			
Liabilities		Complete Part II of Schedule L		1,509,424.	22	2,815,629.
	23	Secured mortgages and notes payable to unrela		1,303,424.	23	2,013,023.
	24	Unsecured notes and loans payable to unrelate			24	
	25	Other liabilities (including federal income tax, pa	•			
		parties, and other liabilities not included on lines	(17-24) Complete Part X of	3,808,071.	25	4,078,068.
	26	Schedule D		7,846,171.	26	11,896,305.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here	7,010,1710	20	11/030/000
w		complete lines 27 through 29, and lines 33 ar	••			
ë	27	Unrestricted net assets	iu 54.	647,350,117.	27	818,530,851.
<u>a</u>	28	Temporarily restricted net assets	011,000,111	28	,	
ĕ	29	Permanently restricted net assets			29	
Net Assets or Fund Balances	23	Organizations that do not follow SFAS 117 (A	SC 958), check here			
ΥF		and complete lines 30 through 34.	or soon oneon here F			
ts c	30	Capital stock or trust principal, or current funds			30	,
sse	31	Paid-in or capital surplus, or land, building, or ed	nuioment fund		31	'
Ä	32	Retained earnings, endowment, accumulated in			32	
Š	33	Total net assets or fund balances	come, or outer fulled	647,350,117.	33	818,530,851.
	34	Total liabilities and net assets/fund balances		655,196,288.	34	830,427,156.
	1 0-4	Total habilities and fiet assets/fully balances			<u>, J.</u>	Form 990 (2017

Form	1 990 (2017) NCF CHARITABLE TRUST	20-	4326	440	Pag	ge 12
Pai	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X

1	Total revenue (must equal Part VIII, column (A), line 12)	1		,12	_	
2	Total expenses (must equal Part IX, column (A), line 25)	2		,94		
3	Revenue less expenses Subtract line 2 from line 1	3		,18		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		,35		
5	Net unrealized gains (losses) on investments	5	<u> <41</u>	,80	3,2	<u>95.</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	<51	,19	8,3	12.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	818	,53	0,8	<u>51.</u>
Pa	rt XII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII		_			<u> </u>
					Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other					,
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	a no t				,
	separate basis, consolidated basis, or both					,
	Separate basis Consolidated basis Both consolidated and separate basis					_
b	Were the organization's financial statements audited by an independent accountant?			2b	X	L
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				1
	consolidated basis, or both					
	Separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audīt,				'
	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 O	į.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	tit			نــا
	Act and OMB Circular A·133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired aud	tıt			1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		Щ

Form **990** (2017)

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Nam	e of t	he organization	CHAD TMADE E	mpucm					identification number
D -	217		CHARITABLE			4\0			0-4326440
Pa		Reason for Public (1	
The	organ	ization is not a private found		=					17
1	\vdash	A church, convention of chi					l)(A)(i).		
2	닏	A school described in secti							
3	닏	A hospital or a cooperative							
4	Ш	A medical research organization	ation operated in cor	njunction with a hospital	l described	d in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
		city, and state							
5	Ш	An organization operated for	or the benefit of a col	lege or university owner	d or operat	ted by a g	overnmental u	nıt describ	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II)						
6	\sqsubseteq	A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organization that normal	Ily receives a substai	ntial part of its support f	from a gov	ernmental	unit or from the	ne general	public described in
		section 170(b)(1)(A)(vi). (Co	omplete Part II)						
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions)	Enter the	name, city	y, and state of	the colleg	e or
		university							
10		An organization that norma	lly receives (1) more	than 33 1/3% of its sup	port from	contribution	ons, members	hıp fees, a	nd gross receipts from
		activities related to its exem	npt functions - subjec	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of	its support	from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	iired by the or	ganızatıon	after June 30, 1975
		See section 509(a)(2). (Cor	mplete Part III)						
11		An organization organized a	and operated exclusi	vely to test for public sa	afety Sees	section 50)9(a)(4).		
12	X	An organization organized a							
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section :	509(a)(2)	See section 5	6 09 (a)(3). C	theck the box in
		lines 12a through 12d that	• • • • • • • • • • • • • • • • • • • •						
а	X	■ Type I. A supporting organization							
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or truste	es of the s	upporting
	_	organization You must o	•						
b	L								
		control or management o	of the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or mana	ge the sup	ported
	_	organization(s) You mus							
C	L							ly integrate	ed with,
		ts supported organizatio							
d									
		that is not functionally int	•		-		-	an attent	iveness
	_	requirement (see instruct							
е	L	Check this box if the orga					a Type I, Type	II, Type III	
		functionally integrated, or		nally integrated support	ing organi	zation			1
f		er the number of supported o	-						1
9		vide the following information	n about the supporte	d organization(s) (iii) Type of organization	1 (iv) (s the oroa	inization listed	(v) Amount of	monetany	(vi) Amount of other
	,	Name of supported organization	(11) =114	(described on lines 1-10	ın your governi	No No	support (see in	-	support (see instructions)
173	m = 0	-		above (see instructions))	Yes	NO			· · · · · · · · · · · · · · · · · · ·
		NAL CHRISTIAN TABLE FOUNDATI	E0 1402040	7	x		197,832	070	
Сп	AKI	TABLE FOUNDATI	30-1433343	/			191,032	,070.	
				· · · · · · · · · · · · · · · · · · ·	 				
					 	 			
_					 	 	 		
					 	 	197,832	.070-	0.

