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 Inspection

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2017 calendar year, or tax year beginning and ending Check if C Name of organization D Employer identification number NATIONAL CHRISTIAN FOUNDATION REAL Address PROPERTY INC. Name 58-2655939 Doing business as Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final 11625 RAINWATER DRIVE **|500** 404.252.0100 35,359,007. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended ALPHARETTA, GA 30009-8678 H(a) is this a group return Applica-F Name and address of principal officer.RICHARD D. PETERSON Yes X No for subordinates? SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status X 501(c)(3) 501(c) (4947(a)(1) or 152) (insert no.) If "No," attach a list (see instructions) J Website: ► WWW.NCFGIVING.COM H(c) Group exemption number ▶ K Form of organization: X Corporation Association Other > , Year of formation: 2001 **M** State of legal domicile: GA Part I Summary Briefly describe the organization's mission or most significant activities THE CORPORATION MAKES GRANTS FOR CHARITABLE PURPOSES TO NATIONAL CHRISTIAN CHARITABLE FOUNDATION, Check this box 🕨 🔲 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 0 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 Total number of individuals employed in calendar year 2017 (Part V. line 5 Ō 6 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), li 7a Ō. b Net unrelated business taxable income from Form 990-T. line Prior Year **Current Year** 16,067,246 22,877,233. Contributions and grants (Part VIII, line 1h) 0 0. Program service revenue (Part VIII, line 2g) 136,927. <884,568.> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <949,298. <943,496.> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 15,254,875 21,049,169. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 8,252,119 44,549,725. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Ο. Ō. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 263,552. 267,442. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 8,515,671 44,817,167. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) <23,767,998.> 6,739,204. 19 Revenue less expenses Subtract line 18 from line 12 Assets or Balances **Beginning of Current Year** End of Year 85,056,648. 61,293,734. 20 Total assets (Part X, line 16) 603,906. 531,467 21 Total liabilities (Part X, line 26) 525,181. 60,689,828. Net assets or fund balances Subtract line 21 from line 20 Part II | Signature Block Under penalties 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 officer) is based on all information of which preparer has any knowledge. Sign RICHARD D. PETERSON, PRESIDENT Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature Paid self-emolover Preparer Firm's name Firm's EIN Firm's address Use Only 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)

SEE

Form **990** (2017)

No

Yes

Pai	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission THE CORPORATION MAKES GRANTS FOR CHARITABLE PURPOSES TO NATIONA	Τ.
	CHRISTIAN CHARITABLE FOUNDATION, INC. AND OTHER CHARITABLE	
	ORGANIZATIONS IN THE SAME CLASS.	
		
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes 🗶 No
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O	Yes X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	xpenses
Ī	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total ex	
	revenue, if any, for each program service reported	
4a	(Code) (Expenses \$ 44,549,725 · including grants of \$ 44,549,725 ·) (Revenue \$)
	SUPPORTED THE MISSION AND PERFORMED FUNCTIONS OF THE NATIONAL C	
	CHARITABLE FOUNDATION, INC. BY OBTAINING CONTRIBUTIONS FOR THE	
	OF MAKING GRANTS TO IT AND TO TAX EXEMPT CHARITIES (NOT PRIVATE	GRANT
	MAKING FOUNDATIONS) IT SUPPORTS.	
	<u> </u>	
4b	(Code) (Expenses \$) (Revenue \$))
		
		· ·-
4c	(Code) (Expenses \$)
		<u> </u>
4d		
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ► 44,549,725.	Form 990 (2017)

NATIONAL CHRISTIAN FOUNDATION, REAL PROPERTY, INC.

FOUNDATION, REAL A 5.8=2655939 Page 3

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
5	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		<u> </u>
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
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, VIII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			17
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			х
_	complete Schedule G, Part III	19 Form	990	(2017)
		1 00111		

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NATIONAL CHRISTIAN FOUNDATION REAL PROPERTY, INC.

Form 990 (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		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
đ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	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		28a		<u> X</u>
þ		28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			.
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		х	
_	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Λ	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		х	
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Λ_	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	255		Х
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	20		х
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			х
••	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	X	
	Note. All Form 990 filers are required to complete Schedule O	38 Form		(2017)
		OHII	550	(2017)

Fai	Check if Schedule O contains a response or note to any line in this Part V		1	
	Check is deficione of contains a response of note to any line in this hart 4		/es	<u>└</u> No
10	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	- '	es	NO
1a b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0		- 1	
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ū	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		- 1	
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	_	<u> </u>
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	-	$\frac{x}{x}$
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	+	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6a		X
	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	0a	\dashv	<u> </u>
b	were not tax deductible?	6b	l	
7	Organizations that may receive deductible contributions under section 170(c).		一	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c	X	
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d 77			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	\Box	<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	\rightarrow	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		ł	v
	sponsoring organization have excess business holdings at any time during the year?	8	\dashv	<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			v
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	\dashv	$\frac{x}{x}$
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	\dashv	<u>~</u>
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12	1		
a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
ь				
_	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the		1	
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form 9	1 90 ((2017)

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

	Check if Schedule O contains a response or note to any line in this Part VI					X			
Sec	tion A. Governing Body and Management								
					Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		3					
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	.							
b	Enter the number of voting members included in line 1a, above, who are independent	1b		<u> </u>					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with a	any other	l					
	officer, director, trustee, or key employee?			2		X			
3	Did the organization delegate control over management duties customarily performed by or under the	e dırec	t supervision			۱			
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 9		s filed?	4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?		5		X			
6	Did the organization have members or stockholders?			6		┝┻			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	opoint	one or	_		 ₩			
	more members of the governing body?	A1.6	lata and and	7a	-	X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockno	iders, or			x			
_	persons other than the governing body?	ar bu the	following	7b		┢₳			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year.	אי ייא ווונ	TOHOWING,	8a	х	[
	The governing body? Each committee with authority to act on behalf of the governing body?			8b	X	 			
9 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched a	t the	100		\vdash			
3	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 Re	evenue	Code)						
					Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?			10a		X			
	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?								
11a	11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?								
b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	<u> </u>			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	<u> </u>	Х			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," de	scribe						
	in Schedule O how this was done			12c	X	<u> </u>			
13	Did the organization have a written whistleblower policy?			13	X	├─			
14	Did the organization have a written document retention and destruction policy?	. 1 1		14					
15	Did the process for determining compensation of the following persons include a review and approve		aepenaent						
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			15a		х			
a 5	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization			15b		X			
U	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			100					
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment w	ıth a						
	taxable entity during the year?			16a		х			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua	te rts p	articipation						
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ								
	exempt status with respect to such arrangements?			16b					
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ►GA								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1	(Sect	on 501(c)(3)s onl	y) avaılat	ole				
	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, conflict of interest policy, and financial								
	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	oks an	d records 🕨						
	CORPORATION - 404.252.0100	000	0 0670						
	11625 RAINWATER DRIVE; STE. 500, ALPHARETTA, GA 3	000	9-8678		000	(0047)			

Form 990 (2017)

PROPERTY. INC.

