Form 990 (Rev January 2020) Department of the Treasury

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

	or the 2	019 calendar year, or tax year beginning	and	ending	oot into mation	1 110/1	moposition			
		C Name of organization		chang	D Employe	· .dontificatio	n numbor			
Bc	heck if pplicable	r identificatio	on number							
	Address	NCF CHARITABLE TRUST								
	change Name	Doing business as				326440				
	change Initial	Number and street (or P 0 box if mail is not de	Inversed to etrant address)	Room/s		 				
	return Final	P O BOX 17820	ilvered to Street address)	10011/5	1	567-1499				
	return/ termin-	City or town, state or province, country, and	7IP or foreign postal code		G Gross receip		682,827,42	3		
	ated Amended		Zir di loreign postar code			group return		<u></u>		
	return Applica-	F Name and address of principal officer SAME	AS C ABOVE			ordinates?		10		
	tion pending	SAME AS C ABOVE		. /	7	ordinates include		lo lo		
1 7	av.even	<u> </u>		<u> </u>			(see instructions)	10		
		► N/A	1 (a)(1)	~ 7	7 	exemption nu	•			
			ssociation Other		ear of formation 2		ite of legal domicile; F	-L		
		Summary			cui di loi liation -	I WI OIL	nto or rogar commono.	_		
		iefly describe the organization's mission or most	significant activities THE TR	USTEE	MAKES GRANTS	FOR		—		
e	l	IARITABLE PURPOSES TO NATIONAL CHRIS								
٦a	_		ntinued its operations or dispos		ore than 25% of it	e net assets		_		
Governance	1 -	umber of voting members of the governing body	·		ECEIVE	. , , ,		1		
Ĝ		umber of independent voting members of the government	· · · · · · · · · · · · · · · · · · ·	-	1 - 64 Fm A C P	<u></u>		0		
		otal number of individuals employed in calendar y	• • •	89 N	OV 1 9 2020			0		
ij	ľ	otal number of volunteers (estimate if necessary)	2010 (r art v, mio 2a)	8 N	04 13 2020		_	0		
Activities &		otal unrelated business revenue from Part VIII, co	lumn (C) line 12		CDEN UT	(2) 6 7a	214,278,48	7.		
ĕ		et unrelated business taxable income from Form	` "		GDEN, UT	7b	90,574,21			
					Prior Yea		Current Year			
	8 C	ontributions and grants (Part VIII, line 1h)			273,40		286,986,75	6.		
Revenue	ľ	ogram service revenue (Part VIII, line 2g)			·	0.	_ 	0.		
Ve		vestment income (Part VIII, column (A), lines 3, 4,		151,66	0,779.	162,448,66	5.			
æ		ther revenue (Part VIII, column (A), lines 5, 6d, 8c	·		12,81	6,374.	124,973,38	_		
		otal revenue - add lines 8 through 11 (must equal		437,88		574,408,80				
		rants and similar amounts paid (Part IX, column (295,77	8,622.	256,801,64	0.			
		enefits paid to or for members (Part IX, column (A			0.		0.			
	م م	alaries, other compensation, employee benefits (I	•			0.		0.		
Expenses	16a P	ofessional fundraising fees (Part IX, column (A), I				0.		0.		
per	ьт	otal fundraising expenses (Part IX, column (D), lin	· _	0.				_		
ă	17 0	ther expenses (Part IX, column (A), lines 11a-11d			11,56	6,310.	32,435,63	1.		
		otal expenses Add lines 13-17 (must equal Part I	•		307,34	4,932.	289,237,27	<u>1.</u>		
	l	evenue less expenses Subtract line 18 from line			130,53	7,577.	285,171,53	6.		
- D %		·			Beginning of Curr	ent Year	End of Year			
Assets o	20 T	otal assets (Part X, line 16)			835,04		830,212,11	9.		
ASS	21 T	otal liabilities (Part X, line 26)			7,79	7,754.	12,522,98	9.		
Net	22 N	et assets or fund balances Subtract line 21 from	line 20		827,24	5,608.	817,689,13	0.		
Pa	art II	Signature Block								
Und	er penaltı	es of perjury, I declare that I have examined this return,	including accompanying schedule	s and sta	tements, and to the	pest of my kno	wledge and belief, it is	S		
true	correct,	and complete Declaration of preparer (other than office	er) is based on all information of wh	hich prep	arer has any knowle	dge				
	- 11	- Brookless				11/13/7	<u> </u>			
Sigi	n [J	Signature of officer			Date	•				
Her	e									
		Type or print name and title BRADLEY ORR,	PRESIDENT NCF CORPORATIO	ON						
		rint/Type preparer's name	Preparer's signature		Date	Check	PTIN			
Paid	· [_			self employed						
		ırm's name >	Firm	s EIN 🛌						
Use	Only	ırm's address 🗩	1		;					
					Phor	e no				
May	the IRS	discuss this return with the preparer shown abo						No_		
9320	01 01-20-2	0 LHA For Paperwork Reduction Act Notice	a ana dha annarata inatruatic	200			Form 990 (20	10\		

947



) (Revenue \$_

(Expenses \$

4e Total program service expenses

Other program services (Describe on Schedule O)

including grants of \$

256,801,640.

Form 990 (2019) NCF CHARITABLE TRO Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		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		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			_
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
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		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable	l		ļ
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	116	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 167 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_	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
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?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	<u> </u>	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			.,
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х –
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		}	l "
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17_	 	<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.		v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18_	_	Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		х
nn -	complete Schedule G, Part III	19_		x
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	 	
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b_	 	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	24	х	
	domestic government on Part IX, column (A), line 17 If "Yes." complete Schedule I. Parts I and II	21		L

Form 990 (2019) NCF CHARITABLE TRUST 20-4326440 Page 4 Part IV Checklist of Required Schedules (continued) 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 27 If "Yes," complete Schedule I, Parts I and III 22 X 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 Х Schedule J 23 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 х Schedule K If "No." go to line 25a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Х 25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current 26 or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% Х controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part II 26 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 x 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a Х 28b b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Х "Yes." complete Schedule L. Part IV 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X contributions? If "Yes," complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete х 32 Schedule N. Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 34 Part V. line 1 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х 36 If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization Х and that is treated as a partnership for federal income tax purposes? If "Yes." complete Schedule R. Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response of note to any line in this Fait.					. ∟	_
					Yes	N	0
1a	Enter the number reported in Box 3 of Form 1096 Enter ·0· if not applicable	1a		6		T	
þ	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b		0	1	ļ	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and rep	ortab	le gamıng		_	. _	_
	(gambling) winnings to prize winners?			10	1		

Form	990 (2019) NCF CHARITABLE TRUST 20-432644	0	P	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		<u> </u>
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	х	<u> </u>
b	If "Yes," has it filed a Form 990.T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b_	Х	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	ļ	Х
b	If "Yes," enter the name of the foreign country	ĺ	}	
	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?	<u>5</u> a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a	<u> </u>	Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	<u> </u>	
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_	<u> </u>	X
Ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<u> </u>	ļ —
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	İ		ĺ
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year		<u> </u>	- <u></u> -
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	<u> </u>	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	-	Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>		├—
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		 -
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	. 8		
	Sponsoring organizations maintaining donor advised funds.	<u></u>		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b_	 	
10	Section 501(c)(7) organizations. Enter	i	ľ	1
	Initiation fees and capital contributions included on Part VIII, line 12	ł		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	ł	İ	
11	Section 501(c)(12) organizations. Enter	İ	l	i
	Gross income from members or shareholders 11a		}	
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them) 11b	40-	 -	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	 	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		ĺ) ′
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	42=		├
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	 	
	Note: See the instructions for additional information the organization must report on Schedule O		,	١.
D	Enter the amount of reserves the organization is required to maintain by the states in which the	╎ ` .	ł	ŀ
_	organization is licensed to issue qualified health plans 5 story the amount of receives on hand.	٠ ١. '	,	-
	Enter the amount of reserves on hand Did the ergographon receive any payments for indeer tapping services during the tay year?	11-	\vdash	X
	Did the organization receive any payments for indoor tanning services during the tax year? If "You" has it filed a Form 720 to report these payments? (f "No." and the services are School of O.	14a	 	 ^- -
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		x
	excess parachute payment(s) during the year?	15	 ,	
16	If "Yes," see instructions and file Form 4720, Schedule N	15		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Ves." complete Form 4720, School to O.	16	-	
	If "Yes," complete Form 4720, Schedule O			<u>'</u>

Form 990 (2019)

NCF CHARITABLE TRUST

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Part VI Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response on Schedule O See instructions