Schedule A (Form 990 or 990-EZ) 2017 NCF CHARITABLE TRUST 20-43264

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)

Ser	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and	(a) 2013	(0) 2014	(0) 2013	(4) 2010	(5,25),	17 10101
'	membership fees received (Do not					/	
	include any "unusual grants ")						
2	Tax revenues levied for the organ-					/	
_	ization's benefit and either paid to						
	or expended on its behalf					/	
2	The value of services or facilities					/	
3	furnished by a governmental unit to					/	
	the organization without charge				/		
4	Total. Add lines 1 through 3				/		
	The portion of total contributions				/		
•	by each person (other than a				/		
	governmental unit or publicly				/		
	supported organization) included		·		/		
	on line 1 that exceeds 2% of the				/		,
	amount shown on line 11,	1			/		
	column (f)				/		
6	Public support. Subtract line 5 from line 4		•				
	etion B. Total Support		<u> </u>			· · · · · · · · · · · · · · · · · · ·	
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015/	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	(2) 20 10	<u> </u>	/	,		
	Gross income from interest,						
•	dividends, payments received on						
	securities loans, rents, royalties,			/			
	and income from similar sources			/		1	
9	Net income from unrelated business			ĵ			
_	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		/			•	
	Gross receipts from related activities,	etc (see instruction	ons) /			12	
	First five years. If the Form 990 is for			d, fourth, or fifth t	ax year as a section	on 501(c)(3)	
	organization, check this box and stor	here	/				▶□
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2017 (line 6, column (f) d	ıvıded by line 11, d	column (f))		14	%
	Public support percentage from 2016					15	%
16a	33 1/3% support test - 2017. If the	organization did no	ot/check the box o	n line 13, and line	14 is 33 1/3% or r	more, check this bi	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization	า			▶□
b	33 1/3% support test - 2016. If the o	organization did 🖟	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/39	6 or more, check t	nis box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	ts-and-circumstan	ices" test, check t	his box and stop l	here. Explain in Pa	irt VI how the orga	nization
	meets the "facts-and-circumstances"	<i>y</i> -	-				▶∟
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the						•
	organization meets the "facts-and-circ						▶⊨
18	Private foundation. If the organization	n did not check a	box on line 13, 16	ia, 16b, 17a, or 17			
					Sch	edule A (Form 990	or 990-EZ) 2017
		/					
		1					
		1					
7320	22 10-06-17	1					

Part III | Support Schedule for Organizations Described 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						
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not			:			
	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that					/	
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-		_				
	ization's benefit and either paid to				/		
	or expended on its behalf						
5	The value of services or facilities						-
	furnished by a governmental unit to				/		
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and				_		
	3 received from disqualified persons						<u> </u>
ŧ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b			1	· · · · · · · · · · · · · · · · · · ·		
	Public support. (Subtract line 7c from line 6.)			1			
Se	ction B. Total Support						
_	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	/ (c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6		h	1			
10	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
t	Unrelated business taxable income		/				
	(less section 511 taxes) from businesses		/				
	acquired after June 30, 1975		/				
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)		ý .				
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is fo	r the organizaţion':	s first, second, thu	d, fourth, or fifth to	ax year as a section	n 501(c)(3) organi	zation,
_	check this box and stop here		<u>.</u>				▶□
Se	ction C. Computation of Publ	lic Support Pe	rcentage				
15	Public support percentage for 2017 (line 8, column (f) d	ivided by line 13, o	column (f))		15	%
16	Public support percentage from 2016	5 Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20)17 (ling 10c, colur	nn (f) divided by lii	ne 13, column (f))		17	%
	Investment income percentage from	,				18	%
19	a 33 1/3% support tests - 2017. If the	organization did n	not check the box	on line 14, and line	e 15 is more than (33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	ınd stop here. The	organization qua	lifies as a publicly	supported organiz	ation	▶□
ı	33 1/3% support tests - 2016. If the	organization did n	not check a box or	line 14 or line 19	a, and line 16 is me	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	i					▶∐
20	Private foundation. If the organization	on/did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	
7320	23 10-06-17	1			Sch	edule A (Form 99	0 or 990-EZ) 2017

Ves No

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)

Section A. A	II Su	pporting	Organizations
--------------	-------	----------	----------------------

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in
- 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)
- 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)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		Yes	No
	1	X	
	2		X
	3a	1	x ;
	3b	•	·
	3c		
	 4a		χ
	4b		
		٠,	:!
	_4c		 ;
	5a	-	x X
	5b	ı	4
	5c		
	 6		X
	7	1	x '
	 8	-	x~
	9a ´		X
	9b	-	X
	9c		x
	 10a		X
	10b		
m 9	90 or 99	90-EZ	2017

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Schedule A (Form 990 or 990-EZ) 2017

За

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

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

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov 20, 1970 (explain in	Part VI) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E	
Sect	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			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	·	
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1a		
ь	Average monthly cash balances	1b		
	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		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,		•	
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		-
4	Enter greater of line 2 or line 3	4		-
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrat	ed Type III supporting org	ganization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2017

Par	t V Type III Non-Functionally Integrated 50	9(a)(3) Supporting Orga	anizations _(continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpor	ses of supported organization	s	
	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			<u> </u>
8	Distributions to attentive supported organizations to which	the organization is responsive	•	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2017			
а	,			<u> </u>
b	From 2013			
С	From 2014	<u> </u>	=	
<u>d</u>	From 2015			
<u>e</u>	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Carryover from 2012 not applied (see instructions)			
<u>_i</u> _	Remainder Subtract lines 3g, 3h, and 3i from 3f		•	
4	Distributions for 2017 from Section D,			
	line 7 \$			
	Applied to underdistributions of prior years			<u> </u>
	Applied to 2017 distributable amount			
	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2017, if	1		
	any Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2017 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions	 		-
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c	 		
	Breakdown of line 7	 		
	Excess from 2013	 		
	Excess from 2014	+		_
	Excess from 2015	 	-	
	Excess from 2016	 	 	

Schedule A (Form 990 or 990-EZ) 2017

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

NCF CHARTTABLE TRUST

Employer identification number 20-4326440

Pa	rt I Organizations Maintaining Donor Advise		Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir	ne 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	420	39
2	Aggregate value of contributions to (during year)	349,108,627.	1,618,768.
3	Aggregate value of grants from (during year)	203,208,033.	4,026,504.
4	Aggregate value at end of year	774,652,734.	35,063,617.
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised for	unds
	are the organization's property, subject to the organization's	exclusive legal control?	X Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used	d only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose conf	
	impermissible private benefit?		X Yes No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part	V, line 7
1	Purpose(s) of conservation easements held by the organizat	on (check all that apply)	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a historica	lly 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 quali	fied conservation contribution in the form of a	conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
þ	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structure	1 1
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the org	anization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i		L Yes L No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserva	ation easements during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year
_	\$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)	
_	and section 170(h)(4)(B)(ii)?		└ Yes
9	In Part XIII, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes the c	organization's accounting for
Tipo:	conservation easements rt III Organizations Maintaining Collections o	f Art Historical Transuras or Otho	r Similar Accets
Pai			i Sillillar Assets.
	Complete if the organization answered "Yes" on Form		
та	If the organization elected, as permitted under SFAS 116 (AS	•	
	historical treasures, or other similar assets held for public ext		of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		I halanaa ahaakaaada af ad baskaaaal
D	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public s	service, provide the following amounts
	relating to these items		.
	(i) Revenue included on Form 990, Part VIII, line 1		► \$ ► \$
_	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		n, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	
	Revenue included on Form 990, Part VIII, line 1		\$
	Assets included in Form 990, Part X		\$
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2017