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

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

- 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 organization (A)	(B)	T						(D)	(E)	(F)
Name and Title	Average	١		Pos	ition	1		Reportable	Reportable	Estimated
Name and The	hours per				more than one rson is both an			compensation	compensation	amount of
	week	offic	cer an	dad	irecto	or/trus	tee)	from	from related	other
	(list any	ě			l]		the	organizations	compensation
	hours for	퉏			l	B		organization	(W-2/1099-MISC)	from the
	related	tee o	ustee		i	is i		(W-2/1099-MISC)		organization
	organizations	I E	nal tr		o ye	d mos				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	르	Ins	5	, Ke	동등	Ē.			<u> </u>
(1) KENNETH C. COLLINS	1.00			۱.,			1	,	110 200	15 110
DIRECTOR & PRESIDENT	49.00	X	_	Х		ļ_		0.	119,200.	15,118
(2) MICHAEL BOOTH	1.00			۱					110 710	01 000
DIRECTOR & SECRETARY		X		X	<u> </u>	\vdash		0.	112,738.	21,337
(3) BRIAN FINN	1.00			ļ			1		00.600	00 556
DIRECTOR & TREASURER	49.00	X	L	Х	乚	<u> </u>		0.	82,628.	20,556
(4) JOHN TANNER	1.00			l			ŀ		400 450	4 = 000
VICE PRESIDENT	49.00			X	<u> </u>	$ldsymbol{ldsymbol{ldsymbol{eta}}}$	<u> </u>	0.	132,478.	15,899
(5) TERRILL A. PARKER	0.00						١		222 222	4 640
FORMER DIRECTOR & VP	49.00	<u> </u>	⊢	_		ļ.,	X	0.	230,899.	4,649
(6) MARYE LORD	1.00	Į.					۱,,	0.	110 462	0 114
FORMER DIRECTOR & TREASURER	49.00	⊢	⊢	<u> </u>	_	<u> </u>	Х	<u> </u>	110,463.	8,114
(7) KENNETH M. BOWERS	1.00	ł					x	0.	205,501.	14,475
FORMER SECRETARY	0.00	⊢	├-		┝	⊢	^	U •	203,301.	14,473
(8) DAVID D. JOHNSON	49.00	1					x	0.	202,830.	23,292
FORMER TREASURER	49.00	⊢	┥	-		╁	₽	- 0.	202,030.	23,232
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Form **990** (2017)

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hı	ghe	st C	ompensated Employe	es (continued)				
	(A)	(B)	(C)						(D)	(E)			(F)	
	Name and title	Average		not c		more	than		Reportable	Reportable			timate	
		hours per week		oox, unless pers officer and a dire			erson is both an director/trustee)		compensation from	compensation from related			nount other	ot
		(list any	į						the	organization			pensa	ition
		hours for	ğ			l	Ē		organization	(W-2/1099-MI	SC)	fr	om th	е
		related organizations	see	truste		a.	bensa		(W-2/1099-MISC)			_	anızat	
		below	Individual trustee or director	institutional trustee		Key employee	E ST	_					d relat anızatı	
		line)	İndivic	atts	Officer	Key en	Highest compensated employee	Pg.						
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		<u> </u>		<u></u>		<u> </u>	<u> </u>	<u>L</u>		1 106 7	27	1 2	2 4	4.0
	Sub-total								0.	1,196,7	3/.	12	3,4	0.
	Total from continuation sheets to Part V	II, Section A							0.	1,196,7	-	12	3,4	
<u>0</u>	Total (add lines 1b and 1c) Total number of individuals (including but i	not limited to th	2056	listi	ed a	hov	e) w	ho r					<u> </u>	
_	compensation from the organization	101 111111100 10 11	.000		J		٠,			o,ooo oo oopontaa				(
													Yes	No
3	Did the organization list any former officer			e, ke	ey ei	mplo	oyee	, or	highest compensated e	mployee on				
	line 1a? If "Yes," complete Schedule J for											3	Х	
4	For any individual listed on line 1a, is the s									the organization			х	
_	and related organizations greater than \$15									udual for convoc	_	4	_	
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," con							reiai	led organization or indiv	idual for services	,	5		x
Sec	tion B. Independent Contractors	npiete concou		, 0, 0	<u>u 0,,,</u>	por	3011							
1	Complete this table for your five highest co	ompensated in	dep	ende	ent d	cont	ract	ors t	that received more than	\$100,000 of cor	npens	ation	from	
	the organization Report compensation for	the calendary	ear	end	ıng v	with	or w	/ithir	n the organization's tax	year				
	(A)			~ \ T	_			l	(B))) ompe	>) t	_
	Name and business	s address	N	ON:	<u> </u>			\dashv	Description of s	services	$\vdash \vdash$	ompe	nsauc	H 1
		<u> </u>									\vdash			
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											1			
	Total number of independent contractors	(including but i	not l	ımıte	ed to	the	se li	ster	d above) who received r	nore than	\vdash			
_	\$100,000 of compensation from the organ	-					0	J.00			l			
												Form	agn /	2017

PROPERTY, INC.

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII Revenue excluded from tax under (B) (C) Related or Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b **b** Membership dues c Fundraising events 1c 1,837,322. d Related organizations 1d 1e e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 21,039,911 20,669,320 g Noncash contributions included in lines 1a-1f \$ 22,877,233 h Total. Add lines 1a-1f Business Code Program Service Revenue 2 a f All other program service revenue Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and 130,872 130,872. other similar amounts) Income from investment of tax-exempt bond proceeds 110,926 110,926. 5 Royalties (ii) Personal (i) Real 634,514 6 a Gross rents 2,400,882. **b** Less rental expenses <1,766,368. c Rental income or (loss) <1,766,368. <1,766,368.> d Net rental income or (loss) (ii) Other (i) Securities 7 a Gross amount from sales of 10,893,516 assets other than inventory b Less cost or other basis 11,908,956 and sales expenses <1,015,440 c Gain or (loss) <1,015,440. <1,015,440.> d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 **b** Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 **b** Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 900000 OTHER INCOME 711,946 711,946. 11 a d All other revenue 711,946. e Total. Add lines 11a-11d 21,049,169. 0. <1,828,064.> Total revenue. See instructions.

Form 990 (2017) PROPERTY, INC.

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com			mplete column (A)	
	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part Vill.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations	44,549,725.	44,549,725.		
2	and domestic governments. See Part IV, line 21 Grants and other assistance to domestic	44,343,123.	44,343,723.		
~	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
•	organizations, foreign governments, and foreign				
	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		<u>-</u>		
8	Pension plan accruals and contributions (include				
9	section 401(k) and 403(b) employer contributions) Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)	-			<u></u>
	Management				
b	Legal	135,513.		135,513.	
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,	6 100		6 100	
	column (A) amount, list line 11g expenses on Sch O.)	6,198.		6,198.	
12	Advertising and promotion				
13 14	Office expenses 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	31.		31.	
21	Payments to affiliates				<u> </u>
22	Depreciation, depletion, and amortization			· ·-	
23 24	Insurance Other expenses, Itemize expenses not covered				
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
а	amount, list line 24e expenses on Schedule 0.) MISCELLANEOUS PROPERTY	123,772.		123,772.	
b	BANK CHARGES	1,023.		1,023.	· · · · · · · · · · · · · · · · · · ·
c	TAXES	905.		905.	
d					
ę	All other expenses				
<u>25</u>	Total functional expenses. Add lines 1 through 24e	44,817,167.	44,549,725.	267,442.	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)				

Pai	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	2,453,856.	2	1,753,022
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	22,357.	4	56,892
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	}	employers and sponsoring organizations of section 501(c)(9) voluntary			
Assets		employees' beneficiary organizations (see instr) Complete Part II of Sch L	7 767 246	6	0 506 755
23	7	Notes and loans receivable, net	7,767,246.	7	8,536,755
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9_	
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a 22,759,655.	F. 0.0.C 4.0.E		00 850 655
	b	Less accumulated depreciation 10b 0.	57,926, <u>4</u> 07.	10c	22,759,655
	11	Investments - publicly traded securities	14 204 000	11	25 170 220
	12	Investments - other securities See Part IV, line 11	14,384,089.	12	25,170,239
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets	2 502 602	14	2 017 171
	15	Other assets See Part IV, line 11	2,502,693. 85,056,648.	15	3,017,171 61,293,734
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	532,297
	17	Accounts payable and accrued expenses	457,140.	17	334,497
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
2	22	Loans and other payables to current and former officers, directors, trustees,			
		key employees, highest compensated employees, and disqualified persons			
Liabilities	l	Complete Part II of Schedule L	 	22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	<u> </u>	24	··
	25	Other liabilities (including federal income tax, payables to related third			
	l	parties, and other liabilities not included on lines 17-24) Complete Part X of	74,327.		71,609
	00	Schedule D	531,467.	25 26	603,906
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here	331,407.	20	003,300
	ļ			,	
ĕ	0.7	complete lines 27 through 29, and lines 33 and 34.	84,525,181.	27	60,689,828
lan I	27	Unrestricted net assets	04,525,1011	28	00,000,020
0	28	Temporarily restricted net assets		29	
	29	Permanently restricted net assets Organizations that do not follow SEAS 117 (ASC 958) shock have		-29	
Ī		Organizations that do not follow SFAS 117 (ASC 958), check here			
S	20	and complete lines 30 through 34.		30	
Š	30	Capital stock or trust principal, or current funds		31	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ž	32	Retained earnings, endowment, accumulated income, or other funds	84,525,181.	33	60,689,828
	33	Total hebition and not control belonger	85,056,648.	34	61,293,734
	34	Total liabilities and net assets/fund balances	00,000,040.		5 990 (004