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions		•						
	Check if Schedule O contains a response or note to any line in this Part VI			Х					
Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1			1					
	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								
b	Enter the number of voting members included on line 1a, above, who are independent 1b 0].							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
	officer, director, trustee, or key employee?	2		х					
3	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		х					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х					
6	Did the organization have members or stockholders?	6		х					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	i							
	more members of the governing body?								
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
	persons other than the governing body?	7b		Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following								
а	The governing body?	8a	Х						
b	Each committee with authority to act on behalf of the governing body?	8b	Х						
9	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	9		Х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
			Yes	No					
	Did the organization have local chapters, branches, or affiliates?	10a		X					
ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	х	├─					
	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	${x}$	1					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		х					
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120							
С		12c	х						
13	In Schedule O how this was done Did the organization have a written whistleblower policy?	13	х	<u> </u>					
14	Did the organization have a written document retention and destruction policy?	14	х						
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			 					
а	The organization's CEO, Executive Director, or top management official	15a		х					
	Other officers or key employees of the organization	15b		Х					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			1					
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		х					
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	3		اـــــا					
	exempt status with respect to such arrangements?	16b							
<u>Sec</u>	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ▶FL								
18	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)	avaıla	ble					
	for public inspection. Indicate how you made these available. Check all that apply								
	Own website Another's website X Upon request Other (explain on Schedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial						
	statements available to the public during the tax year								
20	State the name, address, and telephone number of the person who possesses the organization's books and records								
	NCF CORPORATION - (813) 567-1499								
	P O BOX 17820, CLEARWATER, FL 33762								

Form 990 (2019)	NCF CHARITABLE TRUST	20-4326440	Page
Part VII Compens	sation of Officers, Directors, Trustees, Key Employees, Hig	hest Compensated	

Employees, and Independent Contractors

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

n 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

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee										
(A)	(B)							(D)	(E)	(F)
Name and title	Average	,	Position to not check more than one					Reportable	Reportable	Estimated
	hours per	box.	box, unless person is both				an	compensation	compensation	amount of
	week	offic	cer an	d a d	a director/trustee)		tee)	from	from related	other
	(list any	ğ						the	organizations	compensation
	hours for	die d				٦		organization	(W-2/1099-MISC)	from the
	related	5	ee ste			sale		(W-2/1099-MISC)	(organization
	organizations	ruste	2		ge ye	шре		(,		and related
	below	dual	rion;	_	윤	st co	<u></u>		!	organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			J
(1) NCF CORPORATION, TTEE	20.00	_	=		-	1 0				
TRUSTEE	20.00		х					0.	0.	0.
TRUSTEE		-	Λ		┝	\vdash	_	· · ·	· · · · · · · · · · · · · · · · · · ·	
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	n 990 (2019) NCF CHARITABI	LE TRUST							<u> </u>	20-43	32644	0	P	age 8
Pa	rt VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C						
	(A) Name and title	(B) Average hours per week	box offi	nat c	Pos heck ss per nd a d	more rson i	than o	an	(D) Reportable compensation from	(E) Reportable compensation from related	on amount other			of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	ormer	the organization (W-2/1099-MISC)	organization (W-2/1099-Mis				e Ion ed
			<u> </u>	=		<u> </u>	Ξ. Θ							
						_								
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_	·		L		_						<u>_</u>			
	Subtotal		<u>_</u>		L.			<u> </u>	0.	. —	0.			0.
c	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A						>	0.		0.		_	0.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d at	ove) wh	o re	eceived more than \$100,	000 of reportable	e			0
3	Did the organization list any former officer,	director, trust	ee, k	кеу б	empl	loye	e, or	hıg	hest compensated emp	loyee on			Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su	ım of reportabl								he organization		3		х
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	ccrue comper	satı	on f	rom	any	unre			dual for services		4_		X
Se	rendered to the organization? If "Yes," competion B. Independent Contractors	plete Schedule	e <i>J f</i>	or si	ıch i	oers	on					_ 5_		Х
1	Complete this table for your five highest co- the organization. Report compensation for	=	•								pensa	tion fr	om	-
	(A) Name and business		sar e	nun	ig w	<u> </u>	<u> </u>		(B) Description of s		(C) nsatio	—— n
	ODORE E. DAY TURKEY HOLLOW, MINERAL BLUFF, GA	30559			_				CONSULTING SERVICE	es			128,	100.
			_											
											<u> </u>		_	
_	Total number of independent contractors (in	achidana bist -	ot !			tho:	- L-	ted	abovo) who recover	ore than				
	Total number of independent contractors (ii \$100,000 of compensation from the organization _		ıııcec	J 10		1	ıeu			<u> </u>	Form	990 (2010	

Form 990 (2019) NCF CHARITABLE TRUST
Part VIII Statement of Revenue

		Check if Schedule O contains a response or	note to any line	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					idiletion revenue	business revenue	sections 512 - 514
इ इ	1	a Federated campaigns 1a					
E a		b Membership dues 1b					
Ö		c Fundraising events 1c					
ifts ar A		d Related organizations 1d	4,381,934.				
Contributions, Gifts, Grants and Other Similar Amounts		e Government grants (contributions) 1e					
Ö		f All other contributions, gifts, grants, and					
but		, ,	32,604,822.		II		
ĒΞ		g Noncash contributions included in lines 1a-1f	32,387,330.				
Seg		h Total. Add lines 1a-1f	•	286,986,756.			
			Business Code				
یو	2	a					
Program Service Revenue		b					
San		с					
e au		d					
ρg		e					
4		f All other program service revenue	900003				
		g Total. Add lines 2a-2f	•				
	3	Investment income (including dividends, interest	, and				1
		other similar amounts)	▶	4,174,417.	4,174,417.		
	4	Income from investment of tax exempt bond pro	ceeds 🕨	<u> </u>			
	5	Royalties	•				
		(ı) Real	(ii) Personal		-		
- [6						
		b Less rental expenses 6b 5,500.					
		c Rental income or (loss) 6c 805,360.					
ĺ		d Net rental income or (loss)		805,360.			805,360.
	7	a Gross amount from sales of (i) Securities	(II) Other				
		assets other than inventory 7a 98,083,078.	8,604,286.				
		b Less cost or other basis					
nu		and sales expenses 7b 90,600,133.					
Other Revenue		c Gain or (loss) 7c 07,482,945.	50,791,303.	150 274 240		00 363 701	67 011 457
æ		d Net gain or (loss)		158,274,248.		90,362,791.	67,911,457.
۽	8	a Gross income from fundraising events (not		•			
٥		including \$ of					
		contributions reported on line 1c) See		1			
		Part IV, line 18 8a b Less direct expenses 8b					
		b Less direct expenses c Net income or (loss) from fundraising events					
		a Gross income from gaming activities See					
	J	Part IV, line 19					
1		b Less direct expenses 9b					
		c Net income or (loss) from gaming activities	•				
		a Gross sales of inventory, less returns					
		and allowances 10a					
		b Less cost of goods sold 10b					
		c Net income or (loss) from sales of inventory	•				
			Business Code				
sno	11	a UBTI PASSTHROUGH INCOME	900003	123,915,696.		123,915,696.	
Miscellaneous Revenue		b OTHER INCOME	900099	252,330.	252,330.		
≋ a		с					
jš B		d All other revenue	revenue				
2		e Total. Add linos 11a 11d	•	124,168,026.	€ 11 St. St. St. 53	-) 1- 1- 1	
	12	Total revenue See instructions		574,408,807.	4,426,747.	214,278,487.	68,716,817.

Form 990 (2019) NCF CHARITABLE TRUS Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns All other	r organizations must con	plete column (A)	
	Check if Schedule O contains a respons				
	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	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	256,801,640.	256 <u>,</u> 801,640.		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified	j			
	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	ĺ			
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees)				
а	Management				
b	Legal	13,889.		13,889.	
С	Accounting				
d	, , , , , , , , , , , , , , , , , , ,				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	-			
g	Other (If line 11g amount exceeds 10% of line 25,	92,703.		92,703.	
40	column (A) amount, list line 11g expenses on Sch ()	32,703.		32,703.	
12	Advertising and promotion Office expenses				
13 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	13,447.		13,447.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
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) amount, list line 24e expenses on Schedule 0)			• ,•	
а	TAXES	32,296,374.		32,296,374.	
ь	MISCELLANEOUS EXPENSES	12,106.		12,106.	
c	LICENSES & FEES	6,428.		6,428.	
d	MISCELLANEOUS PROP EXP	684.		684.	·
e	All other expenses				
25	Total functional expenses Add lines 1 through 24e	289,237,271.	256,801,640.	32,435,631.	0.
26	Joint costs Complete this line only if the organization			}	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here If following SOP 98-2 (ASC 958-720)				