<u>S</u> che	edule D (Form 990) 2017 NCF CHA	RITABLE TR	UST					20-43	26440	Page 2
Pai	rt III Organizations Maintaining C	collections of A	rt, Histori	cal Tr	easures, or C	ther				
3	Using the organization's acquisition, accessi	on, and other record	ds, check an	y of the	following that are	a sign	ificant	use of its	collection	items
	(check all that apply)									
а	Public exhibition	d	I 📙 Loar	or excl	hange programs					
b	Scholarly research	е	Othe	er						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how they f	urther ti	he organization's	exemp	t purp	ose in Par	t XIII	
5	During the year, did the organization solicit of	r receive donations	of art, histori	cal trea	sures, or other si	mılar as	sets	_	_	_
	to be sold to raise funds rather than to be ma								Yes	No_
Pai	rt IV Escrow and Custodial Arran		ete if the org	anızatıo	n answered "Yes	" on Fo	rm 990), Part IV,	line 9, or	
	reported an amount on Form 990, Pa				<u> </u>					
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for cont	tribution	s or other assets	not inc	luded		٦	_
	on Form 990, Part X?							L.	」Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table	•			r——			
									Amount	
	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f		1	
	Did the organization include an amount on F						,	<u> </u>	⊻ Yes	⊢ No
_	If "Yes," explain the arrangement in Part XIII									
Par	rt V Endowment Funds. Complete						Three	eara baak	t a Cour	voore beelv
		(a) Current year	(b) Prior	year	(c) Two years bad	ж <u>(а)</u>	inree y	ears back	(e) Four	years back
1a	Beginning of year balance					-				
b	Contributions									
c	Net investment earnings, gains, and losses									
a	Grants or scholarships					\dashv				
е	Other expenditures for facilities									
	and programs					+	-			
	Administrative expenses					-				
g	End of year balance		- /l 1		N hold oo					
2	Provide the estimated percentage of the curr	rent year end baland		Jiumin (a	i)) neiù as					
a	Board designated or quasi-endowment	%	_%							
	Permanent endowment	⁷⁶								
C	Temporarily restricted endowment ► The percentages on lines 2a, 2b, and 2c sho									
22	Are there endowment funds not in the posse		ation that are	a hald a	nd administered	for the	Organi.	zation		
Ja	by	ssion of the organiza	auon mat an	e neia a	and administered	ioi tiie i	organii	Lation	Γ.	Yes No
	(i) unrelated organizations								3a(ı)	103 110
	(ii) related organizations								3a(iı)	-+-
h	If "Yes" on line 3a(ii), are the related organizations	itions listed as requi	red on Scher	dule R?					3b	-+-
4	Describe in Part XIII the intended uses of the								<u> </u>	
	t VI Land, Buildings, and Equipm				· <u>-</u>					
	Complete if the organization answere). Part IV. line	e 11a S	See Form 990. Pa	rt X. line	e 10			
	Description of property	(a) Cost or o) Accu		ed	(d) Book	value
	Doos, property	basis (investr		basis		depre			(4, 550	
- <u>-</u>	Land									
	Buildings	526,	500.						526	,500.
	Leasehold improvements									
d	Equipment									
	Other									
	Add lines 1a through 1e (Column (d) must e	gual Form 990. Part	X column (F	3) line 1	(OC)				526	,500.

Schedule D (Form 990) 2017

Part VII Investments - Other Securities.				uge .
Complete if the organization answered "Yes"	on Form 990, Part IV	/, line 11b See Form 990,	Part X, line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	raluation Cost or end-of-year market value	e
(1) Financial derivatives				
(2) Closely-held equity interests	345,001,3	07. COST		
(3) Other		<u> </u>		
(A) LLCS AND PARTNERSHIPS	398,839,9	97. COST		
(B) ALTERNATIVE				
(C) INVESTMENTS/HEDGE FUNDS	163,5	34. COST		
(D)				_
(E)				
(G)				
(H)	744 004 0	20		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	744,004,8	38.	<u> </u>	
Part VIII Investments - Program Related.			_	
Complete if the organization answered "Yes"			Part X, line 13 raluation Cost or end-of-year market value	
(a) Description of investment	(b) Book value	(c) Method of v	raidation Cost of end-or-year market value	-
(1)				
(2)				
(3)				
(4)				
(5)				
<u>(6)</u> <u>(7)</u>				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.	· · · · · · · · · · · · · · · · · · ·			
Complete if the organization answered "Yes"	on Form 990, Part IV	/, line 11d See Form 990,	Part X, line 15	
	Description	· · · · · · · · · · · · · · · · · · ·	(b) Book value	
(1)	·			
(2)	-	<u> </u>		
(3)				
(4)				
(5)				
(6)				
	· · · · · · · · · · · · · · · · · · ·			
(8)				<u>. </u>
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) lin	e 15)		<u> </u>	
Part X Other Liabilities.				
Complete if the organization answered "Yes"	on Form 990, Part IV		n 990, Part X, line 25	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes	AVADITE	4 070 060		
(2) CHARITABLE GIFT ANNUITY P	AYABLE	4,078,068.		
(3)			1	
		<u> </u>	}	
(5)	<u></u>		1	
(6)		<u> </u>	1	
(7)			1	
(8)			· ·	
(9) Total. (Column (b) must equal Form 990, Part X, col (B) lin	e 25)	4,078,068.		
Total Column (b) must equal tom 330, Fait A, COL (b) iiil	/	,,,	1	