Form 990 (2017)

	390 (2011)								
Par	t 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 2		,04 ,81					
2	Total expenses (must equal Part IX, column (A), line 25)		<23						
3	Revenue less expenses Subtract line 2 from line 1	3				81.			
4	11.00								
5	Net unrealized gains (losses) on investments	5		, 9 4	7,0	00.			
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	1	<u>, 85</u>	9,6	<u>45.</u>			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,								
	column (B))	10	60	,68	9,8	<u> 28.</u>			
Par	t XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII				1	بيا			
	Accounting method used to prepare the Form 990	d on a	_	2a 2b	Yes	X			
С	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O								
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the St Act and OMB Circular A-133?			За		x			
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	irea audit	ı.			l			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	990	(2017)			
				rorm	330 ((2017)			

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

NATIONAL CHRISTIAN FOUNDATION REAL

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number

			ERTY, INC.						8-2655939
Part	I Re	eason for Public	Charity Status (A	All organizations must co	omplete th	is part) Si	ee instructions		
The org	ganization	is not a private found	dation because it is (For lines 1 through 12, o	check only	one box)			-
1 📙	ط A chi	urch, convention of ch	nurches, or association	on of churches describe	d in sectio	n 170(b)(1)(A)(ı).		\cap
2 📙	با A sch	nool described in sect	tion 170(b)(1)(A)(ii). (/	Attach Schedule E (Forn	n 990 or 99	90·EZ))			
3 ∟	_ A ho:	spital or a cooperative	hospital service orga	anization described in s e	ection 170	(b)(1)(A)(i	ii).	- 1	
4 _	_ A me	dical research organiz	zation operated in cor	njunction with a hospita	l described	ın sectio	n 170(b)(1)(A)	(in). Enter	the hospital's name,
_	— ·	and state		 					
5 _		•		llege or university owner	d or opera	ted by a g	overnmental u	nit descrit	ped in
_		ion 170(b)(1)(A)(iv). (
6	_		-	nental unit described in					
7 ∟		~	•	ntial part of its support t	from a gov	ernmental	unit or from th	ne general	public described in
	\neg	on 170(b)(1)(A)(vi). (C							
8		-		1)(A)(vi). (Complete Par					
9 ∟		=	=	in section 170(b)(1)(A)(-	_
			grant college of agric	ulture (see instructions)	Enter the	name, cit	y, and state of	the colleg	e or
40 [_	ersity		the 00 d /00/ - 5 he aven					
10 ∟		•	•	than 33 1/3% of its sup	•			-	•
									t from gross investment
				(less section 511 tax) fr	om busine	sses acqu	nied by the or	ganization	after June 30, 1975
11 [section 509(a)(2). (Co		vely to test for public sa	ofaty Saa	caction 5	00(2)(4)		
12		•	•	ively to test for public sales	•			rn, out the	nurnoses of one or
12 4		•	*	ed in section 509(a)(1) o				•	• •
			•	f supporting organization					SHOOK THE BOX III
а		-	• •	upervised, or controlled		-		-	, aivina
_				gularly appoint or elect					· ·
		anization You must		-	,,				
ь	`		•	or controlled in connec	tion with it	s support	ed organizatio	n(s), by ha	iving
				anization vested in the s			_		~
		ganization(s) You mus							•
С	🔲 ту	pe III functionally into	egrated. A supporting	g organization operated	in connec	tion with,	and functional	ly integrat	ed with,
	ıts	supported organization	on(s) (see instructions	You must complete	Part IV, Se	ctions A,	D, and E.		
d	□ ту	pe III non-functionall	y integrated. A supp	orting organization opei	rated in co	nnection v	with its suppor	ted organ	zation(s)
	tha	it is not functionally in	tegrated The organiz	ation generally must sa	tisfy a dist	ribution re	quirement and	d an attent	iveness
	rec	juirement (see instruc	tions) You must con	nplete Part IV, Section:	s A and D,	and Part	V.		
e	L Ch	eck this box if the org	anization received a v	written determination fro	m the IRS	that it is a	a Type I, Type	II, Type III	
	fur	ctionally integrated, o	or Type III non-functio	nally integrated support	ing organi	zation			
f E	Enter the	number of supported	organizations						1
g F		e following informatio			(iv) Is the orga	nization listed	T () A		1 () A
	• • •	e of supported ganization	(II) EIN	(iii) Type of organization (described on lines 1-10	in your govern	ng document?	(v) Amount of support (see in:	-	(vi) Amount of other support (see instructions)
				above (see instructions))	Yes	No	Support (See iii	31140110113)	aupport (see instructions)
		CHRISTIAN LE FOUNDATI	E0 1402040	77			11 022	425	
CHAI	XITAD	TE LOUNDALI	.56-1493949	7	Х		11,932	,425.	
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	-				 		 		
			 	<u> </u>	 -		 -	.	
		4			1		1		
 Total							11,932	,425.	0.

NATIONAL CHRISTIAN FOUNDATION REAL

58-2655939 /Page 2 Schedule A (Form 990 or 990-EZ) 2017 PROPERTY, INC. 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) Section A. Public Support (e) 2017 Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total, Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support **(b)** 2014 (f) Total Calendar year (or fiscal year beginning in) (c) 2015 (d) 2016 (e) 2017 (a) 2013 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2017 (line 6, cojumn (f) divided by line 11, column (f)) 14 15 Public support percentage from 2016 Schedule A, Part II, line 14 16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test/- 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances/test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts, and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2017 732022 10-06-17

Schedule A (Form 990 or 990-EZ) 2017 PROPERTY, INC.

Part III	Support	Schedule	for C	rganizations	Described	in Section	n 509(a)(2)

(Complete only if you checked the box on line 1	0 of Part I or if the organization failed to qualify under Part II If the organization	fails to

Sec	ction A. Public Support	elow, please comp	nete Fart II)				
_	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017/	(f) Total
	Gifts, grants, contributions, and	147 -5 - 5	1-1				
•	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			/			
7:	Amounts included on lines 1, 2, and				İ		
	3 received from disqualified persons			4		ļ	
	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.)		/				
	ction B. Total Support		/	<u></u>	<u></u>	<u> </u>	
_	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6	\-/ : -	/	1	1	1	
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
1	Unrelated business taxable income	/					
	(less section 511 taxes) from businesses	/					
	acquired after June 30, 1975	/					
	c Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital	/					
13	assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12)			<u> </u>	1		
	First five years. If the Form 990 is for	r the organization'	s first, second, th	ird. fourth, or fifth	tax vear as a secti	on 501(c)(3) organiz	ation.
	check this box and stop here	· ····· · · · · · · · · · · · · · · ·	,,,		,		▶□
Se	ction C. Computation of Publ	lic Support Pe	rcentage				•
_	Public support percentage for 2017 (column (f))		15	%
16						16	%
	ction D. Computation of Inve)		-	
_	Investment income percentage for 20					17	%
18		· · ·		, , , , , , , , , , , , , , , , , , , ,		18	%
	a 33 1/3% support tests - 2017. If the			on line 14, and lin	ne 15 is more than	33 1/3%, and line 1	
	more than 33 1/3%, check this box a						ightharpoons
	b 33 1/3% support tests - 2016. If the						and
	line 18 is not more than 33 1/3%, che						ightharpoons
20	Private foundation. If the organization						
_							

732023 10-06-17

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. All	Supp	orting	Organiza	itions

- 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)
- 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 Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 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	
	_	<u> </u>	
	2		х
	3a		х
ļ	3b		
	3с		
	4a		x
	4b		
	4c		
	5a		Х
	5b 5c		_
	6		x
	7	<u> </u>	х
	8		х
	9a	<u> </u>	Х
	9b		<u>x</u>
	9c		х
	10a	<u> </u>	X
	10b	<u> </u>	0047
n 9	90 or 99	•U-EZ	2017

