# SCANNED 0CT 1 8 2021

Form **950** (Rev , January 2020)
Department of the Treasury Internal Revenue Service

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

2019 Open to Public Inspection

<u>A I</u>	or the	2019 calendar year, or tax year beginning		and	d ending			<u> </u>		
В	Check if ipplicable	C Name of organization				DE	Employer ident	ificatı	on number	
	Addres	NCCF TRUST								
E	Name change	Doing business as				1	58-6370	659		
	Initial return Final	Number and street (or P 0 box if mail is not delivered to	street add	lress)	Room/suit	E 1	Telephone numl			
	return/ termin-	952 ECHO LANE			190	┿	404-252	<u> – U T (</u>		
_	ated Amend	City or town, state or province, country, and ZIP or fo	oreign pos	stal code			Gross receipts \$	-	53,823.	
F	return	100310N, 1A 11024				_  H(a)	) Is this a group			
	tion pendin	F Name and address of principal officer SAME AS	CAE	SOVE	0	J	for subordinat		Yes X No	
_		<b>V</b> 504 VO		7 40 474 744		<b>–</b>	Are all subordinate			
		mpt status X 501(c)(3) 501(c)( ) ◀ (inse	ert no.)	4947(a)(1)	or 52				(see instructions)	
				Other >	1. 700		Group exemp			
	art I	Summary		t					ate of legal domicile TX	
_	1	Briefly describe the organization's mission or most significa	ant activit	ies THE	TRUST	MAK	KES GRAN	rs i	FOR	
Governance		CHARITABLE PURPOSES TO NATIONA								
ra	2	Check this box 🕨 🔲 if the organization discontinued	ıts operat	ions or dispo	sed of mor	e than	25% of its net a	ssets		
ove	3	Number of voting members of the governing body (Part VI,	line 1a)				<u>  :</u>	3	<u>1</u>	
	4	Number of independent voting members of the governing i	body (Par	t VI, line 1b)			<u> </u>	!	0	
sa	5	Fotal number of individuals employed in calendar year 201	9 (Part V,	lıne 2a)			<u>                                     </u>	5	0	
Activities &	1	Total number of volunteers (estimate if necessary)	_				. 4	3	0	
Acti	7 a	Fotal unrelated business revenue from Part VIII, column (C	), line 12	RECE	IVED		7	a	0.	
_	<u>b</u> _	Net unrelated business taxable income from Form 990-T, li	ne 3 <b>9</b>			<u> </u>		<b>b</b>	0.	
		_	B057	NOV 1	9 202b	- 6	rior Year	-	Current Year	
ē		Contributions and grants (Part VIII, line 1h)	\overline{\over	11011	<b>0</b> 202p		0		<u> </u>	
en.	1	Program service revenue (Part VIII, line 2g)	.   "	000					0.	
Revenue	1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d	·	OGDE	:N, U#		7,140		894. 51,934.	
	I	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c			F		81,026		53,107.	
_	$\overline{}$	Fotal revenue - add lines 8 through 11 (must equal Part VIII		(A), line 12)			240,241		322,797.	
	1	Grants and similar amounts paid (Part IX, column (A), lines Benefits paid to or for members (Part IX, column (A), line 4;			<u> </u>		0	_	0.	
	4			) lines 5-10)	<u> </u>					
Expenses	162	Professional fundraising fees (Part IX, column (A), line 11e)	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)						0.	
pen	ь.	Fotal fundraising expenses (Part IX, column (D), line 25)	•		0.					
ñ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e	e)		[		1,057. 10,1			
	1	Total expenses Add lines 13-17 (must equal Part IX, colum	•	e 25)			241,298	$\cdot \Box$	332,962.	
	1	Revenue less expenses Subtract line 18 from line 12				<:	160,272.	>	<279,855.>	
5				•	E	eginnin	ng of Current Yea	r	End of Year	
sets	20	Total assets (Part X, line 16)			<u>_</u>	7	<u>,375,761</u>		7,088,199.	
Net Assets	21	Total liabilities (Part X, line 26)			_		626,986		<u>615,135.</u>	
	22	Net assets or fund balances Subtract line 21 from line 20				6	<u>,748,775</u>	<u> </u>	6,473,064.	
	art II	Signature Block								
	•	ties of perjury, I declare that I have examined this return, including	•	, ,				ту кпо	wleage and belier, it is	
true	, correc	, and complete Declaration of preparer (other than officer) is basi	ed on all in	normation of w	mich prepare	r nas ai		1/2	20	
٥.		Signature of officer					Date	1-		
Sig	- 1	•	וומית ש	STEE OF	F TAXP	<b>AVE</b>				
Hei	е	Type or print name and title	<u> INO</u>	DIDD OI	THAT	AID.				
_		<u> </u>	er's signatu	ire		Date	Check		PTIN	
Paid		Fillio Type preparer s name	i S Signatu	116			ıt self em	loved	i	
	parer	Firm's name	-	<del></del> -			Firm's EIN			
	Only	Firm's address			· · · · · · · · · · · · · · · · · · ·		,, <u>5</u>		<u> </u>	
	Phone no									
Ma	May the IRS discuss this return with the preparer shown above? (see instructions)  Yes No									
	01 01-20				ons.	イク	かっち		Form <b>990</b> (2019)	
		EE SCHEDULE O FOR ORGANIZATION				NT (	CONTINUA	TÍO:	, ,	

<u>Form</u>	990 (2019) NCCF TRUST	<u> 58-6370659</u>	_ Page <b>2</b>
Par	t 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 TRUST MAKES GRANTS FOR CHARITABLE PURPOSES TO NATION.	AL CHRISTIAN	Ī
	CHARITABLE FOUNDATION, INC. AND OTHER CHARITABLE ORGANIZA		
		ALIONS IN III	<u> </u>
	SAME CLASS.		_
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
•	If "Yes," describe these changes on Schedule O		
4	·	managered by avanages	
4	Describe the organization's program service accomplishments for each of its three largest program services, as	· · · · · · · · · · · · · · · · · · ·	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	s, the total expenses, a	nd
	revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ 322,797. including grants of \$ 322,797. ) (Reven		)
	SUPPORTED THE MISSION AND PERFORMED FUNCTIONS OF THE NAT	IONAL_CHRIST	IAN
	CHARITABLE FOUNDATION, INC. BY OBTAINING CONTRIBUTIONS F	OR THE PURPO	SE
	OF MAKING GRANTS TO IT AND AND TO TAX EXEMPT CHARITIES (	NOT PRIVATE	
	GRANT MAKING FOUNDATIONS) IT SUPPORTS.		
	GIGHT MICHO TOOMETTONE, IT BOTTONES.		<del>-</del>
			_
			_
		·	
	16		
4b	(Code) (Expenses \$) (Reven	ue \$	
	<del></del>		
		<u> </u>	
		<u>_</u>	-
			_
			_
4c	(Code ) (Expenses \$ including grants of \$ ) (Reven		
	, (1.55.1.5)		′
			_
		<u> </u>	
4d	Other program services (Describe on Schedule O)		
_	(Expenses \$	)	
_4e	Total program service expenses ▶ 322,797.		