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) 2017

20-4326440 Page 4 NCF CHARITABLE TRUST Schedule D (Form 990) 2017 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total revenue, gains, and other support per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12 2 Net unrealized gains (losses) on investments 2a 2h b Donated services and use of facilities 2c c Recoveries of prior year grants 24 Other (Describe in Part XIII) 2e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII) c Add lines 4a and 4b 40 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 2a Donated services and use of facilities 2b **b** Prior year adjustments 20 c Other losses 2d d Other (Describe in Part XIII) 2e e Add lines 2a through 2d 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII) 4c c Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part XI, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information PART X, LINE 2: THE FOLLOWING FOOTNOTE APPLIES TO THE CONSOLIDATED FINANCIAL STATEMENTS OF THE NATIONAL CHRISTIAN CHARITABLE FOUNDATION, INC., AND SUPPORTING ORGANIZATIONS: INCOME TAX EXPENSE IS RECORDED FOR ACTIVITIES THAT GENERATE UNRELATED BUSINESS INCOME. THE FOUNDATION GENERATES TAXABLE INCOME THROUGH INVESTMENT TRANSACTIONS. THE FOUNDATION ACCEPTS DONATIONS OF S-CORPORATION STOCK. DURING ITS HOLDING PERIOD, THE FOUNDATION RECEIVES TAXABLE DISTRIBUTIONS. FURTHER, A TAXABLE CAPITAL GAIN MAY BE GENERATED UPON THE SALE OF THE STOCK. SIMILARLY, THE FOUNDATION RECEIVES INTEREST IN LLCS THAT GENERATE TAXABLE INCOME. FOR THE YEARS ENDED DECEMBER 31, 2017 AND Schedule D (Form 990) 2017 732054 10-09-17

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SCHEDULE (Form 990)

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

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

OMB No 1545-0047	2017	Open to Public	Inspection

Schedule I (Form 990) (2017) ° L **Employer identification number** 20-4326440 SUPPORT OF GRANT-MAKING (h) Purpose of grant BRANT TO SUPPORT THE or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any MOISSIM Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) ▶ Go to www.irs.gov/Form990 for the latest information. O.CASH CASH 0 (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ► Attach to Form 990 recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of cash grant 197,832,070, 25,000, Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501(C)(3) 501(C)(3) Enter total number of other organizations listed in the line 1 table NCF CHARITABLE TRUST 58-1493949 20-4281656 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization NATIONAL CHRISTIAN CHARITABLE PDN INC. - 11625 RAINWATER DRIVE; STE 500 - ALPHARETTA, GA 30009 or government Name of the organization Department of the Treasury NCF CORPORATION TAMPA, FL 33672 P O BOX 172211 Internal Revenue Service Part II Part I

Page 2

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
		,			
				,	
Supplementa	quired in Part I, lin	e 2, Part III, columr	(b), and any other a	dditional information	
PART I, LINE 2: THE ORGANIZATION DOES NOT MONITOR	THE USE	OF FUNDS G	GRANTED TO	ORGANIZATIONS	
	TS FUNDS	TO ORGANIZATIONS		HERE ONLY IF	
THOSE ORGANIZATIONS QUALIFY AS EXE	EMPT FROM	FEDERAL I	EXEMPT FROM FEDERAL INCOME TAX UNDER	UNDER CODE	
SECTION 501(C)(3)AND THEREFORE, ARE	BOUND	TO USE SUCH	FUNDS	ONLY FOR	
RELIGIOUS, CHARITABLE, EDCATIONAL	OR OTHER	PURPOSES	DESCRIBED	IN THAT CODE	
SECTION.					·

Schedule I (Form 990) (2017)

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

Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

NCF CHARITABLE TRUST

Employer identification number 20-4326440

	1. Types erropersy						. –		
		(a) Check if	(b) Number of	(c) Noncash contri	hution	(c Method of c		ına	
		applicable	contributions or	amounts report		noncash contrib		_	s
		арріюцью	items contributed	Form 990, Part VII	I, line 1g				
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes							_	
8	Intellectual property								
9	Securities - Publicly traded		_						
10	Securities - Closely held stock	X	79	185,540	<u>,560.</u>	APPRAISED	FMV		
11	Securities - Partnership, LLC, or					•			
	trust interests	X	67	158,986	<u>,925.</u>	APPRAISED	FMV		
12	Securities - Miscellaneous								
13	Qualified conservation contribution -					:			
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial	X	1	85	<u>,000.</u>	APPRAISED	FMV		
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts		l						
23	Scientific specimens								
24	Archeological artifacts								
25	Other • (OTHER ASSETS)	X	1	1,892	,000.	APPRAISED	FMV		
26	Other ()								
27	Other ()								
28	Other ()								
29	Number of Forms 8283 received by the organi	zation durin	g the tax year for o	contributions					
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement	29				
								Yes	No
30a	During the year, did the organization receive b	y contribution	on any property rep	ported in Part I, line	es 1 throu	gh 28, that it			
	must hold for at least three years from the dat						1_		
	exempt purposes for the entire holding period						30a		X
ь	If "Yes," describe the arrangement in Part II							ì	
31	Does the organization have a gift acceptance	policy that r	equires the review	of any nonstandar	d contribi	utions?	31	X	
32a	Does the organization hire or use third parties								
	contributions?		_				32a	X	
b	If "Yes," describe in Part II								
33	If the organization didn't report an amount in o	column (c) fo	r a type of propert	y for which column	ı (a) ıs che	cked,			
	describe in Part II								
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.		Schedule	M (For	n 990	2017

732141 09-07-17

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

2017
Open to Public Inspection

Name of the organization

NCF CHARITABLE TRUST

Employer identification number 20-4326440

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

INC. AND OTHER CHARITABLE ORGANIZATIONS IN THE SAME CLASS.

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

SUPPORTED THE MISSION AND PERFORMED FUNCTIONS OF THE NATIONAL CHRISTIAN

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

IN THE SAME CLASS OF TAX-EXEMPT CHARITABLE ORGANIZATIONS.

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

THE DRAFT FORM 990 IS PREPARED AND COMPARED WITH THE AUDITED FINANCIALS.