Sche		58-26559	39 F	'age 5
Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		X
b	A family member of a person described in (a) above?	11t		X
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	110	;	X
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			İ
	controlled the organization's activities If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	•	1	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	X	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	1		}
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		X
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		İ	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		-	
	or management of the supporting organization was vested in the same persons that controlled or managed		1	
	the supported organization(s)	1		<u> </u>
Sec	tion D. All Type III Supporting Organizations		_	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			1
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		ŀ	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's	ļ		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3	L	
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee inst	ructions).		
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity	y (see instructi		
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a	+	+
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			1
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		1	
	reasons for the organization's position that its supported organization(s) would have engaged in these	ŀ		
	activities but for the organization's involvement	2b		+-
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a	-	+-
b	· · · · · · · · · · · · · · · · · · ·	1		1
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

NATIONAL CHRISTIAN FOUNDATION REAL

Schedule A (Form 990 or 990-EZ) 2017 PROPERTY, INC. 58-2655939 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (B) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 4 Add lines 1 through 3 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) (B) Current Year (A) Prior Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) a Average monthly value of securities 1a **b** Average monthly cash balances 1b 1¢ c Fair market value of other non-exempt-use assets 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI) 2 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) 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 8 Minimum Asset Amount (add line 7 to line 6) Current Year Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 4 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6

Leave the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2017

instructions)

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s		
4	Amounts paid to acquire exempt-use assets		<u></u>	
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7_	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	•	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2017 from Section C, line 6			·
10	Line 8 amount divided by line 9 amount			
Secti	on 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			
a				
<u> </u>	From 2013			
<u>c</u>	From 2014			···
	From 2015			
	From 2016			
	Total of lines 3a through e			
_	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2017 distributable amount			
<u> i </u>				
i_	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2017 from Section D,			
	line 7 \$			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2017, if			
	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 3		,	
	and 4c			
8		<u> </u>		
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
<u>е</u>	Excess from 2017		L	l

Schedule A (Form 990 or 990-EZ) 2017

NATIONAL CHRISTIAN FOUNDATION REAL

Schedule A	(Form 990 or 990-EZ) 2017 PROPERTY , INC .	58-2655939 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a of Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	or 17b, Part III, line 12, 1 and 2, Part IV, Section C, V. Section B. line 1e. Part V.
	•	
-		
	·	
		-4

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.

MATIONAL CHRISTIAN FOUNDATION REAL

Open to Public Inspection

OMB No 1545-0047

Name of the organization

PROPERTY. INC.

Employer identification number 58-2655939

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	82	-
2	Aggregate value of contributions to (during year)	22,877,234.	
3	Aggregate value of grants from (during year)	44,127,277.	
4	Aggregate value at end of year	60,326,675.	
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's		🗓 Yes 🗀 No
6	Did the organization inform all grantees, donors, and donor a		used only
	for charitable purposes and not for the benefit of the donor		
	impermissible private benefit?		X Yes No
Par		ganization answered "Yes" on Form 990, P	art IV, line 7
1	Purpose(s) of conservation easements held by the organizat	tion (check all that apply)	
	Preservation of land for public use (e.g., recreation or		rically important land area
	Protection of natural habitat	Preservation of a certif	fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form of	of a conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic st	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structu	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	asement is located >	
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements		└─ Yes └─ No
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing cons	ervation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, han	idling of violations, and enforcing conservat	tion easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) about	ove satisfy the requirements of section 170([]
	and section 170(h)(4)(B)(ii)?		∟ Yes ∟ No
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes t	the organization's accounting for
_	conservation easements	f Art Historical Transcures or Of	ther Similar Assets
Ра	rt III Organizations Maintaining Collections of		iner Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (A		
	historical treasures, or other similar assets held for public ex		nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that described the text of the footnote to its financial statements that described the text of the footnote to its financial statements that described the footnote to its financial statements that described the footnote to its financial statements that described the footnote to its financial statements that described the footnote to its financial statements that described the footnote to its financial statements that described the footnote to its financial statements that described the footnote to its financial statements that described the footnote to its financial statements that described the footnote to its financial statements that described the footnote to its financial statements that described the footnote to its financial statements that described the footnote to its financial statements that described the footnote to its financial statements the financial statement is statement.		and belong about warks of ort biotomost
þ	•		
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of put	blic 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	and the similar and the first series	
2	If the organization received or held works of art, historical tre		gain, provide
	the following amounts required to be reported under SFAS	1 TO (ASC 936) relating to these items	L \$
a	Revenue included on Form 990, Part VIII, line 1		*
D	Assets included in Form 990. Part X		- Ψ

732051 10-09-17

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

NATIONAL CHRISTIAN FOUNDATION REAL

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assetscontinued) 3	Sche	dule D (Form 990) 2017 PROPERT	Y, INC.				58-2	2655939	Page 2
check all that apply a Public exhibition d Loan or exchange programs	Par	t III Organizations Maintaining C	collections of A	rt, Historical	Treasures, or O	ther S	imilar As	sets(continu	ed)
a Public exhibition d	3		on, and other record	ds, check any of t	he following that are	a signif	icant use of	its collection	rtems
b Scholarly research e Other Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII During the year, did the organization's solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Secrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part XP A. Jule 21 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XIII and complete the following table c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Dot the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IX, line 10 1a Beginning of year balance b Contributions 1a Beginning of year balance b Contributions 1b Check performs a second programs f Administrative expenses d Grants or scholarships c Chee expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quase-endowment				. —					
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII 5 During the year, did the organization solicitor or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Secrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21 1b If "Yes," explain the arrangement in Part XIII and complete the following table 1c Beginning balance 1d Amount 1c Amount 1c Amount 1c Amount 1c Amount 1c Amount 1c Amount 1c Amount 1c Amount 1c Amount 1c Amount 1c Amount 1c Amount 1c Amount 1c Amount 1c Amount 1c Amount 1c Amount 1c Amount 1c Amount 1c Beginning balance 2 Distributions during the year 2 A Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No 3 Beginning of year balance 4 Beginning of year balance 4 Beginning of year balance 5 Contributions 6 Not investment earnings, gains, and losses 6 Grants or scholarships 6 Other expenditures for facilities 7 and programs 7 Administrative expenses 9 End of year balance 9 Portode the estimated percentage of the current year end balance (line 1g, column (al)) held as 8 Board designated or quasi-endowment \$\infty\$ % 1 Administrative expenses 9 End of year balance 9 Other expenditures for facilities 1 and programs 1 Administrative expenses 9 End of year balance 1 Other expenditures for facilities 1 and programs 1 Administrative expenses 9 End of year balance 1 Other expenditures for facilities 1 Administrative expenses 9 End of year balance 1 Other expenditures for facilities 1 Administrative e	а		d		exchange programs				
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII 5 During the year, did the organization's collections and explain how they further the organization's collection? Very No Part IV] Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 Is it she organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Is it she organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Is it she organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Is it she organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escrow or custodial account liabilities? C Beginning balance Is did to the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If Yes, 'explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10 Is Beginning of year balance Is do Current year (b) Pror year (c) Two years back (d) Three years back (e) Foir years back Administrative expenses G Administrative expenses G Administrative expenses F Administrative expenses F Administrative expenses F Administrative expenses F Administrative expenses F Administrative expenses F Administrative expenses F Administrative expenses F Administrative expenses F Administrative expenses F Administrative expenses F Administrative expenses F Administrative expenses F Administrative expenses F Administrative expenses F Administrative expenses F Administrative expenses F	b		е	e Ll Other					
5 During the year, did the organization solicit or receive donations of art, instonce I treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 1a Is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Is if the organization and agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X. line 21 in the intermediary for contributions or other assets not included on Form 990, Part X. line 21 in the intermediary for contributions or other assets not included on Form 990, Part X. line 21 in the intermediary for contributions or other assets not included on Form 990, Part X. line 21 in the intermediary for contributions or other assets not included on Form 990, Part X. line 21 in the intermediary for contributions or other assets not included on Form 990, Part X. line 21 in the intermediary for contributions or other assets not included an amount on Form 990, Part X, line 21 in the intermediary for contributions or other separation include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	С	-					_		
be sold to rase funds rather than to be mantained as part of the organization?		•	-	-	_		-	Part XIII	
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c Leasenoid improvements	b	•	11,004,	030.				11,004	,030.
d Comment	C	·							
d Equipment		• •							
e Other Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c) 22,759,655.			equal Form 990 Part	X column (B) In				22.759	.655.