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# Form 990 (2019) NCCF TRUST [Parti[V] 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)?		163	
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		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 donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
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	X	
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	1	i	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 167 If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	Ì		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	ł		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a	-	X
ь			i	
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			- v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	├	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40	l	v
4-	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,			
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		х
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	-	┝≏
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes,"	1.0	l	v
00-	complete Schedule G, Part III	19	<del> </del>	X
20a	5	20a	<del>                                     </del>	┢≏
_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<del>                                     </del>	<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21	х	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	121		Щ_

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Form 990 (2019) NCCF TRUST

Part IV Checklist of Required Schedules (continued)

	1		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			•
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c	<u></u>	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			1
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	}		}
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	_
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	ľ		ľ
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197	i		
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			$\Box$
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0	]		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0		ļ	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	10		

	990 (2019) NCCF TRUST 58-6370	<u>659</u>	Р	age 5				
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)							
	·		Yes	No				
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	ļ					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
За	a Did the organization have unrelated business gross income of \$1,000 or more during the year?							
b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	ĺ	İ					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X				
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit							
	any contributions that were not tax deductible as charitable contributions?	6a		X				
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?	7с		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year			*				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X				
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?							
g	g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?							
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?							
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
	sponsoring organization have excess business holdings at any time during the year?							
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9ь						
10	Section 501(c)(7) organizations. Enter			, _				
а	Initiation fees and capital contributions included on Part VIII, line 12							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	]						
11	Section 501(c)(12) organizations. Enter	ĺ		ŀ				
а	Gross income from members or shareholders	٠.						
b	Gross income from other sources (Do not net amounts due or paid to other sources against		ſ	ĺ				
	amounts due or received from them)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b> </b> '	ļ					
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		<u> </u>				
	Note: See the instructions for additional information the organization must report on Schedule O							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans	ļ	!					
С	Enter the amount of reserves on hand	٠		L				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	X				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			١.				
	excess parachute payment(s) during the year?	15		X				
	If "Yes," see instructions and file Form 4720, Schedule N		<u> </u>	<u> </u>				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X				
	if "Yes," complete Form 4720, Schedule O	<u>.                                    </u>						

NCCF TRUST 58-6370659 Form 990 (2019) 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 on Schedule O. See instructions X Check if Schedule O contains a response or note to any line in this Part VI Section 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 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 on Schedule O 0 b Enter the number of voting members included on line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7h Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X a The governing body? 8a b Each committee with authority to act on behalf of the governing body? 8b X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Nο 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a 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 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe 12c in Schedule O how this was done Х 13 Did the organization have a written whistleblower policy? 13 Х 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15a Х 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶TX Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request \_\_\_ Another's website Other (explain on Schedule O) Own website Describe on 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 State the name, address, and telephone number of the person who possesses the organization's books and records TRUSTEE - 404-252-0100

30009-8678

11625 RAINWATER DRIVE; STE 500, ALPHARETTA,

Form 990 (2019)	NCCE	ואיזי

58-6370659

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

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

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

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

Check this box if neither the organiz  (A)  Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/bustee)					one o an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) NCCF, INC.	20.00										
TRUSTEE		<u> </u>	Х					0.	0.	0.	
	-					1		}			
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Section A. Unicers, Directors, Ir	ustees, Key Em	ριογ	ees,	anc	1 419	gnes	it U	ompensated Employee	s (continued)				
· (A)	(B)	(C) Position		(D)	(E)		_	(F)					
Name and title	Average hours per		not c	heck :	more	than o		Reportable compensation	Reportable compensation			timate ount o	
	week					or/trus		from	from related			other	,,
	(list any	rector						the	organization			oensat	
	hours for related	e or di	활			sated		organization (W-2/1099-MISC)	(W-2/1099-MI	3C)		om the anızatı	
	organizations	truste	al trus		) hee	lad line	}	(** 27 1033 141100)	1		_	refate	
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	nızatıd	ns
	line)	╀┋	=_	8	, Ke	星 =	흔				-		
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		1	L				<u>_</u>						
		$\frac{1}{2}$				ļ							
		Τ											
1b Subtotal	<del></del>	<u> </u>	L_					0.		0.	_		0.
c Total from continuation sheets to Part	VII. Section A							0.		0.			0.
d Total (add lines 1b and 1c)				_		_	<u> </u>	0.		0.			0.
2 Total number of individuals (including bu	t not limited to th	iose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable	9			
compensation from the organization									<del></del>			Yes	0 No
3 Did the organization list any former office	er, director, trust	ee, ł	key e	empl	loye	e, or	hıg	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J fo										1	3		X
4 For any individual listed on line 1a, is the									he organization				<del></del>
<ul><li>and related organizations greater than \$</li><li>Did any person listed on line 1a receive of</li></ul>			-						dual for senuces		4		X
5 Did any person listed on line 1a receive of rendered to the organization? If "Yes." c	•				-		Jale	ed organization of individ	adai ioi services	Ì	5		x
Section B. Independent Contractors													
1 Complete this table for your five highest	•	•								pensat	tion fro	m	
the organization Report compensation f (A)	or the calendar y	ear e	endir	ng w	ith c	or <u>w</u> i	thin	the organization's tax y (B)	ear		(C		
Name and busine	ess address	N(	INC	3				Description of s	services	С	omper		1
							$\dashv$		<del> </del>				
								 	<u> </u>				
										!			
						_		-		,			
										_			
O. Tatal number of radian advantage and and	- (maludina h			d +-	4h = -	l	• • •	abovo) who received	are then				
2 Total number of independent contractors \$100,000 of compensation from the organization.		ot III	mile	J (O		se iis )	rea	above) who received mo	ore man				
											C (	200 "	2040

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Form 990 (2019) NCCF TRUST
Part VIII Statement of Revenue