Form 990 (2019)
Part X Balance Sheet

		Check if Schedule O contains a response or note	to an	/ line in this Part Y			
_		Check if Schedule O Contains a response of note	s to any	/ ime in uns Fait A	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			7,762,543.	1	6,444,846.
	2	Savings and temporary cash investments			30,442,797.	2	14,890,787.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or	former	officer, director,			
		trustee, key employee, creator or founder, substa		·		l	
		controlled entity or family member of any of thes		·		5	
	6	Loans and other receivables from other disqualif	•				
		under section 4958(f)(1)), and persons described	-	,		6	
s	7	Notes and loans receivable, net		39,192,680.	7	39,698,399.	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges			27,886.	9	26,337.
	10a	Land, buildings, and equipment cost or other					
		hasis. Complete Part VI of Schedule II	10á	13,517,500.	the arm of the		dr y a sel grade selection of the select
	ь	Less accumulated depreciation	10b	0.	217,500.	10c	13,517,500.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities See Part IV, line 1	1		737,612,715.	12	_ 742,466,805.
	13	Investments - program-related See Part IV, line 1	1			13	<u> </u>
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11	19,787,241.	15	13,167,445.		
	16	Total assets. Add lines 1 through 15 (must equa	ıl lıne 3	3)	835,043,362.	16	830,212,119.
	17	Accounts payable and accrued expenses	2,973,374.	17	10,681,953.		
	18	Grants payable		18			
	19	Deferred revenue		ļ	461,791.	19	460,242.
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability Complete F	Part IV	of Schedule D		21	
S	22	Loans and other payables to any current or form	er offic	er, director,	, -		
Liabilities	ļ	trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
ар		controlled entity or family member of any of thes	e perso	ons	 _	22	
	23	Secured mortgages and notes payable to unrela	ted thir	d parties		23	
	24	Unsecured notes and loans payable to unrelated	third p	parties	<u> </u>	24	
	25	Other liabilities (including federal income tax, pay	yables t	to related third			1
		parties, and other liabilities not included on lines	17-24)	Complete Part X	. 262 502	İ	
		of Schedule D		,	4,362,589.	25	1,380,794.
	26	Total liabilities. Add lines 17 through 25		. .	7,797,754.	26	12,522,989.
S		Organizations that follow FASB ASC 958, che	ck here	• ► X			
ည		and complete lines 27, 28, 32, and 33.			827,245,608.		817,689,130.
<u>a</u>	27	Net assets without donor restrictions			627,243,000.	27	817,083,130.
8	28	Net assets with donor restrictions			· · · · · · · · · · · · · · · · · · ·	28	
Ë		Organizations that do not follow FASB ASC 95	o8, cne	ck here			
ē		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds	. 4. 6. m d		29	 	
SSE	30	Paid-in or capital surplus, or land, building, or eq	•			30	
et A	31	Retained earnings, endowment, accumulated inc	ome, c	or outer turius	827,245,608.	31 32	817,689,130.
ž	32	Total liabilities and net assets/fund halances			835,043,362.	33	830,212,119.
	33	Total liabilities and net assets/fund balances				<u> </u>	500,212,113.

Earm	990 (2019) NCF CHARITABLE TRUST	20-4326	440	Pac	_{ge} 12
	rt XI Reconciliation of Net Assets			<u> </u>	<u> </u>
	Check if Schedule O contains a response or note to any line in this Part XI				Х
	Check in Confedence of Contains a response of Field to any line in time Larva				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	574	408,	807.
2	Total expenses (must equal Part IX, column (A), line 25)	2	289	237,	271.
3	Revenue less expenses Subtract line 2 from line 1	3	285	171,	536.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	827	245,	608.
5	Net unrealized gains (losses) on investments	5	-53	348,	660.
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	-241	379,	354.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	817	689,	130.
'Paı	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u>.</u>			
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				- ,
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	C	~~~~	**	لندا
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	3	,	· +
	separate basis, consolidated basis, or both		- 4	, .u.€ 1 ₉	
	Separate basis Consolidated basis Both consolidated and separate basis			-	
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,		, · .	. %
	consolidated basis, or both		1/1/3	£ 1	الإسر
	Separate basis			12	ا ا
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho				
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 Audıt			"
	Act and OMB Circular A-133?		3a		X
L	If "Ves." did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit	1		I

Form 990 (2019)

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section

Department of the Treasury

Name of the organization

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

20-4326440 NCF CHARITABLE TRUST 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, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university 10 L 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 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations g 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 gove (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) NATIONAL CHRISTIAN CHARITABLE FOUNDATION INC. 58-1493949 294 889 732, Х 0. 294,889,732. Total

Pa	Support Schedule for C	organizations	Described in S	ection 509(a)((2)		/
	(Complete only if you checked	the box on line 10	of Part I or if the o	organization failed	to qualify under F	art II If the organi	zation fails to
	qualify under the tests listed b	elow, please comp	lete Part II)				/
Se	ction A. Public Support	,					
Cale	ndar year (or fiscal year beginning ın) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						/
	membership fees received (Do not				l	1 /	1
	include any "unusual grants ")					/	
2	Gross receipts from admissions,						
	merchandise sold or services per-	1			i		1
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that					 /	
_	are not an unrelated trade or bus-	1					
	iness under section 513				/		
4						 	
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to				/		
_	or expended on its behalf	ļ			/	 	
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	ļ					<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					 	
t	Amounts included on lines 2 and 3 received	ŀ					
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the					1	
	amount on line 13 for the year						
c	Add lines 7a and 7b						<u> </u>
	Public support. (Subtract line 7c from line 6)				L <u></u>	<u> </u>	<u> </u>
Sec	ction B. Total Support						. <u>. </u>
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 20 <u>1</u> 7	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,]					
	dividends, payments received on securities loans, rents, royalties,	!					
	and income from similar sources]	1	
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975					1	}
	Add lines 10a and 10b		7				
11	Net income from unrelated business		7	-		<u> </u>	
	activities not included in line 10b,	<i>j</i>	ľ				
	whether or not the business is regularly carried on	/			1		
12	Other income Do not include gain	/					-
	or loss from the sale of capital	/			}	1	}
13	assets (Explain in Part VI) Total support (Add lines 9, 10c, 11, and 12)	/					
	First five years. If the Form 990 is for	r the organization's	first second thir	t fourth or fifth ta	I Vear as a section	n 501(c)(3) organia	ration
17	check this box and stop here	Title Organization s	s mst, second, ame	2, 1001111, 01 111111 10	ix year as a section	ar oo r(c)(o) organiz	.a.ion,
Sec	ction C. Computation of Publi	c Support Per	centage			-	
_	Public support percentage for 2019 (I			column (fi)		15	
		1	-	Oldiffit (t))		16	%
16 Sec	ction D. Computation of Inves					1 10 1	
		7		20 12 column (f)		47	
	7 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) 2 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))						
18	Investment income percentage from 2018 Schedule A, Part III, line 17 <u>18 </u> % a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not						
198							TOILS LOT
	more than 33 1/3%, check this box as	•	-				▶
E	33 1/3% support tests - 2018./ If the	-					ano 🛌
	line 18 is not more than 33 1/3%, che						▶ ⊢
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

Page 4

Part IV S

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	х	
2		
3a		×
- 50		
3b_		
3c		
<u></u>		
4a		х
4b		
		1
		,
4c		
40		
		,
5a		Х
		لــــــا
5b		
5c	_	 ,
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6		
		
7		<u>x</u>
8		х
9a		X
		اـــا
9b		X
		×
9c_	-	<u>.</u>
	,	
10a		×
. 104		
10b		

Pa	rt IV Supporting Organizations (continued)			
			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)	ľ		Ì
	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			ĺ
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	ł	1	
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		'	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	X	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	l]
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			l
	supervised, or controlled the supporting organization.	2		х
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	ĺ	1	
	or management of the supporting organization was vested in the same persons that controlled or managed			l
	the supported organization(s).	11		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	l		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1_1_		Ĺ
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		, ·	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	L _	<u> </u>
3	By reason of the relationship described in (2), did the organization's supported organizations have a		}	'
	significant voice in the organization's investment policies and in directing the use of the organization's	{		}
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3	<u> </u>	l
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test Complete line 2 below			
þ	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see inst	ructions,		
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			٠,
	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,	ĺ		
	how the organization was responsive to those supported organizations, and how the organization determined			<u>'</u>
	that these activities constituted substantially all of its activities	2a	-	 -
D	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			'
	reasons for the organization's position that its supported organization(s) would have engaged in these	25		
•	activities but for the organization's involvement	2b	<u> </u>	 -
	Parent of Supported Organizations Answer (a) and (b) below.			
· a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b		Ja	t	
IJ	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	The state of the s			

Par	Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on I	Nov 20, 1970 (explain in F	Part VI) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ctions A through E	
Section	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
_2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
ī	Aggregate fair market value of all non-exempt-use assets (see		The AT At 1996 AND 1999	P. CALPA BARRA A. P.
	instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1a_	_	
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other	,		
	factors (explain in detail in Part VI).	JY 7 AY 148.	rant 1 miles 1	15 74 mil
2	Acquisition indebtedness applicable to non exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
-6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Section	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly integrate	d Type III supporting orga	anization (see
	instructions)	=		