PROPERTY,	INC
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	Complete if the organization answered "Yes" of	on Form 990. Part IV. li	ne 11b See Form 990		
	ion of security or category (including name of security)	(b) Book value			end-of-year market value
) Financia	derivatives				
	neld equity interests				
Other	_				
	TERESTS IN LLC'S	25,170,239	END-OF-	YEAR MARKE	T VALUE
(B)					
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) must equal Form 990, Part X, col. (B) line 12.)	25,170,239	<u></u>	<u></u>	
art VIII	Investments - Program Related.				
	Complete if the organization answered "Yes" of				
	(a) Description of investment	(b) Book value	(c) Method of	f valuation Cost or	end-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)				<u>-</u>	
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(9)	Other Assets.				
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(9) tal. (Col. (b	Other Assets. Complete if the organization answered "Yes" of	on Form 990, Part IV, li Description	ne 11d See Form 990	0, Part X, line 15.	(b) Book value
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(9) tal. (Col. (b Part IX] (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" of		ne 11d See Form 990	0, Part X, line 15.	(b) Book value
(9) tal. (Col. (b Part IX] (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered "Yes" of		ne 11d See Form 990	0, Part X, line 15.	(b) Book value
(9) tal. (Col. (b 'art IX] (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" (a) [escription	ne 11d See Form 990	0, Part X, line 15.	(b) Book value
(9) lal. (Col. (b art IX] (1) (2) (3) (4) (5) (6) (7) (8) (9) ltal. (Columnation)	Other Assets. Complete if the organization answered "Yes" (a) [3] [4] [5] The complete if the organization answered "Yes" (a) [5] [6] [6] [6] [6] [6] [6] [6] [6] [6] [6	Description			>
(9) tal. (Col. (b Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Colum Part X	Other Assets. Complete if the organization answered "Yes" (a) [Complete if the organization answered "Yes" (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answered "Yes" (complete if the organizatio	Description	ne 11e or 11f See Fo		>
(9) htal. (Col. (b) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) htal. (Column Part X	Other Assets. Complete if the organization answered "Yes" (a) [a] [a] [b] [a] [b] [b] [b] [b] [b] [b] [b] [b] [b] [b	Description			>
(9) tal. (Col. (b Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colum Part X (1) Fedi	Other Assets. Complete if the organization answered "Yes" (a) [a] [a] [b] [a] [b] [b] [b] [b] [b] [b] [b] [b] [b] [b	Description	ne 11e or 11f See Fo (b) Book value	orm 990, Part X, line	>
(9) tal. (Col. (b Part IX] (1) (2) (3) (4) (5) (6) (7) (8) (9) btal. (Colum Part X]	Other Assets. Complete if the organization answered "Yes" (a) [a] [a] [b] [a] [b] [b] [b] [b] [b] [b] [b] [b] [b] [b	Description	ne 11e or 11f See Fo	orm 990, Part X, line	>
(9) tal. (Col. (b Part IX] (1) (2) (3) (4) (5) (6) (7) (8) (9) btal. (Column Part X] (1) Feddo (2) AN (3)	Other Assets. Complete if the organization answered "Yes" (a) [a] [a] [b] [a] [b] [b] [b] [b] [b] [b] [b] [b] [b] [b	Description	ne 11e or 11f See Fo (b) Book value	orm 990, Part X, line	>
(9) htal. (Col. (b Part IX] (1) (2) (3) (4) (5) (6) (7) (8) (9) Part X] (1) Fedde (2) AN (3) (4)	Other Assets. Complete if the organization answered "Yes" (a) [a] [a] [b] [a] [b] [b] [b] [b] [b] [b] [b] [b] [b] [b	Description	ne 11e or 11f See Fo (b) Book value	orm 990, Part X, line	>
(9) htal. (Col. (b) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) htal. (Colur) Part X (1) Fedde (2) AN (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" (a) [a] [a] [b] [a] [b] [b] [b] [b] [b] [b] [b] [b] [b] [b	Description	ne 11e or 11f See Fo (b) Book value	orm 990, Part X, line	
(9) htal. (Col. (b) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Part X (1) Fedding (2) AN (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" (a) [a] [a] [b] [a] [b] [b] [b] [b] [b] [b] [b] [b] [b] [b	Description	ne 11e or 11f See Fo (b) Book value	orm 990, Part X, line	
(9) htal. (Col. (b) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Part X (1) Fedde (2) AN (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes" (a) [a] [a] [b] [a] [b] [b] [b] [b] [b] [b] [b] [b] [b] [b	Description	ne 11e or 11f See Fo (b) Book value	orm 990, Part X, line	
(9) htal. (Col. (b) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) htal. (Column Part X (1) Feddo (2) AN (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered "Yes" (a) [a] [a] [b] [a] [b] [b] [b] [b] [b] [b] [b] [b] [b] [b	Description	ne 11e or 11f See Fo (b) Book value	orm 990, Part X, line	>
(9) htal. (Col. (b) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) htal. (Column Part X (1) Fedde (2) AN (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" (a) [a] [a] [b] [a] [b] [b] [b] [b] [b] [b] [b] [b] [b] [b	Description 115) on Form 990, Part IV, I	ne 11e or 11f See Fo (b) Book value	orm 990, Part X, line	>

Schedule D (Form 990) 2017

Sche	edule D (Form 990) 2017 PROPERTY, INC.	MITON KEAL	58-265593	9 Page 4
_	t XI Reconciliation of Revenue per Audited Financial State	ements With Revenue pe		- rage
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a	_]	
b	Donated services and use of facilities	2b	_]	
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	-	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	- ∤	
b	Other (Describe in Part XIII)	_4b		
C	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) rt XII Reconciliation of Expenses per Audited Financial States	tements With Evpenses n	or Return	
Га	Complete if the organization answered "Yes" on Form 990, Part IV, line		er neturn.	
1	Total expenses and losses per audited financial statements	124		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
- а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b	7	
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d	 -	2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_	
b	Other (Describe in Part XIII)	4b	_	
С	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18,)	_	
	rt XIII Supplemental Information.	Dark IV have the and the Dark V h	and Dod View O. De	VI
	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any		ne 4, Part X, Ilne 2, Pa	art XI,
iiiies	20 and 40, and Part XII, lines 20 and 40. Also complete this part to provide any	y additional information		
PA	RT X, LINE 2:			
TH	E FOLLOWING FOOTNOTE APPLIES TO THE CONS	SOLIDATED FINANCIA	AL STATEMEN	TS OF
TH	E NATIONAL CHRISTIAN CHARITABLE FOUNDATI	ON, INC., AND SU	PPORTING	
	0.1177. MT0176			
OR	GANIZATIONS:			
				·
TN	COME TAX EXPENSE IS RECORDED FOR ACTIVIT	TIES THAT GENERAT	E UNRELATED	1
BU	SINESS INCOME. THE FOUNDATION GENERATES	TAXABLE INCOME T	HROUGH	
IN	VESTMENT TRANSACTIONS. THE FOUNDATION AC	CCEPTS DONATIONS	OF S-CORPOR	ATION
ST	OCK. DURING ITS HOLDING PERIOD, THE FOUN	DATION RECEIVES	PAXABLE	
DI	STRIBUTIONS. FURTHER, A TAXABLE CAPITAL	GAIN MAY BE GENE	RATED UPON	THE
O 3 .	ישניינים מווש עורג זיאור ער מש מווש מר מו	CAN DECETTED TAMES	DECMO THE T	CC.
SA.	LE OF THE STOCK. SIMILARLY, THE FOUNDATI	TON KECETAES INTE	ZEDID IN PP	<u> </u>