THE DRAFT IS PROVIDED TO NCF'S CHIEF FINANCIAL OFFICER AND GENERAL COUNSEL,

WHO PROVIDE FEEDBACK TO THE PREPARER. A FINAL FORM 990 IS PROVIDED TO THE

BOARD OF DIRECTORS. 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:

NCF CHARITABLE TRUST'S (NCT'S) AUDITED FINANCIAL STATEMENTS ARE AVAILABLE

ON NCF'S WEBSITE AND UPON REQUEST. NCT'S ARTICLES OF INCORPORATION ARE

AVAILABLE FROM THE SECRETARY OF STATE. NCT'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) (2017)

Schedule O (Form 990 or 990-EZ) (2017) Name of the organization	Page 2 Employer identification number
NCF CHARITABLE TRUST	20-4326440
FORM 990, PART VI, LINE 15B	
THE ORGANIZATION DOES NOT ENGAGE IN A PROCESS FOR DETERM	IINING
COMPENSATION FOR THE LISTED PERSONS BECAUSE IT PAYS NO C	COMPENSATION TO
THEM.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
SHAREHOLDER DISTRIBUTIONS	63,368,752.
CHANGE IN VALUE OF ANNUITIES	-226,572.
BOOK TO TAX DIFF DUE TO UBIT-GAINS	-983,101.
BOOK TO TAX DIFF DUE TO UBIT-PASSTHRU	-113,730,469.
GAIN/LOSS RECONCILIATION	356,079.
PRIOR YEAR AUDIT ADJUSTMENT	17,000.
ADJUSTMENT TO BALANCE	-1.
TOTAL TO FORM 990, PART XI, LINE 9	-51,198,312.

SCHEDULE R (Form 990)

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990. Related Organizations and Unrelated Partnerships

2017 Open to Public Inspection

OMB No 1545-0047

► Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number 20-4326440

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

NCF CHARITABLE TRUST

Name of the organization Department of the Treasury Internal Revenue Service

(a)	(p)	(၁)	(p)	(e)	(t)
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
of disregarded entity		foreign country)			entity
K CHARITABLE FUND, LLC					
13560 MORRIS RD STE 1140	.				
ALPHARETTA, GA 30004	HOLDS INVESTMENTS	GEORGIA	26,383.	163,533.	163,533,NCF CHARITABLE TRUST
NCT-110, LLC					
PO BOX 85073					
RICHMOND, VA 23285	HOLDS A BUSINESS INTEREST	FLORIDA	<72,514.>		1,029,296.NCP CHARITABLE TRUST
NCT-122, LLC					
4303 INNOVATION LOOP	HOLDS ROYALTIES FROM				
MARBLE FALLS, TX 78654	INTELLECTUAL PROP	FLORIDA	11,547,016.	14,167,855.	14,167,855. NCF CHARITABLE TRUST
PENALUNA FAMILY 4 SISTERS FOUNDATION, LLC					
1309 TECHNOLOGY PARKWAY					
CEDAR FALLS, IA 50613	HOLDS A BUSINESS INTEREST	IOWA	<4,427.		2,410,000,NCF CHARITABLE TRUST

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

(a)	(a)	(5)	(p)	(e)	(J)	(b)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)	2(b)(13)
of related organization		foreign country)	section	status (if section	entity	entity?	77
				501(c)(3))		Yes	N _o
NATIONAL CHRISTIAN CHARITABLE FDN, INC							
58-1493949, 11625 RAINWATER DRIVE; STE 500,							
ALPHARETTA, GA 30009-8678	GRANT MAKING	GEORGIA	501(C)(3)	7	N/A		×
NCCF SUPPORT, INC 58-2268010					NTL CHRISTIAN		
11625 RAINWATER DRIVE; STE 500					CHARITABLE FON,		
ALPHARETTA, GA 30009-8678	GRANT MAKING	GEORGIA	501(C)(3)	11 I	INC.	×	
NATL CHRISTIAN FUN REAL PROPERTY, INC					NTL CHRISTIAN		
58-2655939, 11625 RAINWATER DRIVE, STE 500,					CHARITABLE FDN,		
ALPHARETTA, GA 30009-8678	GRANT MAKING	GEORGIA	501(C)(3)	11 1	INC.	×	
NCF CORPORATION - 20-4281656					NTL CHRISTIAN		
P.O. BOX 172211					CHARITABLE FDN,		
TAMPA, PL 33672	CHARITABLE TRUSTEESHIP	PLORIDA	501(C)(3)	h1_T	INC.	×	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	is for Form 990.				Schedule R (Form 990) 2017	Form 990) 2017

NCF CHARITABLE TRUST

Schedule R (Form 990)

Part I Continuation of Identification of Disregarded Entitles

(a)	(q)	(၁)	(p)	(e)	(4)
Name address and FIN	Primary activity	I edal domicile (state or	Total income	Fnd.of.vear assets	Direct controlling
of disregarded entity		foreign country)			entrity
BECKEL CHARITABLE ENTREP, LLC					
19730 GULF BLVD, #400					
INDIAN SHORES, FL 33785	HOLDS A BUSINESS INTEREST	FLORIDA	269,449.	2,237,744.	237,744.NCF CHARITABLE TRUST
SDL, LLC					
P.O.BOX 97365					
RALEIGH, NC 27624	HOLDS REAL ESTATE	NORTH CAROLINA	<4,768.	•	746,903. NCF CHARITABLE TRUST
NCT-151, LLC					
2000 OAK INDUSTRIAL DRIVE NE					
GRAND RAPIDS, MI 49505	HOLDS A BUSINESS INTEREST	MICHIGAN	<1,757.	61,565.	NCF CHARITABLE TRUST
NCT-136, LLC					
707 N. FRANKLIN ST. STE 800					
TAMPA, FL 33602	HOLDS A BUSINESS INTEREST	FLORIDA	<707,323.	, 222, 659.	NCF CHARITABLE TRUST
NCT-107, LLC					
18191 VON KARMAN AVE STE 300					
IRVINE, CA 92612	HOLDS A BUSINESS INTEREST	FLORIDA	<457,986.	3,880,059,	3,880,059,NCF CHARITABLE TRUST
NCT-134, LLC					
5120 NORTH SHORE DR					
NORTH LITTLE ROCK, AR 72118	HOLDS A PROMISSORY NOTE	FLORIDA	0.	1,926,004.	926,004.NCF CHARITABLE TRUST
NCT-144, LLC					
6200 THE CORNERS PARKWAY					
NORCROSS, GA 30092	HOLDS A BUSINESS INTEREST	GEORGIA	<8,970,584.	3,994,485.	NCF CHARITABLE TRUST
FF AGRICO, LLC					
531 COUNTY LINE ROAD					
LUTZ, PL 33549	HOLDS REAL ESTATE	FLORIDA	<7,637.	800,000.NCF	ICF CHARITABLE TRUST
NCT-142, LLC					
1112 CULBREATH ISLES DRIVE					
TAMPA, FL 33629	HOLDS A BUSINESS INTEREST	FLORIDA	334,881.	412,681.	412,681.NCF CHARITABLE TRUST
NCT-137, LLC					
227 SOUTH ROSE STREET STE 3300					
KALAMAZOO, MI 49007	HOLDS A BUSINESS INTEREST	GEORGIA	<656,848.	140,585.	140,585.NCF CHARITABLE TRUST