		Check if Schedule O contains a response of	r note to any line	e in this Part VIII			
				(A)	(B)	(0)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					iunction revenue	business revenue	sections 512 - 514
S S	1 2	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	 ł	Membership dues 1b					
ច់ខ្ល	,	Fundraising events 1c					
₽ŝ		Related organizations 1d	279.				
is a		<u> </u>		;			
Sir	•	*					
er.	T	All other contributions, gifts, grants, and					
뜢됨		similar amounts not included above					
95	ç	Noncash contributions included in lines 1a-1f 19 \$		270			
<u>0</u> #		Total. Add lines 1a-11		279.		P 1	
l			Business Code				
8	2 8	' <u></u>			<u> </u>		
Program Service Revenue	t	·					
S	c	·					
am	•	I					
59	•						
٩	f	All other program service revenue	_				•
_	ç	Total, Add lines 2a-2f	<b>&gt;</b>				
$\Box$	3	Investment income (including dividends, interes	st, and				
ļ		other similar amounts)	•	894.			894.
	4	Income from investment of tax exempt bond pr	oceeds				
	5	Royalties			_		
	Ŭ	(i) Real	(ıı) Personal				
	6 a	2 250					
ľ		Less rental expenses 6b 716.					
	•	· · · ————		1,534.			1,534.
j		Net rental income or (loss)	(v) Oth an	1,334.			1,334.
	7 a	Gross amount from sales of (i) Securities	(II) Other				
		assets other than inventory 7a					
	ŧ	Less cost or other basis					
ě		and sales expenses 7b					
ķ	•	Gain or (loss)					
æ	•	l Net gain or (loss)			<u> </u>		
Other Revenue	8 8	Gross income from fundraising events (not					
ō		including \$ of					
		contributions reported on line 1c) See					
		Part IV, line 18					(
	1	Less direct expenses 8b					
		Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See					Ī
ľ		Part IV, line 19			1	<b>i</b>	
	ı	Less direct expenses 9b					
		Net income or (loss) from gaming activities	<b></b>	<u>.                                      </u>			
		Gross sales of inventory, less returns					
- {		and allowances 10a				}	
		Less cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
$\dashv$		The mount of hossy from sales of inventory	Business Code				
S	44.	OTHER REVENUE	900099	50,400.			50,400.
등 력	116		20000	50,400.	<del> </del>		33, 400.
en en					<del> </del>		<del></del>
Miscellaneous Revenue	•	All other recognition			<del> </del>		
ž	•	All other revenue		50,400.	9 <del>-</del> 1 2 31 1 1 2 4	F - 1 1 (4 P ) - 1 (4)	. <u> </u>
		Total. Add lines 11a-11d		53,107.	0.	0.	52,828.
	12_	Total revenue See instructions		23, IU/•	<u> </u>	<u> </u>	J4,040.

Form 990 (2019) NCCF TRUST
Part IX Statement of Functional Expenses

Secti	ดก 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A)	
	Check if Schedule O contains a respon			(0)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	322,797.	322,797.		
2	Grants and other assistance to domestic		}		
	individuals See Part IV, line 22				<u></u>
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	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			<del> </del>	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include		j		
_	section 401(k) and 403(b) employer contributions) Other employee benefits				<del></del>
9	Payroll taxes		<del></del>		
10 11	Fees for services (nonemployees)			_	
'' a	Management				
b	Legal				<u> </u>
c	Accounting				
d	Lobbying	<del></del>			<del></del>
e	Professional fundraising services See Part IV, line 17		•		
f	Investment management fees				-
g	Other (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O)	739.		739.	
12	Advertising and promotion		· · · · · · · · · · · · · · · · · · ·		
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				· <del></del>
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	·			
23	Insurance				<del></del>
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e If				
	line 24e amount exceeds 10% of line 25, column (A)		ļ		•
_	amount, list line 24e expenses on Schedule 0.) OUTSIDE CONSULTANTS	7,880.	·	7,880.	
a	TAXES	597.	·	597.	- <del></del>
b	LICENSES AND FEES	585.		585.	
c d	PROPERTY TAXES	162.		162.	<del>-</del>
-	All other expenses	202.		202.	
е _25	Total functional expenses Add lines 1 through 24e	332,962.	322,797.	10,165.	0.
<u>23</u> 26	Joint costs Complete this line only if the organization			= 0, = 0 0	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2019)
Part X | Balance Shee

<u>rai</u>	. ^ _	Datatice Sileet			
		Check if Schedule O contains a response or note to any line in this Part X	<u> </u>		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	518,624.	1	248,546.
	2	Savings and temporary cash investments	1,043,581.	2	1,037,827.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	24,968.	4	25,152.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%	<u> </u>	3 -	
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			3.5
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
Ŋ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other	311 7 4 20 20		
		basis Complete Part VI of Schedule D 10a 1,950,226		şγ», .	and the same
	ь	Less accumulated depreciation 10b	1,950,226.	10c	1,950,226.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11	3,838,362.	12	3,826,448.
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	7,375,761.	16_	7,088,199.
	17	Accounts payable and accrued expenses	310.	17	373.
	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	
S	22	Loans and other payables to any current or former officer, director,	76		
ij		trustee, key employee, creator or founder, substantial contributor, or 35%	<u> </u>	<u> </u>	<u> </u>
Liabilities	1	controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	<u></u>
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
	1	parties, and other liabilities not included on lines 17-24) Complete Part X	606 676		614 760
		of Schedule D	626,676.	25	614,762.
—	26	Total liabilities. Add lines 17 through 25	626,986.	26	615,135.
s	i	Organizations that follow FASB ASC 958, check here			
ဥ		and complete lines 27, 28, 32, and 33.	6,748,775.		6,473,064.
ala.	27	Net assets without donor restrictions	0,740,775.	27	0,4/3,004.
ã	28	Net assets with donor restrictions	11	28	2. 2. 2. 2.
Ĕ		Organizations that do not follow FASB ASC 958, check here		`	
7		and complete lines 29 through 33.			
ţş (	29	Capital stock or trust principal, or current funds		29	
SSe	30	Paid-in or capital surplus, or land, building, or equipment fund		30	<del></del>
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	6,748,775.	31	6 472 064
ž	32	Total net assets or fund balances	7,375,761.	32	6,473,064.
	33	Total liabilities and net assets/fund balances	1,3/3,/01.	33	7,088,199.