THAT GENERATE TAXABLE INCOME. FOR THE YEARS ENDED DECEMBER 31, 2017 AND

Part XIII Supplemental Information (continued)
2016, THE FOUNDATION INCURRED INCOME TAX EXPENSE OF \$12,681,000 AND
\$30,419,000 RESPECTIVELY. INCOME TAX EXPENSE IS INCLUDED IN GENERAL AND
ADMINISTRATIVE EXPENSES IN THE CONSOLIDATED FINANCIAL STATEMENTS.
•
THE FINANCIAL STATEMENT EFFECTS OF A TAX POSITION TAKEN OR EXPECTED TO BE
TAKEN ARE RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS WHEN IT IS
MORE LIKELY THAN NOT, BASED ON THE TECHNICAL MERITS, THAT THE POSITION
WILL BE SUSTAINED UPON EXAMINATION. INTEREST AND PENALTIES, IF ANY, ARE
INCLUDED IN EXPENSES IN THE CONSOLIDATED STATEMENTS OF ACTIVITIES. AS OF
DECEMBER 31, 2017 AND 2016, THE FOUNDATION HAD NO UNCERTAIN TAX POSITIONS
THAT QUALIFY FOR RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.
••
•
•
<u> </u>

SCHEDULE I (Form 990) Department of the Treasury

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

OMB No 1545-0047

ž [Employer identification number 58-2655939 SUPPORT OF GRANT-MAKING Open to Public Inspection (h) Purpose of grant 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 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) Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Go to www.irs.gov/Form990 for the latest information. CASH o (e) Amount of assistance non-cash 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 11,932,425, cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table FOUNDATION REAL (c) IRC section (if applicable) 501(C)(3) Enter total number of other organizations listed in the line 1 table. CHRISTIAN 58-1493949 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? PROPERTY, NATIONAL 1 (a) Name and address of organization INC. - 11625 RAINWATER DRIVE, STE NATIONAL CHRISTIAN CHARITABLE FDN - ALPHARETTA, GA 30009 or government Name of the organization Internal Revenue Service Part II Part I 200

Schedule I (Form 990) (2017)

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

Schedule I (Form 990) (2017) PROPERTY, INC.

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

Part III can be duplicated if additional space is needed

(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
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	quired in Part I, lir	e 2, Part III, column	(b), and any other ad	dditional information	
r I, LINE 2:			(
THE ORGANIZATION DOES NOT MONITOR THE IN THE UNITED STATES SINCE IT GRANTS	FUNDS		TO ORGANIZATIONS HERE ONLY IF	ORGANIZATIONS IRE ONLY IF	
TIONS QUALIFY	[-]	FEDERAL I	FEDERAL INCOME TAX UNDER	UNDER CODE	
SECTION 501(C)(3)AND THEREFORE, ARE	BOUND	TO USE SUC	SUCH FUNDS ONLY	LY FOR	
RELIGIOUS, CHARITABLE, EDCATIONAL	OR OTHER	PURPOSES	DESCRIBED	IN THAT CODE	
SECTION.					

Schedule I (Form 990) (2017)

SCHEDULE J (Form 990)

Compensation Information

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

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

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

Department of the Treasury Name of the organization

NATIONAL CHRISTIAN FOUNDATION REAL PROPERTY, INC.

Employer identification number 58-2655939

OMB No 1545-0047

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

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

Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the

initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III

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

Schedule J (Form 990) 2017

8

X

Regulations section 53 4958-6(c)?

NATIONAL CHRISTIAN FOUNDATION REAL BEODEPHY INC

58-2655939

Page 2

Schedule J (Form 990) 2017 PROPERTY, INC.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed Do not list any individuals that aren't listed on Form 990, Part VII

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

		(B) Breakdown of \	W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	e e	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive	(III) Other reportable	other deferred compensation	benefits	(D)·(i)(B)	in column (B) reported as deferred on prior Form 990
			compensation	compensation				
(1) TERRILL A. PARKER	Ξ	0	0	0	0	0		0
FORMER DIRECTOR & VP	Ξ	230,899.	0		4,62	24.	235,548.	0
(2) MARYE LORD	Ξ		0	;				0
FORMER DIRECTOR & TREASURER	Ξ	107,264.	3,199.		2,17	5,937.	118,577.	0
(3) KENNETH M. BOWERS	Ξ	0	0	• 0				0.
.	Ξ	199,50	6,000.		3,959.	10,516.	219,976.	0
(4) DAVID D. JOHNSON	Ξ			0				0
FORMER TREASURER	Ξ	195,830.	.000,7	0	3,969.	19,323.	226,122.	0
	Ξ							
	[(II)							-11
	(i)							
	(II)							
	Ξ							
	(II)							
	Ξ							
	(II)							
	(1)							
	(ii)							
	Θ							
	(11)							
	Ξ							
	(11)							
	Ξ							
	Ξ							
	Ξ							
	(E)							
	Ξ							
	Ξ							
	Ξ							
	Ξ							
	Ξ							
	(II)							

Schedule J (Form 990) 2017

NATIONAL CHRISTIAN FOUNDATION REAL PROPERTY, INC.

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information 58-2655939 Schedule J (Form 990) 2017

| Part III | Supplemental Information

Page 3

Schedule J (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

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. NATIONAL CHRISTIAN FOUNDATION REAL Open To Public Inspection

Employer identification number

58-2655939

PROPERTY, INC.

Part I Types of Property (a) (d) Number of Noncash contribution Check if Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures Art - Fractional interests Books and publications Clothing and household goods Cars and other vehicles Boats and planes Intellectual property 8 9 Securities - Publicly traded 10 Securities - Closely held stock Securities · Partnership, LLC, or 11 trust interests 12 Securities - Miscellaneous Qualified conservation contribution -Historic structures 14 Qualified conservation contribution - Other 6,655,420.APPRAISED FMV Х 13 Real estate - Residential 15 13,504,900.APPRAISED FMV X 16 Real estate - Commercial 16 X 509,000 APPRAISED FMV Real estate - Other 17 18 Collectibles 19 Food inventory Drugs and medical supplies 20 21 Taxidermy 22 Historical artifacts Scientific specimens 23 24 Archeological artifacts 25 Other > 26 Other 27 Other Other 28 Number of Forms 8283 received by the organization during the tax year for contributions 30 for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for X 30a exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II

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

Schedule M (Form 990) 2017

31

X

X 32a

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

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

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

contributions? b If "Yes," describe in Part II

Schedule M (Form 990) 2017

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.

2017
Open to Public Inspection

Name of the organization

MATIONAL CHRISTIAN FOUNDATION REAL PROPERTY, INC.

Employer identification number 58-2655939

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

INC. AND OTHER CHARITABLE ORGANIZATIONS IN THE SAME CLASS.

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

LINE 11A EXPLANATION - THE DRAFT FORM 990 IS PREPARED AND COMPARED WITH THE AUDITED FINANCIALS. THE DRAFT IS PROVIDED TO NCF'S CHIEF FINANCIAL OFFICER AND LEGAL COUNSEL, WHO PROVIDE FEEDBACK TO THE PREPARER. A FINAL FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS FOR INFORMATIONAL PURPOSES ONLY.

FINALLY, THE FORM IS FILED WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

GENERAL COUNSEL FOR THE SUPPORTED ORGANIZATION MONITORS TRANSACTIONS FOR
THIS ORGANIZATION TO ASSURE THAT NO DIRECTOR, OFFICER, OR KEY EMPLOYEE HAS
ANY INTEREST IN SUCH TRANSACTIONS.

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

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

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

CHRISTIAN FOUNDATION REAL PROPERTY, INC.'S ARTICLES OF INCORPORATION ARE

AVAILABLE FROM THE SECRETARY OF STATE. NATIONAL CHRISTIAN FOUNDATION REAL

PROPERTY, INC.'S BYLAWS AND OTHER SIGNIFICANT OPERATIONAL POLICIES ARE NOT

AVAILABLE TO THE PUBLIC.

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

SHAREHOLDER DISTRIBUTION

1,877,350.

CHANGE IN VALUE OF ANNUITIES AND TRUSTS

-5,040.