Schedule A (Form 990 or 990-EZ) 2019

	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	rage /
	ion D - Distributions	·	Continued	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			L
3	Administrative expenses paid to accomplish exempt purpose	3		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)		,	
6	Other distributions (describe in Part VI) See instructions		-	
7	Total annual distributions. Add lines 1 through 6	•		,
8	Distributions to attentive supported organizations to which ti	he organization is responsive		
	(provide details in Part VI) See instructions	·		*
9	Distributable amount for 2019 from Section C, line 6	1		,
10	Line 8 amount divided by line 9 amount	1		
		- (1)	(ii)	(iu) ,
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
			Pre-2019	Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-		,	
•	able cause required explain in Part VI) See instructions		·	
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
Ď	From 2015			
	From 2016	TO SEE SEE SEE SEE	多音符的知识是特殊	
d	From 2017	经验证的		
е	From 2018		THE RESERVE OF THE PROPERTY OF	高级的一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个
f	Total of lines 3a through e		苏萨维州的苏联特的	
	Applied to underdistributions of prior years	光彩景景的景色的景色		"我们是是我们的一个
h	Applied to 2019 distributable amount	的問題的問題的問題		
i'	Carryover from 2014 not applied (see instructions)			全国的特别的第三人称单数
	Remainder Subtract lines 3g, 3h, and 3i from 3f		阿里斯斯斯斯斯斯斯斯斯	TO LET TO THE THE THE THE THE THE THE THE THE THE
4	Distributions for 2019 from Section D,			
	line 7 \$			
а	Applied to underdistributions of prior years	With the second		THE SECOND
b	Applied to 2019 distributable amount		新型配法特別都的影響	
С	Remainder Subtract lines 4a and 4b from 4		THE STATE OF STREET	是自由的學術學學學
5	Remaining underdistributions for years prior to 2019, if			
	any Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2019 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			,
	Part VI See instructions			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c			
8	Breakdown of line 7	THEST HERE	的现在分词	
a	Excess from 2015		The state of the same	
b	Excess from 2016		學的學術的學術的	经工程的关系
_с	Excess from 2017		种的基础。在1000的第	NEWS TANKED THE
d	Excess from 2018		常作的诗人的诗意	
e	Excess from 2019			

Schedule A	Form 990 or 990 EZ) 2019 NCF CHARITABLE TRUST	20-4326440	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	and 2, Part IV, Sectior Section B, line 1e, Pa	n C,
	•		
	ı.		
			
			
			
		·	
		<u> </u>	
			-
			
			•

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

Pai	t 13 Organizations Maintaining Donor Advised	Funds or Other Similar Funds	or Accounts. Complete if the
L	organization answered "Yes" on Form 990, Part IV, line		
		(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 wr	uting that the assets held in donor advi-	sed funds
•	are the organization's property, subject to the organization's ex	=	Yes No
6	Did the organization inform all grantees, donors, and donor adv	_	
٠	for charitable purposes and not for the benefit of the donor or o		
	impermissible private benefit?	gonor advisor, or for any other purpose	Yes No
Pai	t II Conservation Easements. Complete if the organic	nization answered "Yes" on Form 990	
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (for example, recreation	· · · · · · · · · · · · · · · · · · ·	of a historically important land area
	Protection of natural habitat		of a certified historic structure
	Preservation of open space	i reservation c	a certified filstoric structure
2	Complete lines 2a through 2d if the organization held a qualifie	d conseniation contribution in the form	of a concentation easement on the last
_	day of the tax year	d conservation contribution in the form	議議 Held at the End of the Tax Year
-	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic struc	ture included in (a)	2c
d	Number of conservation easements included in (c) acquired aft	• •	
u	listed in the National Register	or 7725700, and not on a mistorio stract	2d
3	Number of conservation easements modified, transferred, relea	esed extinguished or terminated by the	
·	year >	acca, extinguished, or terminated by the	o organization daring the tax
4	Number of states where property subject to conservation ease	ment is located	
5	Does the organization have a written policy regarding the perio		•
•	violations, and enforcement of the conservation easements it h		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha		
Ŭ			and the second s
7	Amount of expenses incurred in monitoring, inspecting, handlin	ng of violations, and enforcing conserva	ation easements during the year
•	▶ \$		and, cooling to a job
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170)(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?	,	Yes No
9	In Part XIII, describe how the organization reports conservation	easements in its revenue and expense	e statement and
	balance sheet, and include, if applicable, the text of the footno		
	organization's accounting for conservation easements	· ·	
Pa	t III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 8	
1a	If the organization elected, as permitted under FASB ASC 958,	not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for public	c exhibition, education, or research in f	urtherance of public
	service, provide in Part XIII the text of the footnote to its finance	ial statements that describes these iter	ms
b	If the organization elected, as permitted under FASB ASC 958,	to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in furt	therance of public service,
	provide the following amounts relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		S
2	If the organization received or held works of art, historical treas	sures, or other similar assets for financi	
-	the following amounts required to be reported under FASB AS		
а	Revenue included on Form 990, Part VIII, line 1	•	> \$
h	Assets included in Form 990, Part Y		•

	dule D (Form 990) 2019 NCF CHARITA							20-432		Page	<u>; 2</u>
Pai	t III. Organizations Maintaining C	ollections of A	rt, Histo	orical Tre	asures, or Oth	er Sir	mila	r Assets	(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the f	following that make	signific	cant ı	use of its	•	-	
	collection items (check all that apply)										
а	Public exhibition	•	a 🗀 l	oan or exc	hange program						
b	Scholarly research	(e 🔲 (Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how the	ey further th	ie organization's ex	empt p	ourpo	se in Part	XIII		
5	During the year, did the organization solicit o	r receive donations	of art, his	torical treas	sures, or other simil	ar asse	ets				
	to be sold to raise funds rather than to be maintained as part of the organization's collection?										
Pai	TIV Escrow and Custodial Arran	gements. Comp	lete if the	organizatio	n answered "Yes" o	n Forr	n 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Par	t X, line 21									
1a	la Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included										
	on Form 990, Part X?								Yes	N	lo
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	able		_					_
					,	L			Amount		
c	Beginning balance						1c				
d	Additions during the year					L	1d				
е	Distributions during the year					L	1e				_
f	Ending balance					L	1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for e	scrow or cu	istodial account lial	oility?			Yes	N	lo
b	If "Yes," explain the arrangement in Part XIII										
Paı	t V Endowment Funds. Complete	f the organization ar	nswered "	'Yes" on Fo	rm 990, Part IV, line	e 10	_				
		(a) Current year	(b) Pi	rior year	(c) Two years back	(d) T	hree y	ears back	(e) Four	years bac	.k_
1a	Beginning of year balance		<u> </u>								
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships					<u> </u>					_
е	Other expenditures for facilities										
	and programs		<u> </u>								
f	Administrative expenses					\perp					
g	End of year balance	<u> </u>	<u> </u>		<u> </u>	<u> </u>		.,			
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g	, column (a)) held as						
а	Board designated or quasi-endowment		%								
b	Permanent endowment >	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%									
За	Are there endowment funds not in the posse	ssion of the organiz	ation that	are held ar	nd administered for	the ore	ganıza	ation	_		_
	by								\leftarrow	Yes N	<u>o</u>
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)	_	—
b	If "Yes" on line 3a(ii), are the related organization								3b		_
4	Describe in Part XIII the intended uses of the		owment fu	ınds							_
Pal	t VI Land, Buildings, and Equipm										
	Complete if the organization answere										—
	Description of property	(a) Cost or o		• •		Accun		ed	(d) Book	value	
		basis (invest		→ basis	(orner) (depreci	ation	\longrightarrow		217 52	
1a	Land		7,500.							217,500	_
b	Buildings	13,30	0,000.						13,	300,000	<u> </u>
C	Leasehold improvements						_	 			—
	Equipment										—
	Other		1			_		_	13	517 50	_
		and Form 000 Dod	· v	- (17) 1 1	ri - i				ΙJ	J 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

Schedule D (Form 990) 2019 NCF CHARTTABLE'T	RUST		20-4326440	Page 3
Part VII Investments - Other Securities.		······································		
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1b 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 e	end-of-year market	value
(1) Financial derivatives				
(2) Closely held equity interests	349,026,565.	COST		
(3) Other				
(A) LLCS AND PARTNERSHIPS	393,281,304.	COST		
(B) ALTERNATIVE INVESTMENTS/HEDGE FUNDS	158,936.	COST		
(C)				
(D)	<u> </u>			
(E)	ļ. <u> </u>			
<u>(F)</u>				_
(G)	ļ			
Total (Col (b) must equal Form 990, Part X, col. (B) line 12)	742,466,805.			_
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"				
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or e	end-of-year market	value
(1)			 	
(4)				
(5)				
(8)				
(9)	-			
Total (Col. (b) must equal Form 990, Part X, col (B) line 13) ▶ Part IX Other Assets.				
	on Form 000 Port IV line 1	Id Soc Form 990 Bart V line 15		
Complete if the organization answered "Yes"	Description	Tu See Form 330, Fait A, line 13	(b) Book	value
·			(2) 200	
<u>(1)</u> (2)			·	
(3)				
(4)				
(5)				
(6)			-	
(7)	· · · · · · · · · · · · · · · · · · ·			-
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X. col. (B) lin	e 15.)		>	
Complete if the organization answered "Yes"	on Form 990. Part IV. line 1	1e or 11f See Form 990, Part X, line	25	
1. (a) Description of liability			(b) Book	value
(1) Federal income taxes				
(2) CHARITABLE GIFT ANNUITY PAYABLE			1,	380,794.
(3)				
(4)				
(5)	- 			
(6)				
(7)				
(8)				

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

1,380,794.