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN of disregarded entity	Frimary activity	Legal domicile (state or foreign country)	Otal income	ETIO-OI-year assets	entity
NCT-135, LLC					
HOLLAND MI 49424	HOLDS A BUSINESS INTEREST	MICHIGAN	<3,290,726.	669,209.	669,209.NCF CHARITABLE TRUST
1837 S. NEVADA AVE #219					
COLORADO SPRINGS, CO 80905	HOLDS A BUSINESS INTEREST	COLORADO	<776,655.	9,051,667.	667, NCF CHARITABLE TRUST
NCT-149, LLC					
5254 PAOLI WAY					
LONG BEACH, CA 90803	HOLDS A BUSINESS INTEREST	CALIFORNIA	<1,032,616.	, 1,421,032.	032.NCF CHARITABLE TRUST
NCT-148, LLC					
1425 DUPONT COMMONS CIRCLE NW					
ATLANTA, GA 30318	HOLDS A BUSINESS INTEREST	SEORGIA	<7.	45,000.NCF	NCF CHARITABLE TRUST
NCT-152, LLC					
27 NORTH WOODS RD					
DUNBARTON, NH 03046	HOLDS A BUSINESS INTEREST	NEW HAMPSHIRE	699,019.	878,721.NCF	NCF CHARITABLE TRUST
ILLUMINE, LLC					
1956 SOUTH OCEAN LANE #12					
FT. LAUDERDALE, FL 33316	HOLDS A BUSINESS INTEREST	FLORIDA	<179,999.	> 381,428.	,428.NCF CHARITABLE TRUST
NCT-156, LLC					
2924 CHECY CHASE DR.					
HOUSTON, TX 77019	HOLDS A BUSINESS INTEREST	TEXAS	<845,045.		1,131,322.NCF CHARITABLE TRUST
NCT-153, LLC					
3912 BERESFORD RD					
CHARLOTTE, NC 28211	HOLDS A BUSINESS INTEREST	NORTH CAROLINA	<237,041.	1,294,761.	294,761.NCF CHARITABLE TRUST
NCT-154, LLC					
2221 HEALTH DRIVE SW STE 2200					
WYOMING, MI 49519	HOLDS A BUSINESS INTEREST	MICHIGAN	<11,000.	^	500,000.NCF CHARITABLE TRUST
NCT-159, LLC					
2947 HOLIDAY COURT					
MORGAN HILL, CA 95037	HOLDS A BUSINESS INTEREST	TENNESSEE	7,720,270.	8,097,600.	097,600.NCF CHARITABLE TRUST

Part I Continuation of Identification of Disregarded Entitles

(a)	(q)	(၁)	(P)	(e)	(J)
Name, address, and EIN of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
NCT-158, LLC					
3686 WILLOW SPRINGS COURT, NE					
GRAND RAPIDS, MI 49525	HOLDS A BUSINESS INTEREST	MICHIGAN	789,800.	805,713.N	805,713.NCF CHARITABLE TRUST
NCT-155, LLC					
5550 W. EXECUTIVE DR, STE 230					
TAMPA, FL 33609	HOLDS A BUSINESS INTEREST	FLORIDA	356,199.	375,000.	375,000,NCF CHARITABLE TRUST
	,				
:					

20-4326440

NCF CHARITABLE TRUST

Schedule R (Form 990) NCF CHARITAI

Part II Continuation of Identification of Related Tax-Exempt Organizations	xempt Organizations						
(a)	(q)	(0)	(p)	(e)	(j)	(6)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 51;	2(b)(13) led
of related organization		foreign country)	section	status (if section	entity	organization?	lion?
				((0)(0)		Kes	2
NATIONAL CHRISTIAN FOUNDATION, INC 30-0209280, 11625 RAINWATER DRIVE, STE 500				•	NTL CHRISTIAN CHARITABLE FDN,	_	
GA 30009-8678	GRANT MAKING	GEORGIA	501(C)(3)	11 I	INC.	×	
NCCF TRUST - 58-6370659					NTL CHRISTIAN		
952 ECHO LANE; STE. 190	,				CHARITABLE FDN,		
HOUSTON, TX 77024	GRANT MAKING	TEXAS	501(C)(3)	11 I	INC.	×	
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20-4326440

Page 2

NCF CHARITABLE TRUST Schedule R (Form 990) 2017

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

(a)	(q)	9	(p)	(e)	(£)	(6)	(F)	ε	3	(<u>F</u>
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	Share of total income	Share of end-of-year assets	- S-L	Code V-UBI amount in box 20 of Schedule	General or managing partner?	General or Percentage managing ownership
		country)		Sections 512-514)			Yes No	K-1 (Form 1065)	Yes No	
ALLMAN REGENT II, LLC -										
26-0757326, 3340 PEACHTREE			١							
RAOD NE, STE 1400, ATLANTA,	1		ALLMAN REGENT							
GA 30326	INVESTMENTS	ВĀ	II, LLC	UNRELATED	140,733.	2,000,000.	×	140,733.	×	63,538
HILLTOP ROAD, LLC -										
38-3564602, 2221 HEALTH DRIVE										
SW, WYOMING, MI 49519	COMM R/E	MI	HILLTOP ROAD	512	0.	7,102,948.	×	N/A	×	53,40%
AMBASSADOR CAPITAL, LLC -										
26-3945032, 2845 EAST DUPONT			AMBASSADOR						_	
ROAD, FORT WAYNE, IN 46825	INVESTMENTS	IN	CAPITAL, LLC	512	20,468.	29,400,000.	×	N/A	×	800.66
GIBRALTAR MATERIAL DISTRIB,										
LP - 20-5261729, 4303			GIBRALTAR							
INNOVATION LOOP, MARBLE			MATERIAL							
PALLS, TX 78654	DISTRIBUTION	Ϋ́	DISTRIB, LP	UNRELATED	<1,477,264.	<1,477,264.b 14,167,855.	×	N/A	×	90.00%