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

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization NATIONAL CHRISTIAN FOUNDATION REAL PROPERTY, INC.	Employer identification number 58-2655939
ADJUSTMENT TO SELLING EXPENSES	-12,667.
ADJUSTMENT TO BALANCE	2.
TOTAL TO FORM 990, PART XI, LINE 9	1,859,645.
FORM 990, PART VI, LINE 15B COMPENSATION	
THE ORGANIZATION DOES NOT ENGAGE IN A PROCESS FOR DETERM	INING
COMPENSATION FOR THE LISTED PERSONS BECAUSE IT PAYS NO CO	OMPENSATION TO
THEM.	
	_
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•	
,	
	•
	<u> </u>

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

2017 Open to Public Inspection

OMB No 1545-0047

NATIONAL Name of the organization Department of the Treasury Internal Revenue Service

Employer identification number 58-2655939

► Go to www.rs.gov/Form990 for instructions and the latest information. CHRISTIAN FOUNDATION REAL INC. PROPERTY

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
ZECHARIAH, LLC - 58-2655939					
860 SEREDIPITY DRIVE					NATIONAL CHRISTIAN FDN
AURORA, IL 60504	HOLDS REAL ESTATE	ILLINOIS	318,429.		1,833,661. REAL PROPERTY, INC.
HOTHOUSE TOWNSHIP, LLC - 58-2655939					
11 LUMPKIN STREET, SUITE 200					NATIONAL CHRISTIAN FDN
LAWRENCEVILLE, GA 30045	HOLDS REAL ESTATE	GEORGIA	<928,	515,843.	515,843, REAL PROPERTY, INC.
GRANT ACTS 434, LLC - 58-2655939					
PO BOX 524					NATIONAL CHRISTIAN FDN
ALPHARETTA, GA 30009-0524	HOLDS REAL ESTATE	GEORGIA	<4,095.		1,119,421. REAL PROPERTY, INC.
MAX 2COR 97 INVESTMENTS, LLC - 58-2655939					
2118 HARBOR VIEW COURT					NATIONAL CHRISTIAN PDN
SANTA CRUZ, CA 95062	HOLDS REAL ESTATE	CALIFORNIA	<1,973.		0.REAL PROPERTY, INC.

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

(a)	(q)	(c)	(p)	(e)	(t)	(6)	3
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 5 12(b)	2(0)(13)
of related organization		foreign country)	section	status (if section	entity	entity?	<i>'</i>
		•		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)	4	N/A		×
NCCF SUPPORT, INC 58-2268010					NTL CHRISTIAN		
11625 RAINWATER DRIVE; STE 500					CHARITABLE FDN,		
ALPHARETTA, GA 30009-8678	GRANT MAKING	GEORGIA	501(C)(3)	11 г	INC.		×
NCP CORPORATION - 20-4281656					NTL CHRISTIAN		
707 N. FRANKLIN STE 800					CHARITABLE FDN,		
TAMPA, FL 33602	CHARITABLE TRUSTEESHIP	FLORIDA	501(C)(3)	11 г	INC.		×
NATIONAL CHRISTIAN FOUNDATION, INC					NTL CHRISTIAN		
30-0209280, 11625 RAINWATER DRIVE; STE 500,		•			CHARITABLE PDN,		
ALPHARETTA, GA 30009-8678	GRANT MAKING	GEORGIA	501(C)(3)	11 I	INC.		×
For Paperwork Reduction Act Notice, see the instructions for Form 990.	ns for Form 990.				Schedule R (Form 990) 2017	Form 990) 2017

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NATIONAL CHRISTIAN FOUNDATION REAL PROPERTY, INC.

Schedule R (Form 990)

Part I Continuation of Identification of Disregarded Entities

(a)	(q)	(2)	(D)	(e)	Œ
Name, address, and EIN	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
of disregarded entity		foreign country)		•	entity
NCT-1 COR 2:9, LLC - 58-2655939				-	
63 WINDY RIDGE LANE	HOLDS REAL ESTATE AND			2	NATIONAL CHRISTIAN FDN
KETTLE FALLS, WA 99141	PROMISSORY NOTE	WASHINGTON	4,161.	738,662.	REAL PROPERTY, INC.
NCT-105, LLC - 58-2655939					
340 N. POTTEBAUM AVENUE				2	NATIONAL CHRISTIAN FDN
CASA GRANDE, AZ 85222	HOLDS REAL ESTATE	ARIZONA	<10,139.	1,000,503.	1,000,503.REAL PROPERTY, INC.
NCT-104, LLC - 58-2655939					
1319 BAYOU DRIVE					NATIONAL CHRISTIAN FDN
OCEAN SPRINGS, MS 39564	HOLDS REAL ESTATE	MISSISSIPPI	<30,019.	. 0.F	0.REAL PROPERTY, INC.
NCT-112, LLC - 58-2655939					
PO BOX 97365					NATIONAL CHRISTIAN FDN
RALEIGH, NC 27614	HOLDS REAL ESTATE	NORTH CAROLINA	<139.	2,301,010.	2,301,010, REAL PROPERTY, INC.
NCT-119, LLC - 58-2655939					
10304 NE 62ND STREET					MATIONAL CHRISTIAN FDN
KIRKLAND, WA 98033	HOLDS REAL ESTATE	WASHINGTON	1,618,575.	2,325,257.	257 REAL PROPERTY, INC.
TOUCHING LIVES II, LLC - 58-2655939					
PO BOX 674					NATIONAL CHRISTIAN FDN
WINDERMERE, FL 34786	HOLDS REAL ESTATE	FLORIDA	<5,885.	880,136	136 REAL PROPERTY, INC.
CLEVELAND HEIGHTS (LEE RD.) I, LLC -					
58-2655939, 4200 NORTHSIDE PKWY, NW, BLDG 2,				2	NATIONAL CHRISTIAN PDN
SUITE 220, ATLANTA, GA 30327-3054	HOLDS REAL ESTATE	GEORGIA	<2,381,285.	1,631,442.	1,631,442. REAL PROPERTY, INC.
MUSTARD SEED LAND FUND, LLC - 58-2655939					
3191 WOOD VALLEY ROAD					NATIONAL CHRISTIAN FDN
ATLANTA, GA 30327	HOLDS REAL ESTATE	GEORGIA	<141,174.	387,293.	293, REAL PROPERTY, INC.
NCFRP-104, LLC - 58-2655939					
1110 EAST MISSOURI AVE, STE, 200					NATIONAL CHRISTIAN FDN
PHOENIX, AZ 85014	HOLDS REAL ESTATE	ARIZONA	<1,995.	393,546.	546 REAL PROPERTY, INC.
NCFRP-103, LLC - 58-2655939					
1110 EAST MISSOURI AVE., STE. 200					NATIONAL CHRISTIAN FDN
PHOENIX, AZ 85014	HOLDS REAL ESTATE	ARIZONA	<1,001.	263,423.	REAL PROPERTY, INC.

NATIONAL CHRISTIAN FOUNDATION REAL PROPERTY, INC.

Schedule R (Form 990)

Part I Continuation of Identification of Disregarded Entitles

(a)	(q)	(2)	(g)	(e)	(£)
Name, address, and EIN	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
of disregarded entity		foreign country)			entity
NCPRP-105, LLC - 58-2655939					
PO BOX 1643					NATIONAL CHRISTIAN FDN
GAYLORD, MI 49734	HOLDS REAL ESTATE	MICHIGAN	<31.	250,130.	REAL PROPERTY, INC.
SAUNDERS FAMILY REAL ESTATE LLC - 58-2655939					
1339 13TH AVENUE				-	NATIONAL CHRISTIAN PDN
COLUMBUS, GA 30901	HOLDS REAL ESTATE	GEORGIA	0.	135,110.	135,110, REAL PROPERTY, INC.
NORTHFIELD CAMPUS, LLC - 58-2655939					
7707 SW 44TH STREET				-	NATIONAL CHRISTIAN PDN
OKLAHOMA CITY, OK 73179	HOLDS REAL ESTATE	ОКГАНОМА	<30,973,673.	.0	REAL PROPERTY, INC.
NCT-140, LLC - 58-2655939					
3333 S. ORANGE AVE., STE 200	HOLDS BENEFICIAL INTERESTS				NATIONAL CHRISTIAN FDN
ORLANDO, FL 32839	IN TRUSTS	FLORIDA	<388,528.	482,778.	778 REAL PROPERTY, INC.
NCFRP-114, LLC - 58-2655939	ï				
7 INVERNESS PARK CIRCLE					NATIONAL CHRISTIAN FDN
HOUSTON, TX 77055	HOLDS REAL ESTATE	TEXAS	<149,368.	14,197.	14,197. REAL PROPERTY, INC.
NCFRP-118, LLC - 58-2655939					
101 BROOKLINE DR.					NATIONAL CHRISTIAN FDN
ASHVILLE, NC 28803	HOLDS REAL ESTATE	NORTH CAROLINA	433.	132,110.	132,110.REAL PROPERTY, INC.
NCFRP-121, LLC - 58-2655939					
719 EUCLID AVENUE					NATIONAL CHRISTIAN FDN
BIRMINGHAM, AL 35213	HOLDS REAL ESTATE	ALABAMA	32,792.	560,284.	284. REAL PROPERTY, INC.
6 RIATA, LLC - 58-2655939					
3 LOS ENCINOS DR					NATIONAL CHRISTIAN FDN
MAGNOLIA, TX 77354	HOLDS REAL ESTATE	TEXAS	33,650.	419,080.	080 REAL PROPERTY, INC.
NCPRP-127, LLC - 58-2655939					
6907 AVONDALE DRIVE					NATIONAL CHRISTIAN FDN
MIDWEST CITY, OK 73110	HOLDS REAL ESTATE	ОКГАНОМА	27,333.	2,801,101.	2,801,101, REAL PROPERTY, INC.
NCFRP-125, LLC - 58-2655939					
1328 OLD LAKE COURT					NATIONAL CHRISTIAN FDN
GRAND RAPIDS, MI 49546	HOLDS REAL ESTATE	MICHIGAN	<33,371.	737,097.	737,097, REAL PROPERTY, INC.