(9)

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

Sche	dule D (Form 990) 2019 NCF CHARÍTABLE TRUST		20-4326440 Page 4
	t XI Reconciliation of Revenue per Audited Financial St	atements With Revenu	
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1	
а	Net unrealized gains (losses) on investments	<u>2a</u>	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	_4b	
С	Add lines 4a and 4b		4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I. line 1	2)	5
Fa	t XII Reconciliation of Expenses per Audited Financial S		ses per neturn.
_	Complete if the organization answered "Yes" on Form 990, Part IV,	ine iza	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	2a	
a	Prior year adjustments	2b	·
b	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	[20]	
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	<u> </u>	4c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I. line	181	5
	t XIII Supplemental Information.	10.7	1
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide		art V, line 4, Part X, line 2, Part XI,
PART	X, LINE 2.		
THE	FOLLOWING FOOTNOTE APPLIES TO THE CONSOLIDATED FINANCIA	L STATEMENTS OF	
THE	NATIONAL CHRISTIAN CHARITABLE FOUNDATION, INC., AND SUP	PORTING	
ORGA	NIZATIONS.		
INCO	ME TAX EXPENSE IS RECORDED FOR ACTIVITIES THAT GENERATE	UNRELATED	
BUSI	NESS INCOME. THE FOUNDATION GENERATES TAXABLE INCOME TH	ROUGH	
INVI	STMENT TRANSACTIONS. THE FOUNDATION ACCEPTS DONATIONS O	F S-CORPORATION	
STO	K. DURING ITS HOLDING PERIOD, THE FOUNDATION RECEIVES T	AXABLE	
DIST	RIBUTIONS. FURTHER, A TAXABLE CAPITAL GAIN MAY BE GENER	ATED UPON THE	
SALE	OF THE STOCK. SIMILARLY, THE FOUNDATION RECEIVES INTER	EST IN LLCS	
тнат	GENERATE TAXABLE INCOME, INCOME TAX EXPENSE IS INCLUDE	D IN GENERAL	
02205	10-02-19		Schedule D (Form 990) 2019

SCHEDULE I (Form 990)

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

► Attach to Form 990.

2019	Open to Public	Inspection
	l	

OMB No 1545-0047

Department of the Treasury Internal Revenue Service			► Attach to Form 990.	n 990.	:		Open to Public	. •
	į	GO TO WWW.IF	Go to www.irs.gov/Formaso for the latest information.	the latest intorn	lation.		uonoadem.	1
Name of the organization NCF CHARITABLE TRUST	E TRUST						Employer identification number 20-4326440	Je.
Part I General Information on Grants and Assistance	and Assistance							
1 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	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection		
criteria used to award the grants or assistance?	stance?						X Yes	ŝ
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ocedures for monitor	oring the use of grant f	unds in the United	States	;			
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.	Domestic Organiz	ations and Domestic	Governments. C	omplete if the org	anization answered "Y	Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	IV, line 21, for any	
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000 Part II can	be duplicated if addition	onal space is neede	þ				
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	•,
NATIONAL CHRISTIAN CHARITABLE FDN,								٠,
INC 11625 RAINWATER DRIVE; STE	58-1402040	501(0)(3)	03041083	•	,		OKTAKN MKKGO GO MGOGGIID	,
ALLEMANETTA,		201(2)(3)	76671#067	·	CASH		SUFFURI OF GRANI-MANIN	,
NCF CORPORATION P O BOX 17820 CLEARWATER, FL 33762	20-4281656	501(C)(3)	25,000.	0.	САЅН		GRANT TO SUPPORT THE MISSION	
FAMILY GENERATIONS POUNDATION							מחש המהממדים היי מואגמם	
	47-5275550	501(C)(3)	1,750,000.	0.	САЅН			
IPE FOUNDATION 12658 S. HONAH LEE COURT PHOENIX, AZ 85044	45-3819689	501(C)(3)	2,841,667.	0.	САЅН		GRANT TO SUPPORT THE MISSION	
LEO AND ANGIE WELLS FOUNDATION, INC 5445 TRIANGLE PARKWAY - PEACHTREE CORNERS, GA 30092	46-3902337 501(C	501(C)(3)	714,919.	0.	саѕн		GRANT TO SUPPORT THE MISSION	
SOZO SUPPORTING ORGANIZATION FUND 11625 RAINWATER DRIVE, SUITE 500 ALPHARETTA, GA 30009	46-3233560 501(C)(3)	501(C)(3)	48,232.	0	CASH		GRANT TO SUPPORT THE MISSION	
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	ind government org	janizations listed in the	line 1 table					13.
3 Enter total number of other organizations listed in the line 1 table	Is listed in the line 1	table					^	

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

Schedule I (Form 990) (2019)

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Part II. Continuation of Grants and Other Assistance to Governments	Assistance to Go		and Organizations in the United States	1 1	(Schedule I (Form 990), Part II	n)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERNATIONAL GENEROSITY FOUNDATION TRUST - 1901 ULMERTON RD, STE, 400 - CLEARWATER, FL 33762	84-3754469	501(C)(3)	2,998,000.	100.	PMV	SECURITIES	GRANT TO SUPPORT THE MISSION
THE SIGNATRY 7171 W 95TH ST, SUITE 501 OVERLAND PARK, KS 66212	43-1890105 501(C)(3	501(C)(3)	780,000.	0.	саѕн		GRANT TO SUPPORT THE MISSION
KM FOUNDATION P.O. BOX 524 ALPHARETTA, GA 30009	84-2228787 501(C)(3)	501(c)(3)	98,828.	0.	CASH		GRANT TO SUPPORT THE MISSION
OPERATION LEGACY FOUNDATION 11625 RAINWATER DRIVE, SUITE 500 ALPHARETTA, GA 30009	82-3362380	501(C)(3)	11,591,968.	0.	CASH		GRANT TO SUPPORT THE MISSION
WESTBROOK LEGACY SUPPORTING ORGANIZATION, INC 1411 S ORANGE BLOSSOM TRAIL - ORLANDO, FL 32805	46-4367032	501(C)(3)	774,536.	0.	CASH		GRANT TO SUPPORT THE MISSION
SYVERSEN FAMILY CHARITABLE TRUST P.O. BOX 524 ALPHARETTA, GA 30009	83-3066562	501(C)(3)	4,758,708.	0.	CASH		GRANT TO SUPPORT THE MISSION
UNIVERSITY OF TENNESSEE FOUNDATION 1525 UNIVERSITY AVE. KNOXVILLE, TN 37921	62-1844686	501(C)(3)	160,000.	0.	саѕн		GRANT TO SUPPORT THE MISSION
							Schodulo 1 (Cores 999)

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Schedule I (Form 990) (2019)

932102 10-26-19

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Noncash Contributions

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

Attach to Form 990.

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

OMB No 1545-0047

2019

Open to Public Inspection

Employer identification number

	NCF CHARITABLE TRU	ST			20-	4326440	_	
Par	t Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash contri		-	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							_
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock	х	77	127,762,912.	APPRAISED FMV			
11	Securities - Partnership, LLC, or							
	trust interests	х	69	135,824,418.	APPRAISED FMV			
12	Securities · Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial	Х	2	13,300,000.	APPRAISED FMV			
17	Real estate - Other		<u> </u>					
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (OTHER ASSETS)	х	3	5,500,000.	APPRAISED FMV	•		
26	Other							
27	Other (1				
28	Other (
29	Number of Forms 8283 received by the organic	zation during	the tax year for c	ontributions	· · · · · · · · · · · · · · · · · · ·			
	for which the organization completed Form 82							
							Yes	No
30a	During the year, did the organization receive b	y contributio	on any property rep	orted in Part I, lines 1 throug	jh 28, that it			
	must hold for at least three years from the date							
	exempt purposes for the entire holding period			·		30a		X
b	If "Yes," describe the arrangement in Part II							
31	Does the organization have a gift acceptance	policy that re	equires the review	of any nonstandard contribut	tions?	31	x	
	Does the organization hire or use third parties							
	contributions?		_	•		32a	x	L
h	If "Yes," describe in Part II							
33	If the organization didn't report an amount in c	column (c) fo	r a type of propert	y for which column (a) is che	cked,			

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

Schedule M (Form 990) 2019

describe in Part II

Schedule M (Form 990) 2019 NCF CHARITABLE TRUST	20-4326440	Page 2
Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 3 is reporting in Part I, column (b), the number of contributions, the number of items received, or a contribution of this part for any additional information	33, and whether the organi mbination of both Also co	zation
SCHEDULE M, LINE 32B.		
THE ORGANIZATION WORKS WITH NUMEROUS LOCAL CHRISTIAN FOUNDATIONS		
LOCATED THROUGHOUT THE UNITED STATES. ALTHOUGH THIS ORGANIZATION DOES		
NOT CONTROL THOSE FOUNDATIONS, THE LOCAL FOUNDATIONS ENCOURAGE		
POTENTIAL DONORS TO CONTRIBUTE NONCASH ASSETS TO THIS ORGANIZATION.		
		`

SCHEDULE O

. . .