Form **990** (2019)

	990 (2019) NCCF TRUST	<u> 58-</u>	-6370659	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>07.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			62.
3	Revenue less expenses Subtract line 2 from line 1	3	<279		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,748	3,7	<u>75.</u>
5	Net unrealized gains (losses) on investments	_ 5			
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 on Schedule O)	_ 9		<u>4,1</u>	44.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	6_, 473	3,0	64.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990		[ * ,		, · · .
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	- 1		
	separate basis, consolidated basis, or both		*, *}		} ;
	Separate basis Consolidated basis Both consolidated and separate basis		ي <u>.</u> الا <u>م</u>	·	
b	Were the organization's financial statements audited by an independent accountant?		2b	<u> </u>	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basıs,		1.	
	consolidated basis, or both		] .)	,	
	Separate basis X Consolidated basis Both consolidated and separate basis			<u> </u>	<u> </u>
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule C	) <u>   </u>		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Auc	tit   tit		1
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red aud	lit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2019)

### 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.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

NCCF TRUST 58-6370659 Part I Reason for Public Charity Status (All organizations must complete this part ) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III ) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g a X Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. J Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization listed (III) Type of organization (v) Amount of monetary (vi) Amount of other (i) Name of supported in your governing document? (described on lines 1 10 organization support (see instructions) support (see instructions) Yes above (see instructions)) NATIONAL CHRISTIAN CHARITABLE FOUNDATI 58-1493949 7 323,474. Х 0. 323,474 Total

Sch	edule A (Form 990 or 990-EZ) 2019 <b>N</b>	CCF TRUST				58-637	0659 Page 2
Pa	art II Support Schedule for G	<b>Organizations</b>	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 o	or if the organization	n failed to qualify i	under Part III If the	organization
	fails to qualify under the tests	listed below, plea	se complete Part	III )			
Sec	ction A. Public Support						
	indar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and	(a) 2010	10,2010	(6) 2017	(4) 2010	(6) 20, 5	(i) iotai
•	membership fees received (Do not				ĺ		
	include any "unusual grants ")		1				
^	Tax revenues levied for the organ-			<del> </del>	<del> </del>	<del>  /</del>	<del> </del>
2	ization's benefit and either paid to					Y	
	or expended on its behalf	I	}			]	]
2	The value of services or facilities				<del>                                     </del>		<del></del>
3	furnished by a governmental unit to						
	the organization without charge		ł	1		}	
4	Total. Add lines 1 through 3				<del>                                     </del>	-	
	The portion of total contributions			-	<del>  /                                   </del>	<del>                                     </del>	<del></del>
5	by each person (other than a		[				(
	governmental unit or publicly	I		,	A T		
	supported organization) included	1	1		İ	}	
	on line 1 that exceeds 2% of the						
	amount shown on line 11,	I			1		
	column (f)		ĺ		1 -		1
6	Public support. Subtract line 5 from line 4			<del>  /                                   </del>			<u> </u>
	ction B. Total Support		<u> </u>		. <u>.</u>	<u>.</u>	
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	(a) 2010	(8) 2010	(6) 2017	(4) 2010	(6) 2015	(i) iotai
	Gross income from interest,		/		<del>                                     </del>		
Ü	dividends, payments received on	I					
	securities loans, rents, royalties,	I		]	}	j	j
	and income from similar sources						
9	Net income from unrelated business					<del></del>	
Ī	activities, whether or not the	I	/				
	business is regularly carried on	1					
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI )		i.				
11	Total support. Add lines 7 through 10				T		
	Gross receipts from related activities,	etc (see instruction	ons)	<u> </u>	<u> </u>	12	
	First five years. If the Form 990 is for	7	•	rd. fourth, or fifth to	ax vear as a sectio		
-	organization, check this box and stop	, -			,	(-/(-/	▶□
Se	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 201,9 (li	ne 6, column (f) di	ivided by line 11, o	column (f))	<del></del>	14	%
	Public support percentage from 2018					15	%
	a 33 1/3% support test - 2019. If the c			n line 13, and line	14 is 33 1/3% or m	nore, check this bo	
	stop here. The organization/qualifies	=					ightharpoons
Ł	33 1/3% support test - 2018. If the c		-		d line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization quali					•	▶□
17a	10% -facts-and-circumstances test	•	• • •		e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	-	•				
	meets the "facts-and-circumstances"					J	
t	o 10% -facts-and⊭circumstances test	=		· · · · · · · · · · · · · · · · · · ·		17a, and line 15 is	10% or
	more, and if the organization meets th	ie "facts-and-circu	mstances" test, c	heck this box and	stop here. Explai	n in Part VI how the	е

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) 2019 NCCF TRUST

[Part III | Support Schedule for Organizations Described in Section 509(a)(2)

LF	Support Schedule for O	_					
	· (Complete only if you checked			organization failed	to qualify under F	art II If the organiz	ation fails to
50	qualify under the tests listed be ction A. Public Support	elow, please comp	olete Part II )				_/
	- <del></del>		#1.0040	1 1 2017	/ 11 0010	1 1 2010	10711
	endar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not	<u> </u>					
_	include any "unusual grants ")			<del> </del>	<del> </del>	<del> /</del>	<del> </del>
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				1	A	
	are not an unrelated trade or bus-	l		ł		1	
	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			}		1	1
	fumished by a governmental unit to					İ	
	the organization without charge				/		<u></u>
6	Total. Add lines 1 through 5				<u> </u>		<u></u>
7:	a Amounts included on lines 1, 2, and			/			
	3 received from disqualified persons						
ı	O Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b			1			
	Public support. (Subtract line 7c from line 6)			1		-	
	ction B. Total Support			/		•	<u> </u>
Cale	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016 /	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	c Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		7				
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thii	rd, fourth, or fifth t	ax year as a section	n 501(c)(3) organiz	ation,
	check this box and stop here						▶□
Se	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2019 (li	"		column (fl)		15	%
	Public support percentage from 2018	,		(7)		16	%
	ction D. Computation of Inves						
17	· //			ine 13 column (fi)		17	%
_				10, 00.011111 (1))		18	
18	a 33 1/3% support tests - 2019, If the			on line 1/L and lin	e 15 is more than "		
	more than 33 1/3%, check this box an	nd <b>stop here.</b> The	organization qual	ifies as a publicly	supported organiza	ation	▶□
	b 33 1/3% support tests - 2018. If the						and
00	line 18 is not more than 33/1/3%, chec						
20	Private foundation. If the organization	n dig not check a	DOX OR line 14, 19	ia, or 190, check t	<u>inis yox and see in</u>	suuctions	▁▁▘