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

(a)	(q)	<u>©</u>	(p)	(e)	£)	(6)	(£)	Ξ
Name, address, and EIN of related organization	Primary activity	Legal domicite (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	512(b)(13) controlled entity?
BARNHART CRANE & RIGGING CO 62-1269879								
2163 AIRWAYS BOULEVARD								
MEMPHIS, TN 38114 .	CRANE MFG & SOLUTIONS	TN	BARNHART CRANE	S CORP	11,971,715.	68,020,189.	100,00%	×
GIBRALTAR US, INC - 55-0849954								
4303 INNOVATION LOOP			GIBRALTAR US,					
MARBLE FALLS, TX 78654	CONSTRUCTION	ΤX	INC.	S CORP	.0	14,167,855.	90.00	×
ARLINGTON RESEARCH CTR, INC 26-1347074								
2501 ROYAL GLEN COURT			ARLINGTON					
ARLINGTON, TX 76012	MEDICAL RESEARCH	ΤX	RESEARCH	S CORP	819,059.	2,502,500.	800.66	×
BOYD RETAIL CORPORATION - 59-3343233								
7586 WEST SAND LAKE RD			BOYD RETAIL					
ORLANDO, FL 82819	RETAIL CORP	FL	CORP.	S CORP	0	560,000.	800.66	×
KINETIC CONTOURS, INC 48-1235985								
9107 HILLVIEW DRIVE			KINETIC					
DE SOTO, KS 66018	PROSTHETIC APPLIANCES	KS	CONTOURS, INC.	S CORP	99,256.	0.	98.00\$	×
732162 09-11-17		9 4				Sche	Schedule R (Form 990) 2017	990) 201

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	able as a Partnersh	
TRUST	ations Tax	
NCF CHARITABLE TRUST	າ of Related Organız	
NCF	of Identification	
Schedule R (Form 990)	Part III Continuation of Identification of Related Organizations Taxable as a Partnership	

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(a)	(2)	(၁)	(g)	(e)	9	(6)	Ξ	Ξ		¥
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	Share of total income	Share of end-of-year assets	Z 8 F	amount in box 20 of Schedule		Percentage ownership
		country)		Sections 5 12-5 14)			Yes	K-1 (Form 1065)	Ves No	
HIGDON INVESTMENTS LLC -										
1817, 133 RICE			HIGDON INV,							
	INVESTMENTS	သင		UNRELATED	0.	641,579.	×	N/A	×	800.66
STEPHEN C. TRICE FAMILY, LLC										
- 73-1584658, 10 E. MEMORIAL										
ROAD, BUILDING B, OKLAHOMA			TRICE FAMILY,							
CITY, OK 73114	COMM R/E	OK	Trc	512	0.	15,340,132.	×	N/A	X	91,868
SUNDT GIVING, LLC -						•				
27-4384973, 9090 LA JOLLA										
SHORES LANE, LA JOLLA, CA										
92037	INVESTMENTS	CA	SUNDT GIVING	UNRELATED	0.	10,000.	×	N/A	×	900.66
SDL, LLC - 27-4168925							-			
P.O. BOX 97365							-			
RALEIGH, NC 27624	COMM R/E	NC	SDL, LLC	UNRELATED	0.	746,903.	×	N/A	X	100,008
ELK MEADOWS PARK CITY, LLC -										
45-2101622, 14 CORPORATE										
PLAZA, STE 200, NEWPORT			ELK MEADOWS							
ВЕАСН, СА 92660	INVESTMENTS	CA	PARK CITY, LLC	UNRELATED	0.	8,531,108.	×	N/A	X	58.838
									_	
FRANKLIN DEDICATION FUND -										
46-0873908, 31 WATERCRESS,			FRANKLIN							
IRVINE, CA 92603	INVESTMENTS	CA	DEDICATION	512	0.	1,144,340.	×	N/A	×	58.00%
FAITH GIVING, LLC -										
45-3626992, PO BOX 1031,			PAITH GIVING,				_			
KERNERSVILLE, NC 27285	INVESTMENTS	NC	רוכ	UNRELATED	<80,114.	1,277,625.	×	N/A	×	800.66
BOYD KUPP PARTNERS LAKESIDE			BOYD KUPP							
VILLAGE I, LLC - 27-3425465,			PARTNERS							
14422 SHORESIDE WAY, STE 130,			LAKESIDE							
WINTER GARDEN, FL 34787	COMM R/E	FL	VILLAGE I, LLC	UNRELATED	0.	560,000.	×	N/A	×	75.00%
KARIS MANAGEMENT GROUP, LLC -			KARIS		-					
46-2517209, 1301 BRIAR CREEK			MANAGEMENT							
RD, CHARLOTTE, NC 28205	INVESTMENTS	NC	GROUP, LLC	UNRELATED	2,212,635.	1,500,430.	×	N/A	×	800.66

Schedule R (Form 990)