(Form 990 or 990-EZ)

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

Department of the Treasury Internal Revenue Service

932211 09-06-19

Name of the organization

Employer identification number

NCF CHARITABLE TRUST	20-4320440
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
THE TRUSTEE MAKES GRANTS FOR CHARITABLE PURPOSES TO NATIONAL CHRISTIAN	
CHARITABLE FOUNDATION, INC. AND OTHER CHARITABLE ORGANIZATIONS IN THE	
SAME CLASS.	
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES.	
SUPPORTED THE MISSION AND PERFORMED FUNCTIONS OF THE NATIONAL CHRISTIAN	
CHARITABLE FOUNDATION, INC. BY MAKING GRANTS TO IT AND OTHER CHARITIES	
IN THE SAME CLASS OF TAX-EXEMPT CHARITABLE ORGANIZATIONS.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE DRAFT FORM 990 IS PREPARED AND COMPARED WITH THE AUDITED FINANCIALS,	
THE DRAFT IS PROVIDED TO NCF'S CHIEF FINANCIAL OFFICER AND GENERAL COUNSEL,	
WHO PROVIDE FEEDBACK TO THE PREPARER. A FINAL FORM 990 IS PROVIDED TO THE	
BOARD OF DIRECTORS, FINALLY, THE FORM IS FILED WITH THE INTERNAL REVENUE	
SERVICE.	
FORM 990, PART VI, SECTION B, LINE 12C:	
GENERAL COUNSEL FOR THE SUPPORTED ORGANIZATION MONITORS TRANSACTIONS FOR	
THIS ORGANIZATION TO ASSURE THAT NO DIRECTOR, OFFICER, OR KEY EMPLOYEE HAS	
ANY INTEREST IN SUCH TRANSACTIONS.	
FORM 990, PART VI, SECTION C, LINE 19:	
NCF CHARITABLE TRUST'S (NCT'S) AUDITED FINANCIAL STATEMENTS ARE AVAILABLE	
ON NCF'S WEBSITE AND UPON REQUEST. NCT'S ARTICLES OF INCORPORATION ARE	
AVAILABLE FROM THE SECRETARY OF STATE. NCT'S BYLAWS AND OTHER SIGNIFICANT	
I HA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-FZ.	Schedule O (Form 990 or 990-FZ) (2019)

SCHEDULE R (Form 990)

Name of the organization

Part

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

Open to Public Inspection 2019

OMB No 1545-0047

Employer identification number 20-4326440

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

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

			₫,			٠,								
(£)	Direct controlling entity			2,293,634. NCF CHARITABLE TRUST			9,600,000.NCF CHARITABLE TRUST			800,000.NCF CHARITABLE TRUST			158,936. NCF CHARITABLE TRUST	
(e)	End-of-year assets			2,293,634.			9,600,000.			800,000.				
(g	Total income			-166,619.			9,500,000.			5,769.			-1,712.	
(0)	Legal domicile (state or foreign country)			FLORIDA			TEXAS			FLORIDA			GEORGIA	
(q)	Primary activity			HOLDS A BUSINESS INTEREST			HOLDS A BUSINESS INTEREST			HOLDS REAL ESTATE			HOLDS INVESTMENTS	
(a)	Name, address, and EIN (if applicable) of disregarded entity	BECKEL CHARITABLE ENTERPRISES, LLC	19730 GULF BLVD. #400	INDIAN SHORES, FL 33785	ERGON TECHNOLOGIES	3900 BONNELL DRIVE	AUSTIN, TX 78731	FF AGRICO, LLC	531 COUNTY LINE ROAD	LUTZ, FL 33549	K CHARITABLE FUND, LLC	13560 MORRIS RD STE 1140	ALPHARETTA, GA 30004	

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

(a)	(q)	(0)	(P)	(e)	£	(g)	VEV 13)
Name address and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Controlled	(cr Va)
of related organization		foreign country)	section	status (if section	entity	entity?	,
,				501(c)(3))		Yes	9
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)	12	INC.		×
NATL CHRISTIAN FDN REAL PROPERTY, INC					NTL CHRISTIAN	_	
58-2655939, 11625 RAINWATER DRIVE; STE 500,					CHARITABLE FDN,		
ALPHARETTA, GA 30009-8678	GRANT MAKING	GEORGIA	501(C)(3)	12	INC.		×
NCF CORPORATION - 20-4281656					NTL CHRISTIAN		
P.O. BOX 17820				-	CHARITABLE FDN,		
CLEARWATER, FL 33762	CHARITABLE TRUSTEESHIP	FLORIDA	501(C)(3)	12	INC.		×
Ex Dangark Bediction Act Notice see the Instructions for Form 96	s for Form 990				Schedule B (Form 990) 2019	Form 990) 2019

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

NCF CHARITABLE TRUST

20-4326440

Part I Continuation of Identification of Disregarded Entitles Schedule R (Form 990)

(a)	(q)	(၁)	(p)	(e)	. (+)
Name, address, and EIN	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
of disregarded entity	`	foreign country)		`	entity
MF 230 S. TRYON, LLC		i			
3008 SOUTH BEACH BLVD, UNIT B					
HIGHLAND BEACH, FL 33487	HOLDS A BUSINESS INTEREST	FLORIDA	243,785.	2,475,000.	2,475,000. NCF CHARITABLE TRUST
MMB DAF, LLC					
1030 S. FRANKLIN STREET					
DENVER, CO 80209	HOLDS A BUSINESS INTEREST	COLORADO	٦,	1.	NCF CHARITABLE TRUST
NCT-107, LLC					٠.
PO BOX 17820					
CLEARWATER, FL 33762	HOLDS A BUSINESS INTEREST	FLORIDA	82,026.	4,280,414.	4,280,414. NCF CHARITABLE TRUST
NCT-110, LLC					Ε,
PO BOX 17820					
CLEARWATER, FL 33762	HOLDS A BUSINESS INTEREST	FLORIDA	0	1,029,296.	1,029,296. NCF CHARITABLE TRUST
NCT-122, LLC					
PO BOX 17820	HOLDS ROYALTIES FROM				
CLEARWATER, FL 33762	INTELLECTUAL PROP	FLORIDA	671,336.	9,349,862.	9,349,862. NCF CHARITABLE TRUST
NCT-134, LLC					
PO BOX 17820					
CLEARWATER, FL 33762	HOLDS A PROMISSORY NOTE	FLORIDA	-1,469,719.	-39,	NCF CHARITABLE TRUST
NCT-135, LLC					
PO BOX 17820				-	
CLEARWATER, FL 33762	HOLDS A BUSINESS INTEREST	FLORIDA	-119,656.	263,887.	NCF CHARITABLE TRUST
NCT-136, LLC					
PO BOX 17820					
CLEARWATER, FL 33762	HOLDS A BUSINESS INTEREST	FLORIDA	-2,088.	222,659.	NCF CHARITABLE TRUST
NCT-137, LLC					
PO BOX 17820					
CLEARWATER, FL 33762	HOLDS A BUSINESS INTEREST	FLORIDA	-25,237.	55,240.	240. NCF CHARITABLE TRUST
NCT-142, LLC					
PO BOX 17820					
CLEARWATER, FL 33762	HOLDS A BUSINESS INTEREST	FLORIDA	-4,483.	376,522.	376,522. NCF CHARITABLE TRUST

NCF CHARITABLE TRUST

Schedule R (Form 990)

20-4326440

Part I. Continuation of Identification of Disregarded Entities

r				٠,	١,						
€	Direct controlling entity	2,090. NCF CHARITABLE TRUST	NCF CHARITABLE TRUST	NCF CHARITABLE TRUST	375,000, NCF CHARITABLE TRUST	1,130,864. NCF CHARITABLE TRUST	1,086,686.NCF CHARITABLE TRUST	NCF CHARITABLE TRUST	NCF CHARITABLE TRUST	NCF CHARITABLE TRUST	2,730,000. NCF CHARITABLE TRUST
(e)	End-of-year assets	2,090.	1,421,300.	500,000.NCF	375,000.	1,130,864.	1,086,686.	11,336,500.	1,976,500.	-139, NCF	2,730,000.
(D)	Total income	-602,795.	14,112.	-5,000.	4,210.	-2,872.	-961,532.	11,136,500.	1,976,500.	40,362,871.	2,655,000.
(2)	Legal domicile (state or foreign country)	FLORIDA	FLORIDA	FLORIDA	FLORIDA	FLORIDA	FLORIDA	FLORIDA	FLORIDA	FLORIDA	FLORIDA
(q)	Primary activity	HOLDS A BUSINESS INTEREST	HOLDS A BUSINESS INTEREST	HOLDS A BUSINESS INTEREST	HOLDS A BUSINESS INTEREST	HOLDS A BUSINESS INTEREST	HOLDS A BUSINESS INTEREST	HOLDS A BUSINESS INTEREST	HOLDS A BUSINESS INTEREST	HOLDS A BUSINESS INTEREST	HOLDS A BUSINESS INTEREST
(a)	Name, address, and EIN of disregarded entity	NCT-144, LLC PO BOX 17820 CLEARWATER, FL 33762	.c :0 FL 33762	C 0 FL 33762	NCT-155, LLC PO BOX 17820 CLEARWATER, FL 33762	NCT-156, LLC PO BOX 17820 CLEARWATER, FL 33762	NCT-159, LLC PO BOX 17820 CLEARWATER, FL 33762	NCT-163, LLC PO BOX 17820 CLEARWATER, FL 33762	NCT-164, LLC PO BOX 17820 CLEARWATER, FL 33762	NCT-165, LLC PO BOX 17820 CLEARWATER, FL 33762	NCT-171, LLC PO BOX 17820 CLEARWATER, FL 33762