### 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. All Supporting Organizations

1	Are all of the organization's supported organizations listed by name in the organization's governing
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by
	class or purpose, describe the designation. If historic and continuing relationship, explain

- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer (b) and (c) below*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

  If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1	<u>x</u>	
		لـــا
2		X
3a		<u></u>
3b		
3c		
4a		X
4b		
-		1
4c		
5a		X
5b	<u> </u>	<u> </u>
5c		
6		
7	<u> </u>	X
8		X
- <u>-</u> -		X
9a		_
9b	_	X
9c	<u> </u>	X
10a		X
10b	0 57	0040

Scho	dule A (Form 990 or 990·EZ) 2019 NCCF TRUST	58-637	065	9 Ps	age 5
Par					<u>.go o</u>
	(COMMINGED)			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?				
	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?		11b		Х
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.		11c		Х
	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	<u> </u>			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	ľ			
	controlled the organization's activities. If the organization had more than one supported organization,				1 1
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	_			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	L	1	X	L
2	Did the organization operate for the benefit of any supported organization other than the supported			- 1	1
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in				
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,				
	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				
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			Ì	
	or management of the supporting organization was vested in the same persons that controlled or managed	_			لئــــا
	the supported organization(s).		1		
Sec	tion D. All Type III Supporting Organizations			Ι	
		_		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			,	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			ļ	1 1
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	-			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	<u> </u>	1	-	<del> </del>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		ō		
	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		• ;	ľ.	
	significant voice in the organization's investment policies and in directing the use of the organization's		٠,		-
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's				
500	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations		_3	1	<u> </u>
		-tructions)	_		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	iu uctions).			
a	The organization satisfied the Activities Test Complete line 2 below  The organization is the parent of each of its supported organizations Complete line 3 below				
b	The organization is the parent of each of its supported organizations. Complete line 3 below  The organization supported a governmental entity. Describe in Part VI how you supported a government entity.	tu (ooo inatai	ations		
c	<del></del>	ty (see msnu-	CHOIS	Yes	No
2	Activities Test Answer (a) and (b) below.  Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	Г	1	103	110
а	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	ļ-	2a		
L	that these activities constituted substantially all of its activities  Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			<b> </b>	٠,
ม	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				,
	activities but for the organization's involvement		2b	1	
	agained but for the digarization of interfernors	<b>⊢</b>			

За

3 Parent of Supported Organizations Answer (a) and (b) below.

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

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Distributable Amount. Subtract line 5 from line 4, unless subject to	1				
emergency temporary reduction (see instructions)	6	-			
Check here if the current year is the organization's first as a non-functionall	y integra	ated Type III	supporting orga	nızatıon (see	
instructions)					
			Schedule A	(Form 990 or 990-	EZ) 2019

1

3

4

5

Current Year

Section C - Distributable Amount

Enter greater of line 2 or line 3
Income tax imposed in prior year

Enter 85% of line 1

3

6

Adjusted net income for prior year (from Section A, line 8, Column A)

Minimum asset amount for prior year (from Section B, line 8, Column A)

Schedule A (Form 990 or 990-EZ) 2019

c Remainder Subtract lines 4a and 4b from 4

Part VI See instructions

and 4c

8 Breakdown of line 7

a Excess from 2015

b Excess from 2016

c Excess from 2017

d Excess from 2018

e Excess from 2019

5 Remaining underdistributions for years prior to 2019, if any Subtract lines 3q and 4a from line 2. For result greater

Excess distributions carryover to 2020. Add lines 3j

than zero, explain in Part VI. See instructions

Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

Schedule A	(Form 990 or 990-EZ) 2019 NCCF TRUST	<u>58-6370659</u>	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a. 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 additional sections.	or 17b, Part III, line 12, 1 and 2, Part IV, Section t V, Section B, line 1e, Pa	C,
		·	
_			
			_
			-
	· ·		

58-6370659 Page 8

### **SCHEDULE D** (Form 990)

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

	NCCF TRUST		58-6370659
Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or A	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iin	e 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fu	unds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		d only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose conf	erring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part	IV, line 7
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	
	Preservation of land for public use (for example, recrea	tion or education) Preservation of a hi	istorically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of a	conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the orga	anization during the tax
	year <b>&gt;</b>		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserva	ation easements during the year
	<b></b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	easements during the year
	<b>\$</b>		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)	
_	and section 170(h)(4)(B)(u)?		└ Yes └ No
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's linancial statements	that describes the
Par	organization's accounting for conservation easements  † III   Organizations Maintaining Collections of	Art. Historical Treasures, or Other	Similar Assets
<u>. u.</u>	Complete if the organization answered "Yes" on Form		- C
	If the organization elected, as permitted under FASB ASC 95		palance sheet works
ıa	of art, historical treasures, or other similar assets held for put		
	service, provide in Part XIII the text of the footnote to its finar		salice of public
h	If the organization elected, as permitted under FASB ASC 95		nce sheet works of
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items	continuition, addication, or research in farmoral	nde of public service,
	(i) Revenue included on Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		<b>S S</b>
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial cail	n. provide
_	the following amounts required to be reported under FASB A	- · · · · · · · · · · · · · · · · · · ·	on the account
а	Revenue included on Form 990, Part VIII, line 1	to those to the	<b>▶</b> \$
	Assets included in Form 990. Part Y		\$