NATIONAL CHRISTIAN FOUNDATION REAL PROPERTY, INC.

Schedule R (Form 990)

Part I Continuation of Identification of Disregarded Entitles

(e)	(q)	(2)	(G	(e)	3
Name, address, and EIN	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
of disregarded entity		foreign country)	-		entrty
NCFRP-128, LLC - 58-2655939					
10400 BAILEYWICK RD	1				NATIONAL CHRISTIAN FDN
RALEIGH, NC 27613	HOLDS REAL ESTATE	NORTH CAROLINA	284,980.	300,000.	300,000 REAL PROPERTY, INC.
NCFRP-129, LLC - 58-2655939					
ONE PENROSE LANE			-		-
COLORADO SPRINGS, CO 80906	HOLDS REAL ESTATE	соговаро	125,890.	133,500.	500 REAL PROPERTY, INC.
OLD ALABAMA INVESTMENTS, LLC - 58-2655939					
3116 WEST ADDISON DRIVE					
ALPHARETTA, GA 30022	HOLDS REAL ESTATE	GEORGIA	327,637.	345,000.	345,000 REAL PROPERTY, INC.
NCPRP-130, LLC - 58-2655939					
2355 NORTH TER TIME CT.	<u> </u>	•			52
WICHITA, KS 67205	HOLDS REAL ESTATE	KANSAS	379,730.	400,000.	400,000 REAL PROPERTY, INC.
10210 SYSTEMS PARKWAY, LLC - 58-2655939					
3300 CAMERON PARK DRIVE					NATIONAL CHRISTIAN FDN
CAMERON PARK, CA 95682	HOLDS REAL ESTATE	CALIFORNIA	2,639,684.	2,750,000.	2,750,000.REAL PROPERTY, INC.
-	•				

NATIONAL CHRISTIAN FOUNDATION REAL PROPERTY, INC.

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a)	(q)	(၁)	(Đ	(e)		6)) 2(h)(13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	guillo	contro	lled
of related organization		foreign country)	section	status (if section	entity	organization?	tion?
				501(c)(3))		Yes	No
NCCF TRUST - 58-6370659					NTL CHRISTIAN		
952 BCHO LANE; SUITE 190		•			CHARITABLE FDN,		
	GRANT MAKING	TEXAS	501(C)(3)	11 I	INC.		×
NCF CHARITABLE TRUST - 20-4326440					NTL CHRISTIAN		
707 N. FRANKLIN STE 800					CHARITABLE FDN,		
TAMPA, FL 33602	GRANT MAKING	FLORIDA	501(C)(3)	11 I	INC.		×
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NATIONAL CHRISTIAN FOUNDATION REAL

Schedule R (Form 990) 2017 PROPERTY, INC.

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

Percentage ownership Schedule R (Form 990) 2017 Section Section 512(b)(13) controlled entity? Yes No 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 Ξ General or F managing partner? Percentage ownership Yes Ξ Code V.UBI amount in box 720 of Schedule K.1 (Form 1065) Share of end-of-year assets <u>6</u> Disproportionate Yes No allocations? Ξ Share of total income Share of end-of-year assets 9 Type of entity (C corp, S corp, or trust) <u>e</u> Share of total income Ξ Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) ਉ <u>e</u> Legal domicile | (state or foreign country) 53 <u>છ</u> (d)
Direct controlling
entity Primary activity (c)
Legal
domicite
(state or
foreign Primary activity 9 Name, address, and EIN of related organization Name, address, and EIN of related organization 732162 09-11-17 Part IV

Page 3

NATIONAL CHRISTIAN FOUNDATION REAL PROPERTY, INC.

Schedule R (Form 990) 2017 PROPERTY, I

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			9 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		Yes	ž
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	lated organizations listed	in Parts II-IV?	<u> </u>	4	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	+	<u> </u>
Gift, grant, or capital contribution to related organization(s)				₽	×	_
Gift, grant, or capital contribution from related organization(s)				위	_	×
Loans or loan guarantees to or for related organization(s)				₽	_	×
Loans or loan quarantees by related organization(s)				1e		\times
Dividends from related organization(s)				=		×
Sale of assets to related organization(s)				19		×
Purchase of assets from related organization(s)				ŧ		×
Exchange of assets with related organization(s)				=		X
Lease of facilities, equipment, or other assets to related organization(s)				-	Ц	×
Lease of facilities, equipment, or other assets from related organization(s)				*		×
Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			=		Ľ
Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			重		×
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)uo			£		×
Sharing of paid employees with related organization(s)				9		×
Rembursement paid to related organization(s) for expenses				<u> </u>		×
Reimbursement paid by related organization(s) for expenses				=	Ц	×
Other transfer of cash or property to related organization(s)				÷		
Other transfer of cash or property from related organization(s)				1s	Ц	×
7	ho must complete tl	ııs line, including covered	or information on who must complete this line, including covered relationships and transaction thresholds	S		
	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	ount involvec	_	
NATIONAL CHRISTIAN CHARITABLE FOUNDATION, INC.	В	11,932,425.	CASH			
732163 09-11-17	54		Sch	Schedule R (Form 990) 201 [°]	rm 99) 20

NATIONAL CHRISTIAN FOUNDATION REAL

INC. PROPERTY,

Schedule R (Form 990) 2017

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

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3	Gode V-UBI General or Percentage amount in box 20 managing ownership of Schedule K-1 partner?				1							,													Schedule R (Form 990) 2017
3	neral or F anaging artner?	Yes No			1							:										F		-	(Form
	X 20 mg X-1 mg	2)			\dagger																 	t			dule R
Ξ	te V-UE	m 106																							Sche
	amour of Sc	(Fo																				L			
Ē	Dispropor- tronate a allocations?	Yes No			+	,													 -		 	╀			1
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(6)	Share of end-of-year	assets																							
	g P	ä																							
	_			 	+																	T			
€	Share of total	ıncome																							
	partners sec 501(c)(3) orgs?	£	-		+													•			 -	上			
<u>.</u> •	Souther 501(c	Yes No			1														\vdash			$oxed{\top}$			ł
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<u>©</u>	Legal domicile (state or foreign	country)																							
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	Z						.																		
	Name, address, and EIN of entity																								
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NATIONAL CHRISTIAN FOUNDATION REAL PROPERTY INC.

Schedule R (Form 990) 2017 PROPERTY, INC.	58-2655939 Page 5
Part VII Supplemental Information.	
Provide additional information for responses to questions on Schedule R See instructions	
FORM 990 SCHEDULE R, PART II	
FOR ADDITIONAL RELATED ORGANIZATIONS, SEE THE 2016 FORM 990	FOR
NATIONAL CHRISTIAN CHARITABLE FOUNDATION, INC. 58-1493949.	
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