Schedule R (Form 990) NCF CHARITABLE TRUST

Part | Continuation of Identification of Disregarded Entities

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	(J)	Direct controlling entity	2,410,000, NCF CHARITABLE TRUST	אסוופה היאונה מאדמה מאדמה		942,494. NCF CHARITABLE TRUST							
	(e)	End-of-year assets				942,494.							
	(p)	Total income	-23,648.			114,636.							
	(၁)	Legal domicile (state or foreign country)	IOWA	OURACIO		NORTH CAROLINA							
	(q)	Primary activity	HOLDS A BUSINESS INTEREST	RIISTMESS THIRBEST		HOLDS BUSINESS INTERESTS							
	(a)	Name, address, and EIN of disregarded entity	PENALUNA FAMILY 4 SISTERS FOUNDATION, LLC 1309 TECHNOLOGY PARKWAY CEDAR FALLS, IA 50613	BEAVERTON DAF, LLC STREET	1 1%	27624							

NCF CHARITABLE TRUST

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a)	(q)	(0)	(Q)	(e)		Section 5) .
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section	Direct controlling entity	controlled organization?	offed ation?
				501(c)(3))		Yes	2
NATIONAL CHRISTIAN FOUNDATION, INC					NTL CHRISTIAN		
1162					CHARITABLE FDN,		
ALPHARETTA, GA 30009-8678	GRANT MAKING	GEORGIA	501(C)(3)	12	INC.		×
NCCF TRUST - 58-6370659					NTL CHRISTIAN		
952 ECHO LANE STE, 190					CHARITABLE FDN,		
	GRANT MAKING	TEXAS	501(C)(3)	12	INC.		×
							٤,
							١٠,
93222 04-01-19							

Schedule R (Form 990) 2019 NCF CHARITABLE 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

(a)	(q)	0	(p)	(e)	(J)	(b)	Ξ	(5)	3	(¥)
Name, address, and EIN of related organization	Primary activity	Legal domicite (state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year	Disproportionate allocations?	Code V-UBI amount in box	General or managing partner?	General or Percentage managing ownership
		country)		sections 512-514)			Yes No		Yes No	
ALLMAN REGENT II, LLC -]		ı			-		
26-0757326, 3340 PEACHTREE										
ROAD NE, STE 1400, ATLANTA,	Γ		ALLMAN REGENT				_			
GA 30326	INVESTMENTS	GA	II, LLC	UNRELATED	557.	1.	×	N/A	×	63,53%
HILLTOP ROAD, LLC -	Γ									
38-3564602, 2221 HEALTH DRIVE	_	_								۲,
SW, WYOMING, MI 49519	COMM R/E	MI	HILLTOP ROAD	512	-1,285.	8,981,948.	×	N/A	_×	53.40%
AMBASSADOR CAPITAL, LLC -										•,
26-3945032, 2845 EAST DUPONT			AMBASSADOR						_	
ROAD, FORT WAYNE, IN 46825	INVESTMENTS	NI	CAPITAL, LLC	512	281,196.	29,400,000.	×	N/A	×	800.66
GIBRALTAR MATERIAL DISTRIB,										
LP - 20-5261729, 4303			GIBRALTAR							
INNOVATION LOOP, MARBLE			MATERIAL				•			
FALLS, TX 78654	DISTRIBUTION	ΤX	DISTRIB, LP	UNRELATED	6,983,725.	9,349,862.	×	N/A	×	800.06

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

(a)	(q)	(0)	(p)	(e)	(g)	(6)	(h)	8
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	Section 512(b)(13) controlled entity?
		country)						Yes No
BARNHART CRANE & RIGGING CO 62-1269879								
2163 AIRWAYS BOULEVARD								
MEMPHIS, TN 38114	CRANE MFG & SOLUTIONS	TN	BARNHART CRANE	S CORP	-1,762,061.	.000,000,89	100%	×
GIBRALTAR US, INC 55-0849954								_
4303 W INNOVATION LOOP								
MARBLE FALLS, TX 78654	CONSTRUCTION	ΤX	GIBRALTAR US	S CORP	3,093,910.	9,349,862.	800.06	×
ARLINGTON RESEARCH CTR, INC 26-1347074								-
2501 ROYAL GLEN COURT			ARLINGTON					
ARLINGTON, TX 76012	MEDICAL RESEARCH	ТX	RESEARCH	S CORP	1,380,888.	2,221,620.	800.66	×
HARRIS COVENANT, INC 45-4104749								_
8024 CALVIN HALL RD	HOLDS BUSINESS		HARRIS				_	
INDIAN LAND, SC 29707	INTEREST	၁၄	COVENANT	S CORP	44,484,414.	48,558,149.	71.54%	×
MAJESTIC ADVISORS, INC 38-3636590								
21 KERCHEVAL, STE 265			MAJESTIC					
GROSSE POINTE FARMS, MI 48236	INV CONSULTING FIRM	MI	ADVISORS	S CORP	-6,326.	278,000.	800.66	×
932 162 09-10-19						Sche	Schedule R (Form 990) 2019	990) 2019

Schedule R (Form 990) NCF CHARITABLE TRUST

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

(J) (k)	99.00\$	\$00.66	58.00\$	\$00.66	800.66	*00.66	72.00%	800.66	\$00.66
(J) General or Pomanaging of partner? Yes No	×	×	×	×	×	×	×	×	×
(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
(h) Disproportion- ate allocations? Yes No	×	×	×	×	×	×	×	×	×
(g) Share of cend-of-year assets	641,579.	1,000,000.	1,144,340.	1,277,625.	1,065,137.	.0	2,090.	189,207.	616,300.
(f) Share of total income	.0	0.	0	-571.	0	1,711,221.		.0	371,250.
(e) Predominant income (related, unrelated, excluded from fax under sections 512-514)	UNRELATED	UNRELATED	512	UNRELATED	UNRELATED	UNRELATED	UNRELATED	UNRELATED	UNRELATED
(d) Direct controlling entity	HIGDON INV,	INGRAM FUND, LLC	FRANKLIN DEDICATION	FAITH GIVING,	INGRAM FUND II, LLC	KARIS MANAGEMENT GROUP, LLC	LFW TUSCALOOSA, LLC	VANMAN FAMILY PARTNERSHIP, LTD.	ACD COSMETICS MANAGEMENT, LLC
(C) Legal domicile (state or foreign		TX	CA	NC	ТX	NC	GA	Ϋ́	TX
(b) Primary activity	INVESTMENTS	INVESTMENTS	INVESTMENTS	INVESTMENTS	INVESTMENTS	INVESTMENTS	INVESTMENTS	IN-POLICE CAR VIDEOS AND CAMERAS	MANAGEMENT
(a) Name, address, and EIN of related organization	HIGDON INVESTMENTS, LLC - 27-3191817, 133 RICHARD ROAD, CENTRAL, SC 29630	INGRAM FUND, LLC - 27-5251939 PO BOX 3579 MIDLAND, TX 79702	FRANKLIN DEDICATION FUND - 46-0873908, 31 WATERCRESS, IRVINE, CA 92603	FAITH GIVING, LLC - 45-3626992, PO BOX 1031, KERNERSVILLE, NC 27285	INGRAM FUND II, LLC - 46-4702635, PO BOX 3579, MIDLAND, TX 79702	KARIS MANAGEMENT GROUP, LLC - 46-2517209, 1301 BRIAR CREEK RD, CHARLOTTE, NC 28205	LFW TUSCALOOSA, LLC - 32-0432387, 5445 TRIANGLE PARKWAY, STE 320, PEACHTREE CORNERS, GA 30092	VANMAN FAMILY PARTNERSHIP, LTD 47-2492205, 1844 SAN JACINTO DR, ALLEN, TX 75013	ACD COSMETICS MANAGEMENT, LLC - 47-2611729, 711 E. LAMAR BLVD., STE 200, ARLINGTON, TX 76011

NCF CHARITABLE TRUST

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Schedule R (Form 990)