Sche	dule D (Form 990) 2019 NCCF TR								<u>70659</u>	Page 2
Par	t III Organizations Maintaining C	ollections of Ar	t, <u>Hist</u> c	orical Tre	asures, or	Other	Simila	r Assets	(continue	d)
3	. Using the organization's acquisition, accessi	on, and other record	s, check	any of the f	following that	make sig	gnificant	use of its		
	collection items (check all that apply)									
а	Public exhibition	c	ı 🔲 1	Loan or excl	hange progra	ım				
b	Scholarly research	e	. 🔲 (	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how the	ey further th	ie organizatio	n's exem	npt purpo	se in Part	XIII	
5	During the year, did the organization solicit of	r receive donations of	of art, his	storical treas	sures, or othe	r sımılar	assets			
	to be sold to raise funds rather than to be ma	aintained as part of t	he organ	ization's col	llection?				Yes [	No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	organizatio	n answered "	Yes" on	Form 99	0, Part IV,	ine 9, or	
1a	Is the organization an agent, trustee, custod	an or other intermed	lary for c	contributions	s or other ass	ets not ir	ncluded	· · · · · · · · · · · · · · · · · · ·		
	on Form 990, Part X?		,						Yes [	□ No
ь	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowina ta	able				_		
_									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d		·	
	Distributions during the year						1e	_		
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for e	scrow or cu	istodial accou	unt liabilit	ty?		Yes	No
	If "Yes," explain the arrangement in Part XIII								[	
Par	t V Endowment Funds. Complete	f the organization an	swered '	"Yes" on Fo	rm 990, Part	IV, line 1	0			
		(a) Current year		rior year	(c) Two year			years back	(e) Four yea	ars back
1a	Beginning of year balance									
ь	Contributions				)					
С	Net investment earnings, gains, and losses									
d	Grants or scholarships							_		
е	Other expenditures for facilities									
	and programs		į		1	į				
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g	j, column (a)	)) held as					
а	Board designated or quasi-endowment	·	%							
b	Permanent endowment	%	_							
С	Term endowment	<u>~</u>								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%								
За	Are there endowment funds not in the posse	ssion of the organiza	ation that	t are held ar	nd administer	ed for the	e organiz	ation		
	by								Ye	s No
	(i) Unrelated organizations								3a(ı)	
	(ii) Related organizations								3a(ii)	
ь	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on So	chedule R?					3b	
4_	Describe in Part XIII the intended uses of the		wment fi	unds						
Pai	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answere	d "Yes" on Form 990	), Part IV	, line 11a S	See Form 990,	, Part X, I	line 10			
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Ac	ccumula	ed	(d) Book va	alue
	· · ·	basıs (ınvestr	nent)	basis	(other)	dep	oreciatio	n		
1a	Land	1,950,	226.						1,950,	226.
b	Buildings									
	Leasehold improvements									
	Equipment									
e	Other									
Tota	. Add lines 1a through 1e (Column (d) must e	equal Form 990, Part	X. colum	n (B). line 1	Oc.)			▶	<u>1,950,</u>	226.

Schedule D (Form 990) 2019 NCCF TRUST_			5 <u>8-6</u> 370659 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11b See Form 990, Part X, line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost	or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests	545,786.	COST	
(3) Other			
(A) LLCS AND PARTNERSHIPS	2,665,900.	COST	
(B) CGAS	614,762.	END-OF-YEAR MARK	KET VALUE
(C)			
(D)			
(E)	<u> </u>	<u> </u>	
(F)			
(G)			
(H)	0.005.440	<u> </u>	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	3,826,448.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation Cost	or end-of-year market value
(1)			
(2)			
(3)			
(4)			<del></del>
(5)			
(6)		<del>-</del>	
(7)			<del></del> ,
(8)			······································
(9)			
Total (Col (b) must equal Form 990, Part X, col (B) line 13 ) ▶ Part IX Other Assets.			
L	F 000 P-+ IV I 1	11d Car Farm 000 Dark V has 15	
Complete if the organization answered "Yes"	Description	11d See Form 990, Part X, line 15	(b) Book value
<del></del>	Description		(b) Book value
		<del></del>	<del>  -</del>
(2)			
(3)			
	<del></del>		
(5)	<del></del>		
		<del></del>	
		<del></del>	<u> </u>
(9)	<del> </del>		
	15)	<del></del>	
Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities.	: 13.)		
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11e or 11f See Form 990. Part X. III	ne 25
1. (a) Description of liability	· · · · · · · · · · · · · · · · · · ·		(b) Book value
(1) Federal income taxes			
(2) ANNUITIES PAYABLE			614,762.
(3)			
(4)			
(5)			

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

Liability for uncertain tax positions in Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

(7) (8)

Part >	e D (Form 990) 2019 NCCF TRUST  (I Reconciliation of Revenue per Audited Financial Statement	s With Revenue ner Re	58-63/0659 Page 4
1 4117	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	o with hovenuo per he	
1 To	otal revenue, gains, and other support per audited financial statements		1
	nounts included on line 1 but not on Form 990, Part VIII, line 12		
	et unrealized gains (losses) on investments	2a	
	onated services and use of facilities	2b	7
c Re	ecoveries of prior year grants	2c /	]
<b>d</b> O	ther (Describe in Part XIII )	2d	]
e Ad	dd lines 2a through 2d		2e
<b>3</b> St	ubtract line 2e from line 1		3
<b>4</b> Ar	nounts included on Form 990, Part VIII, line 12, but not on line 1		
a In	vestment expenses not included on Form 990, Part VIII, line 7b	4a	]
<b>b</b> O	ther (Describe in Part XIII )	4b	<b></b>
c Ad	dd lines 4a and 4b		4c
5 To	otal revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	4- W/21- F	5
Part 7	Reconciliation of Expenses per Audited Financial Statemen	its with Expenses per i	Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		<del></del>
	otal expenses and losses per audited financial statements		<del>-1</del>
	nounts included on line 1 but not on Form 990, Part IX, line 25	اما	
	onated services and use of facilities	2a	-
	ior year adjustments	2b	4 1
	ther losses	2c	
	ther (Describe in Part XIII )		
	dd lines 2a through 2d ubtract line 2e from line 1		2e 3
	nounts included on Form 990, Part IX, line 25, but not on line 1		
	vestment expenses not included on Form 990, Part VIII, line 7b	4a	
	ther (Describe in Part XIII )	4b	1
	dd lines 4a and 4b		4c
	otal expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
	KIII Supplemental Information.		
	the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any addition		I, Part X, line 2, Part XI,
PART	X, LINE 2:		
INCO	ME TAX EXPENSE IS RECORDED FOR ACTIVITIES	THAT GENERATE U	NRELATED
BUSI	NESS INCOME. THE FOUNDATION GENERATES TAXA	ABLE INCOME THRO	OUGH
INVE	STMENT TRANSACTIONS. THE FOUNDATION ACCEP	TS DONATIONS OF	,
<u>s-co</u>	RPORATION STOCK. DURING ITS HOLDING PERIOD	, THE FOUNDATIO	N RECEIVES
TAXA	BLE DISTRIBUTIONS. FURTHER, A TAXABLE CAPI	TAL GAIN MAY BE	GENERATED
UPON	SALE OF THE STOCK. SIMILARLY, THE FOUNDAT	CION RECEIVES IN	ITERESTS IN
<u>LL</u> CS	THATGENERATE TAXABLE INCOME. INCOME TAX	EXPENSE IS I	NCLUDED IN
<u>GENE</u>	RAL AND ADMINISTRATIVE EXPENSES IN TH	E CONSOLIDATED	FINANCIAL
<u>STAT</u>	EMENTS.		
THE	FINANCIAL STATEMENT EFFECTS OF A TAX POSIT	TION TAKEN OR EX	PECTED TO BE

Schedule D (Form 990) 2019 NCCF TRUST 58-6370659 Page 5
Part XIII   Supplemental Information (continued)
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, 2019 AND 2018, THE FOUNDATION HAD NO
UNCERTAIN TAX POSITIONS THAT QUALIFY FOR RECOGNITION OR DISCLOSURE IN THE
CONSOLIDATED FINANCIAL STATEMENTS.