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

							([
(a)	(<u>a</u>)	<u>ပ</u> ြွ	(ਰ	(e)	E .	(6)	Ē	(i)	3	(x)
Name, address, and EIN of related organization	Primary activity	domicile (state or foreign country)	Direct controlling entity	rredonniant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share or end-of-year assets	Disproportionate allocations?	a ⋈ ⊼		ownership
VANMAN FAMILY PARTNERSHIP, LTD 47-2492205, 1844 SAN JACINTO DR, ALLEN, TX 75013	IN-POLICE CAR VIDEOS AND CAMERAS	ТХ	VANMAN FAMILY PARTNERSHIP, LTD.	UNRELATED	3,449,895.	12,477,000.	×	N/A	×	800.66
ACD COSMETICS MANAGEMENT, LLC - 47-2611729, 711 E. LAMAR BLVD., STE 200, ARLINGTON, TX 76011	MANAGEMENT	XT	ACD COSMETICS MANAGEMENT, LLC	UNRELATED	385,556.	686,000.	×	N/A	×	900.66
ACD PATHOLOGY MANAGEMENT, LLC - 47-2622679, 2501 ROYAL GLEN COURT, ARLINGTON, TX 76012	MANAGEMENT	TX	ACD PATHOLOGY, INC.	ONRELATED	148,165.	355,000.	×	N/A	×	800.66
LIBERTY DEBT FUND I, LLC - 81-4935540, 834 HIGHLAND AVE, ORLANDO, FL 32801	INVESTMENTS	FL	LIBERTY DEBT FUND I, LLC	UNRELATED	92,	1,567,598.	×	N/A	×	66.00
EIGHTEEN NINETY SEVEN, LP - 27-1725628, P.O. BOX 276, EMPIRE, MI 49630-0276	COMM R/E	M	THE SUMMIT FOUNDATION	512	0	9,988,110.	×	N/A	×	100.00%
PTZ LLC - 27-1560084 500 W, MADISON STREET SUITE 45 CHICAGO, IL 60661-4545	INVESTMENTS	IL	PTZ LLC	512	<2,911.	318,224.	×	N/A	×	88.89
PIKES PEAK MANAGER LCP, LLC - 82-2330428, 2420 17TH STREET, DENVER, CO 80202	INVESTMENTS	00	PIKES PEAK MANAGER LCP, LLC	UNRELATED	0.	2,100,000.	×	N/A	×	75,008
DCIIP, LLC - 81-4814582 2163 AIRWAYS BLVD, STE 300 MEMPHIS, TN 38114	INVESTMENTS	TN	DCIIP, LLC	UNRELATED	0	43,300,000.	×	N/A	×	93,758
GIBRALTAR CABLE BARRIER SYSTEMS, LP - 20-4261529, 4303 INNOVATION LOOP, MARBLE FALLS, TX 78654	MANUFACTURING	ΧI	GIBRALTAR CABLE BARRIER SYSTEMS, LP	UNRELATED	<268,774.	11,538,225.	×	N/A	×	\$00.00
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Schedule R (Form 990) NCF CHARITABLE TRUST

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

Order Control Contro	(b) Primary activity
0. 2,500,000. X N/A X N/A X	(state or entity foreign country)
	FIRST RATE TX PLACE, LLC

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NCF CHARITABLE TRUST

Schedule R (Form 990)

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

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(e)		<u></u>	(G)	: (e)	£ .		(Section	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total	Share of end-of-year assets	Percentage ownership	512(b)(13) controlled entity?	
HARRIS COVENANT, INC 45-4104749									
8024 CALVIN HALL RD	HOLDS BUSINESS		HARRIS						
INDIAN LAND, SC 29707	INTEREST	SC	COVENANT	s corp	27,634,159.	57,977,429.	71,548	×	
MAJESTIC ADVISORS, INC 38-3636590									
21 KERCHEVAL, STE 265	•		MAJESTIC						
GROSSE POINTE FARMS, MI 48236	INV CONSULTING FIRM	MI	ADVISORS	s corp	<61,065.>	353,000.	99.00\$	×	
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Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7) AMBASSADOR CAPITAL, LLC	S	707,400.CASH	ASH
(8) HIGDON INVESTMENTS, LLC	ល	150,000.CASH	АЗН
(9) STEPHEN C. TRICE FAMILY, LLC	ស	1,508,862.CASH	АSН
(10) SDL, LLC	S	46,996.CASH	АЗН
(11) FRANKLIN DEDICATION FUND	S	14,365.CASH	АЗН
(12) FAITH GIVING, LLC	ស	20,000.CASH	ASH
(13) KARIS MANAGEMENT GROUP, LLC	ຜ	500,000.CASH	АЗН
(14) VANMAN FAMILY PARTNERSHIP	ស	1,837,873.0	САЅН
(15) ACD COSMETICS, INC.	ຮ	386,000.CASH	АЗН
(16) ACD PATHOLOGY, INC.	S	145,000.CASH	АЗН
(17) EIGHTEEN NINETY SEVEN, LP	ស	5,800,000.CASH	АЗН
(18) PTZ, LLC	ស	4,354,338.	САЅН
(19) NATIONAL CHRISTIAN CHARITABLE FDN, INC.	υ	2,707,601.0	САЅН
(20)			•
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(24)	!		

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Yes

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

- Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity **b** Gift, grant, or capital contribution to related organization(s)
 - c Gift, grant, or capital contribution from related organization(s)
 - d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)
- Dividends from related organization(s)
- Sale of assets to related organization(s)
- Purchase of assets from related organization(s)
- Exchange of assets with related organization(s)
- Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)

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

Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NATIONAL CHRISTIAN CHARITABLE FDN, INC.	Д	197,832,070.CASH	CASH
(2) NCF CORPORATION	В	25,000.CASH	CASH
(3) ARLINGTON RESEARCH, INC.	ຜ	742,500.CASH	ЗАЅН
(4) KINETIC CONTOURS	മ	98,000.CASH	ЭАЅН
(5) HARRIS COVENANT	ಬ	8,252,500.CASH	CASH
(6) HILLTOP ROAD, LLC	ಬ	208,260.CASH	CASH
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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

that was not a related organization. See instructions regarding exclusion for certain investment partnerships	structions regarding exclu	sion for certain inve	estment partnerships	-	- -					
(a)	(p)	(2)	(P)	• • •	£)	(6)	Ξ	Ξ	9	3
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income partin (related, unrelated, 500	partners sec 501(c)(3)	Share of total	Share of end-of-year	Dispropor- tionate	amount in box 20 managing ownership	General or managing	Percentage ownership
		country)	sections 512-514) Yes	Yes No	ıncome	assets	Yes No	or schedule K-1 (Form 1065)	Yes No	
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