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

				1						
(a)	(q)	<u></u>	(p)	(e)	E	(B)	Ξ		8	€
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate at a slocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	Percentage ownership
ACD PATHOLOGY MANAGEMENT, LLC - 47-2622679, 2501 ROYAL GLEN	THEMENT		ACD PATHOLOGY,	IMBELAPED	274 725	444 065	×	A Z	×	\$00 ⁻ 66
ARLINGTON, TA /8012	MAINAGEMENT			UNICEDATED		.100 , ###	٠	u /u	-	33.
LIBERTY DEBT FUND I, LLC - 81-4935540, 834 HIGHLAND AVE,			LIBERTY DEBT							۹,
1 32801	INVESTMENTS	FL	LLC	UNRELATED	115,290.	1,767,598.	×	N/A	×	66.00%
NETY										•,
Z/-1/25628, F.U. BUX Z/6, EMPIRE, MI 49630-0276	COMM R/E	MI		512	0.	99,888,110.	×	N/A	×	1008
PTZ LLC - 27-1560084 500 W MADISON STREET SUITE 45							_			
П	INVESTMENTS	II	PTZ LLC	512	9,640.	2.	×	N/A	×	68.88\$
38-3017712, 2380 HEALTH DR										
SW, STE 210, WYOMING, MI			HEALTH PARK							
49519	COMM R/E	MI	sourh, LLC	512	0.	500,000.	×	N/A	×	65.00\$
					,					
INNOVATION LOOP										,
MARBLE FALLS, TX 78654	CONSTRUCTION	ТX	GCBS TEXAS, LP	LP UNRELATED	-152,154.	8,154,610.	×	N/A	×	90.08
FIRST RATE PLACE LLC -							_			
75-2769048, 1903 ASCENSION	-		FIRST RATE				_			
BLVD, ARLINGTON, TX 76006	COMM R/E	ТX	PLACE, LLC	UNRELATED	0	2,500,000.	×	N/A	×	94.00\$
DHGPIT I.C - 82-4796440										
SHORE B										
A, FL 33606	INVESTMENTS	FL	DHGPII, LLC	UNRELATED	0	1.	<u>×</u>	N/A	×	99.00%
JFKGP II, LLC - 82-5472545				-						
XSHORE BLVD., STE 850	ļ		1	[•	; 		;	4
TAMPA, FL 33606	INVESTMENTS	FL	JFKGP II, LLC	ONRELATED	0	1.	×	N/A	×	300T

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tions Taxa	
NCF CHARITABLE TRUST trication of Related Organiza	
NCF CH	
Schedule R (Form 990) NCF CHARITABLE TRUST Part	

	14	3	(7)	3	9	(5)	3	9	5	3
	Primary activity	Legal domicile (state or foreign	trolling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate ate allocations?	Code amour 20 of 8 K-1 (Fc	General or managing partner?	owr
AGEMENT 80-0192481, DRIVE STE 225, 35242 INE	INBESTMENTS	AL	WORTHINGTON MANAGEMENT COMPANY, LLC	ONRELATED	2,979,535.	2,508,712.	×	N/A	×	100%
O	COMM R/E	DE	BANNING SEAFORD, LLC	UNRELATED	0	0.	×	N/A	×	\$00.88
LLC - GRANITE RUN 7, PA 17601 COM	COMM R/E	PA	PATRIOT REALTY, LLC	UNRELATED	207,106.	418,000.	×	N/A	×	\$00.66
PENN TRANSFER, LLC - 20-1518624, 227 GRANITE RUN DRIVE, LANCASTER, PA 17601 CO	COMM R/E	P.A.	PENN TRANSFER, LLC	UNRELATED	128,030.	642,000.		N/A	×	99.00\$
LVANIA - 47-2210769, WEST CHESTER, CO	COMM R/E	PA	EXCALIBUR PENNSYLVANIA PROPERTIES, LLC	UNRELATED	.0	0,	×	N/A	_×	\$ 00 [*] 66
20-4986224 RIVE 601 CO	COMM R/E	PA	ELEVENTEN, LLC	UNRELATED	-183,094.	8,800,000	×	N/A	×	800.68
<u> </u>	COMM R/E	ır	KAHLER ENTERPRISES, LP	UNRELATED	0.	5,014,240.	×	N/A	×	84.70%
P, LLC - 1903 ASCENSION IN FON, TX 76006 PR	INTELLECTUAL PROPERTY	ŢX	FIRST RATE IP, LLC	UNRELATED	0.	10,500,000.	ж.	N/A	×	800.86
ARE 35-2157547, AVE, STE 46952 HE	HEALTH CARE	IN	WESLEYAN HEALTH CARE OPERATIONS CO.	UNRELATED	664.	2,730,000.	×	N/A	×	55,19%

(e) Ð Schedule R (Form 990)

NCF CHARITABLE TRUST

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust (0) 9 (e

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicite (state or	(d) Direct controlling entity	(e) Type of entity (C corp, S corp,	(f) Share of total income	(g) Share of end-of-year	(h) Percentage ownership	Section 512(b)(13) controlled entity?	- G(3)
		country)		or trust)				Yes	²
G&P HOLDINGS, INC 46-2089350 126 ACCESS ROAD	MANAGEMENT OF COMPANIES AND								
GASTON, SC		sc	G&P HOLDINGS	S CORP	39,793,696.	44,777,686.	800.66		×
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Part V | Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

- 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)
 - 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)
- - g Sale of assets to related organization(s) f Dividends from 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) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- Sharing of paid employees with related organization(s)
- p Reimbursement paid to related organization(s) for expenses
- q Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- Other transfer of cash or property from related organization(s)
- 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

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1s

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NATIONAL CHRISTIAN CHARITABLE PDN, INC.	Ф	230,186,196.CASH	саѕн
(2) NATIONAL CHRISTIAN CHARITABLE FDN, INC.	υ	4,361,244.CASH	САЅН
(3) NATIONAL CHRISTIAN FOUNDATION REAL PROPERTY, INC.	ш	95.	95, CASH
(4) NATIONAL CHRISTIAN FOUNDATION REAL PROPERTY, INC.	υ	20,690. CASH	CASH
(5) NCF CORPORATION	В	25,000.CASH	САЅН
(6) ARLINGTON RESEARCH, INC.	ທ	631,620.CASH	CASH
932 163 09-10-19			Schedule R (Form 990) 2019

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Schedule R (Form 990)

Part V | Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a)	(b) Transaction	(c) Amount involved	(d) Method of determining
Name of Other organization	type (a·s)		amount involved
(7)HARRIS COVENANT	ស	4,414,721.CASH	САЅН
INALLMAN REGENT III LLC	w	302,283.CASH	CASH
	ω	1,385,118.	CASH
(10)INGRAM FUND, LLC	S	30,521.	CASH
(11)INGRAM FUND II, LLC	တ	1,087,622.CASH	САЅН
(12)SDL, LLC	တ	73,387. CASH	CASH
(13)FRANKLIN DEDICATION FUND	ഗ	.11,399.	саѕн
(14)KARIS MANAGEMENT GROUP, LLC	S	150,000 CASH	саѕн
(15)LFW TUSCALOOSA, LLC	တ	111,240, CASH	САЅН
	တ	31,213.CASH	CASH
(17)ACD COSMETICS, INC.	ဟ	371,250.	CASH
(18)ACD PATHOLOGY, INC.	ഗ	274,725.	CASH
(19)LIBERTY DEBT FUND I, LLC	ស	200,000	сазн
(20)EIGHTEEN NINETY SEVEN, LP	S	3,500,000.	сазн
(21)FIRST RATE PLACE, LLC	ស	.000,09	САЅН
(22)DHGPII, LLC	ស	328,750.	саѕн
(23)JFKGP II, LLC	တ	1,150,625.	саѕн
(24)FIRST RATE IP, LLC	ຮ	887,040. CASH	саѕн

NCF CHARITABLE TRUST

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Schedule R (Form 990)

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction	(c) Amount involved	(d) Method of determining
	type (a-s)		amount involved
(7) MWB DAF, LLC	S	399,726.	CASH
(8) NCT-107, LLC	S	92,890. CASH	САЅН
(9) NCT-110, LLC	S	982,495. CASH	саѕн
(10) NCT-144, LLC	w	111,240. CASH	ξ. CASH
(11) NCT-156, LLC	Ø	295,980. CASH	
(12) RANKLIN WMD BEAVERTON DAF, LLC	S	586,959. CASH	САSH
(13)			
(14)			
(15)			
(16)			
(18)			
(19)			
(50)			
(21)	,		
(22)		:	
(23)			
(24)		;	,

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37 Schedule R (Form 990) 2019 NCF CHARITABLE TRUST

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

Schedule R (Form 990) 2019 NCF CHARITABLE TRUST	20-4326440	Page 5
Part VII Supplemental Information		
Provide additional information for responses to questions on Schedule R. See instructions		
PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP		
		
NAME OF RELATED ORGANIZATION:		
WALE OF REDATED ORGANIZATION:		
EXCALIBUR PENNSYLVANIA PROPERTIES, LLC		
	<u> </u>	
DIRECT CONTROLLING ENTITY. EXCALIBUR PENNSYLVANIA PROPERTIES, LLC		
TODA AND GOURDARY D. DADE TY		
FORM 990, SCHEDULE R, PART II		
FOR ADDITIONAL RELATED ORGANIZATIONS, SEE THE 2019 FORM 990 FOR		
NATIONAL CHRISTIAN CHARITABLE FOUNDATION, INC. 58-1493949.		
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