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

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

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

▶ Go to www.irs.gov/Form990 for the latest information. ▶ Attach to Form 990.

Inspection

OMB No 1545-0047

Employer identification number 58-6370659

2 [ X Yes 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 General Information on Grants and Assistance criteria used to award the grants or assistance? NCCF TRUST Name of the organization Part

itoring the use of grant funds in the United States.	ions and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	duplicated if additional space is needed	
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the	Part II Grants and Other Assistance to Domestic Organizations and Domestic Government	recipient that received more than \$5,000. Part II can be duplicated if additional space is	

	(h) Purpose of grant or assistance	SUPPORT OF GRANT MAKING			
	(g) Description of noncash assistance	Ins			
	(f) Method of valuation (book, EMV, appraisal, other)	саѕн		,	
be	(e) Amount of non-cash assistance	322,797. CASH			
recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	(d) Amount of cash grant	0.			
	(c) IRC section (if applicable)	501(C)(3)			
5,000 Part II can I	(b) EIN	58-1493949 501(C)(			
recipient that received more than \$:	1 (a) Name and address of organization or government	NATIONAL CHRISTIAN CHARITABLE FDN, INC 11625 RAINWATER DRIVE; STE 500 - ALPHARETTA, GA 30009			

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations instant in the LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2019)

58-6370659

Schedule I (Form 990) (2019) NCCF TRUST

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	uired in Part I, lin	e 2, Part III, column	(b), and any other add	ditional information	
PART I, LINE 2:					
THE ORGANIZATION DOES NOT MONITOR I	THE USE O	OF FUNDS GR	ANTED TO OF	FUNDS GRANTED TO ORGANIZATIONS	
IN THE UNITED STATES SINCE IT GRANTS	FUNDS	TO ORGANIZ	TO ORGANIZATIONS HERE ONLY IF	ONLY IF	
THOSE ORGANIZATIONS QUALIFY AS EXEM	EXEMPT FROM	FEDERAL IN	FEDERAL INCOME TAX UNDER CODE	VDER CODE	
SECTION 501(C)(3)AND THEREFORE, ARE	E BOUND TO USE		SUCH FUNDS ONLY	7 FOR	
RELIGIOUS, CHARITABLE, EDUCATIONAL OR OTHER PURPOSES DESCRIBED IN THAT CODE	OR OTHER	PURPOSES	DESCRIBED	IN THAT CODE	
SECTION.					

### **SCHEDULE 0**

(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.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

NCCF TRUST

**Employer identification number** 58-6370659

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
INC. AND OTHER CHARITABLE ORGANIZATIONS IN THE SAME CLASS.
FORM 990, PART VI, SECTION B, LINE 11B:
THE DRAFT FORM 990 IS PREPARED AND COMPARED WITH THE AUDITED FINANCIALS.
THE DRAFT IS PROVIDED TO NCF'S CHIEF FINANCIAL OFFICER AND GENERAL COUNSEL,
WHO PROVIDE FEEDBACK TO THE PREPARER. A FINAL FORM 990 IS PROVIDED TO NCF'S
BOARD OF DIRECTORS. FINALLY, THE FORM IS FILED WITH THE INTERNAL REVENUE
SERVICE.
FORM 990, PART VI, SECTION B, LINE 12C:
GENERAL COUNSEL FOR THE SUPPORTED ORGANIZATION MONITORS TRANSACTIONS FOR
THIS ORGANIZATION TO ASSURE THAT NO DIRECTOR, OFFICER, OR KEY EMPLOYEE HAS
ANY INTEREST IN SUCH TRANSACTIONS.
FORM 990, PART VI, SECTION B, LINE 15:
NCCF TRUST HAS NO OFFICERS, DIRECTORS, OR KEY EMPLOYEES, AS NATIONAL
CHRISTIAN CHARITABLE FOUNDATION, INC. IS THE SOLE TRUSTEE. SEE THE 2019
FORM 990 FOR NATIONAL CHRISTIAN CHARITABLE FOUNDATION, INC. FOR ADDITIONAL
INFORMATION REGARDING THE REVIEW AND APPROVAL OF COMPENSATION PAID TO THE
OFFICERS, DIRECTORS, AND KEY EMPLOYEES OF THAT ORGANIZATION.
FORM 990, PART VI, SECTION C, LINE 19:
NCCF TRUST'S AUDITED FINANCIALS ARE AVAILABLE ON NATIONAL CHRISTIAN
CHARITABLE FOUNDATION, INC.'S WEBSITE AND UPON REQUEST. NCCF TRUST'S FORMS
1023, 990, AND 990-T ARE AVAILABLE UPON REQUEST, NCCF TRUST'S ARTICLES OF

Name of the organization	Employer identification number 58-6370659
. NCCF TRUST	
INCORPORATION ARE AVAILABLE FROM THE SECRETARY OF STATE. N	
BYLAWS AND OTHER SIGNIFICANT OPERATIONAL POLICIES ARE NOT	AVAILABLE TO THE
PUBLIC.	·
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
SHAREHOLDER DISTRIBUTIONS	55,974.
CHANGE IN VALUE OF ANNUITIES	-51,830.
UNRELATED BUSINESS TAXABLE INCOME	
TOTAL TO FORM 990, PART XI, LINE 9	4,144.
	<u>.                                    </u>
	······································
······································	

SCHEDULE R

(Form 990)

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

20:19
Open to Public Inspection OMB No 1545-0047

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

Employer identification number 58-6370659

Direct controlling entity 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 NCCF TRUST 2,460,546. End-of-year assets <u>e</u> 1,534. Total income ਉ Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 foreign country) **DELAWARE** Primary activity 9 HOLDS LAND NCCF TRUST Name, address, and EIN (if applicable) GRJS OUTREACH, LLC - 58-6370659 of disregarded entity 19958-0212 Name of the organization PO BOX 212 LEWES, DE Part II Parti

(a)	(q)	(0)	(D)	(e)	(4)	(6)	100
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	controlled	ted ted
of related organization		foreign country)	section	status (if section	entity	entity?	۰
				501(c)(3))		Yes	S S
NATIONAL CHRISTIAN CHARITABLE FDN, INC							
58-1493949, 11625 RAINWATER DRIVE; STE 500,							
ALPHARETTA, GA 30009-8678	GRANT MAKING	GEORGIA	501(C)(3)	7	N/A		×
NCCF SUPPORT, INC 58-2268010					NTL CHRISTIAN		
11625 RAINWATER DRIVE; STE 500					CHARITABLE FDN,		
ALPHARETTA, GA 30009-8678	GRANT MAKING	GEORGIA	501(c)(3)	11 I	INC.		×
NATL CHRISTIAN FON REAL PROPERTY, INC					NTL CHRISTIAN		
58-2655939, 11625 RAINWATER DRIVE; STE 500,					CHARITABLE FDN,		
ALPHARETTA, GA 30009-8678	GRANT MAKING	GEORGIA	501(C)(3)	11 I	INC.		×
NCF CORPORATION - 20-4281656					NTL CHRISTIAN	·	
P.O. BOX 17820					CHARITABLE FDN,		
CLEARWATER, FL 33762	CHARITABLE TRUSTEESHIP	FLORIDA	501(C)(3)	11 I	INC.		×
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ıs for Form 990.				Schedule R (Form 990) 2019	Form 990	) 2019

58-6370659

NCCF TRUST

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a)	<b>(</b> 9)	(2)	(P)	(e)	(E)	(g) . Section 512(b)(13)	) 12(b)(13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	contro	palled
of related organization		foreign country)	section	status (if section	entity	organiz	ation?
- 1				((2)(2)		Yes	2
NATIONAL CHRISTIAN FOUNDATION, INC					NTL CHRISTIAN		
30-0209280, 11625 RAINWATER DRIVE; STE 500,					CHARITABLE FDN,		
	GRANT MAKING	GEORGIA	501(C)(3)	11 I	INC.		×
NCF CHARITABLE TRUST - 20-4326440					NTL CHRISTIAN		
1901 ULMERTON ROAD, SUITE 400					CHARITABLE FDN,		
CLEARWATER, FL 33762	GRANT MAKING	FLORIDA	501(C)(3)	11 I	INC.		×
					3		
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	1						
		3					
	·						
932222							
04-01-19							

Page 2

58-6370659

Schedule R (Form 990) 2019 NCCF TRUST

Part III] 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

(K)	General or Percentage managing ownership				92.00%	_			_				ore related	   •
9		Yes No			×				_				one or m	3
(9)	Code V-UBI amount in box	K-1 (Form 1065)			N/A			,					, because it had c	[5]
Ξ	Disproportionate allocations?	s No	_		×					-			/, line 34	
(6)	Share of Dispendence of all	Yes			1,439,760.		_		_		<u> </u>		Form 990, Part IV	9
			_		0.				_	$\downarrow$			es" on I	(e)
(£)	Share of total income				)								in answered "Y	
(e)	Predominant income (related, unrelated, excluded from tax inder	sections 512-514)			EXC 512(B)(3)				_				the organizatio	(P)
	Predom (relate	sectro			EXC 51:								mplete ıf	(2)
(p)	Direct controlling entity			C AND L	GIFTING, LLC		_						oration or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related year	(a)
(c)	Legal domicile (state or	country)			WA						_		s a Corpo g the tax y	
(q)	Primary activity			_	RENTAL R/E								janizations Taxable as poration or trust during	
(a)	Name, address, and EIN of related organization		C AND L GIFTING, LLC -	20-5694416, 909 KELLOGG,	KENNEWICK, WA 99301								Part IV Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax y	(a)

		tlon X(13) olled ty?	2			×				1			
	=	Section 512(b)(13) controlled entity?	Yes										
ļ	ε	Percentage ownership				1008							_
	(6)	Share of end-of-year	assets			0							
	£	Share of total income				0.							
	(e)	Type of entity (C corp, S corp,	or trusty			S CORP							
	<del>(</del> 9	Direct controlling entity				NCCF TRUST							
	<u>©</u>	Legal domicile (state or foreign	country)			GA							
illig tile tax year	(q)	Primary activity			<b>.</b>	HOLDS LAND	ř	<b>T</b>					
organizations treated as a colporation of those during the tax year	(a)	Name, address, and EIN of related organization		UNIVERSAL PROPERTIES DEV. CORP - 58-1680481	11625 RAINWATER DR; STE 500	ALPHARETTA, GA 30009-8678							

Schedule R (Form 990) 2019

Yes

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

/ of this schedule	organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	
· IV of this schedule	y of the following transactions	
tity is listed in Parts II, III, or IV of this schedu	e organization engage in any of	
Complete line 1 if any en	Juring the tax year, did th	
Note: Cor	<b>-</b> -	1

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

J Lease of facilities, equipment, or other assets to related organization(s)

- k Lease of facilities, equipment, or other assets from related organization(s)
- Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s)

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

elationships and transaction thresholds	(p)	Method of determining amount involved
s line, including covered re	(0)	Amount involved
no must complete thi	(q)	Transaction
see the		organization
the answer to any of the above	(a)	Name of related or
7		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NATIONAL CHRISTIAN CHARITABLE FDN, INC.	В	323,474.CASH	CASH
(2)			
(3)			
(4)			
(5)			
(9)			

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

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

(a) (b)	) (Q)	(c)	(c) (d)	(9)	£	(b)	Ξ	ε	8	æ
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Name, address, and EIN of entity	Primary activity	state or foreign	(related, unrelated, 500 med	501(c)(3)	snare or total	Share of end-of-year	tronate tronate allocations?	Uspubby: COUCE V-UBI  United amount in box 20 managing ownership allocations? of exhault by 1 pariner?	managing partner?	ownership
		country)	sections 512-514)	Yes No	ıncome	assets	Yes No	(Form 1065)	Yes No	
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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 ORGS SEE THE 2019 990 FOR NATIONAL	CHRISTIAN
CHARITABLE FOUNDATION, INC. 58-1493949.	
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