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Form **990-PF**

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545-0052

2010

Department of the Treasury Internal Revenue Servics

Note The foundation may be able to use a copy of this return to satisfy state reporting requirements

For cale	endar year 2010,	or tax year beginning	, 2010,	and ending	,	
G Che	ck as that apply	Initial return	nitial Return of a former p	ublic charity	Fin	al return
	,,,	Amended return	☐ Address o	hange Name	change	
		7 tillelided Tetalii		A	Employer identification nu	mher
СПБТ	דאמם ממדדי	Y FOUNDATION		^	26-3706868	
	KIRBY CHRIS			В	Telephone number (see the	instructions)
	W. SPRUCE S			8		instructions)
	OULA, MT 59			<u> </u>	406.721.7772	
MIDDO	JOHN, MI 33	002		c	If exemption application is	· -
				D	, ,	
н С	<u>h</u> eck type of orga		501(c)(3) exempt private f		2 Foreign organizations mee	
			e trust Other taxable p		here and attach computation status	لنبا
	ir market value of all	assets at end of year J A	ccounting method X C	ash Accrual	under section 507(b)(1)(A	
(fi	rom Part II, column (c,), line 16)	Other (specify)	F	If the foundation is in a 60	
► \$			t I, column (d) must be or	r cash basis)	under section 507(b)(1)(B), check here
Part I		Revenue and	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
	Expenses (The total of amounts in	expenses per books	income	income	for charitable
	columns (b), (´c), and (d) may not nece e amounts ın column (a)	S-			purposes
	(see the instru	e amounts in column (a) ictions).)				(cash basis only)
		gifts, grants, etc, received (att sch	10,000.			
		the foundn is not req to att Sch E		•		
	3 Interest on	savings and temporary		-	-	
	cash invest	tments	1.	1	$\cdot \mid \hspace{0.5cm} 1.$	<u> </u>
		Interest from securities			 	, '
	5a Gross rents b Net rental inco	.		¥*		
_	or (loss)					
Ŗ		from sale of assets not on line 10	D			
E	b Gross sales pr assets on line			. 7,2,		1,000
E		et income (from Part IV, line 2)	'*;			žv-
N U		erm capital gain	(A)	<u> </u>	- 	***
Ĕ	9 Income mo		, (4.3)			ž.;
_	10 a Gross sales les returns and allowances	55		9.00		` ; * ;
	h Less Cost of		× / %-2-			
	goods sold	()> (-1415)	1,000,0	2 65 3 865 2 2 2 2 2 3 4	<u> </u>	* * * * * * * * * * * * * * * * * * * *
	c Gross profit/(1	(3)
	i ii Other incol	me (attach schedule)				
	12 Total, Add	lines 1 through 11	10,001.	1	1	
	_	of officers, directors, trustees, etc		<u> </u>	<u>. </u>	***************************************
		ee salaries and wages			KECHIVEL	1
		ans, employee benefits		-	THE COLUMN TO TH	
	16a Legal fees (at			<u>u</u>	2	
Â		es (attach sch) SEE ST	1 475.	# # # # # # # # # # # # # # # # # # #	MAY 0 9 2011	10
M:	c Other prof fee		±		1 2 2011	3
ON	17 Interest	o (ataun sun)			005	
O I S T R	18 Taxes (attach sche	odula Veno unetr)			OGDEN, UT	 -
PERAT	19 Depreçiation				101	
A A	sch) and d	epletion				
Ň	20 Occupancy					
GÉ	21 Travel, cor	nferences, and meetings				
A E N X D P		nd publications				
	23 Other expe	enses (attach schedule)				
E N		SEE STATEMENT	2 15.			-
S E	24 Total oper	ating and administrative	490.			
s		Add lines 13 through 23 , gifts, grants paid PART .X				1,120.
					+	1,140.
	26 Total expe	nses and disbursements A and 25	1,610.	0	. 0.	1,120.
		ne 26 from line 12:	1,010.		<u> </u>	1,120.
	a Excess of	revenue over expenses		[
	and disbu	rsements	8,391.	,		
	b Net investmen	nt income (if negative, enter -0-)		1		
	C Adjusted net	income (if negative, enter -0-)		′	1.	

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Other increases not included in line 2 (itemize)

Decreases not included in line 2 (itemize)

Add lines 1, 2, and 3

Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

16,733

3

4

5

6

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shares MLC Company)					quired hase ation	(C) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1 a	N/A						
Ŀ							
							==
						· · · · · · -	
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other bar plus expense of sa			(h) Gain or (e) plus (f) m	
a	1						
b)						
	<u> </u>						
	<u> </u>						
6	•						
	Complete only for assets show	ng gain in column (h) and owned by	the foundation on 12/31/69	9		(I) Gains (Coli	ımn (h)
	(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column over column (j), if a	n (i) iny		ain minus column (l an -0-) or Losses (fi	
	1						
t)				ļ		
	:						
	1						
2	, ,	lf (loss), en	ter -0- in Part I, line 7	-	2		
3	, ,	loss) as defined in sections 1222(5) 8, column (c) (see the instructions)	``	_			
	in Part I, line 8	. o, column (c) (see the manuellons,) II (1033), CITICI 0		3		
Par	rtW 🥵 Qualification Under	Section 4940(e) for Reduce	d Tax on Net Investm	ent Inco	me		
Was		tion 4942 tax on the distributable an	• •	se period?		Yes	☐ No
		ify under section 4940(e) Do not con n each column for each year, see th		a ony ont			
	(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use as			(d) Distribution umn (b) divided	
-	2009						
	2008						
	2007				<u> </u>		
	2006						
	2005						
	Total of line 1, column (d)				2		
3 Average distribution ratio for the 5-year base period — divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years					3		
4 Enter the net value of noncharitable-use assets for 2010 from Part X, line 5					4		
5 Multiply line 4 by line 3							
					5		
6	Enter 1% of net investment inc				<u>5</u> 6		
6 7	Enter 1% of net investment inc Add lines 5 and 6						
		nome (1% of Part I, line 27b)			6		

8a Enter the states to which the foundation reports or with which it is registered (see the instructions)

MT

•

b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by *General Instruction G? If 'No,' attach explanation*

Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If 'Yes,' complete Part XIV

10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses
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10

8b X

1,

Par	t VII-A Statements Regarding Activities (Continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)	11		<u> </u>
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address N/A	701 7		
14	The books are in care of KIRBY CHRISTIAN Telephone no 406-7	21-1	112	
	Located at ► 310 W SPRUCE ST MISSOULA MT ZIP + 4 ► 59802			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here	N/A	. –	
	and enter the amount of tax-exempt interest received or accrued during the year		1	N/A
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No X
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1. If 'Yes,' enter the name of the foreign country ►	ī	,	E .
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.	, `	Yes	No
1 a	a During the year did the foundation (either directly or indirectly).		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	, !
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No	17. 3.	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	`
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disgualified person? Yes X No		*	,
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No	' '	1	' !
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No	,	- 31	,
	— — — — — — — — — — — — — — — — — — —		1	
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? Yes X No			!
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) Yes X No			
ı	b If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see the instructions)?	1b	N N	/A
	Organizations relying on a current notice regarding disaster assistance check here	2	-	
•	c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2010?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))]
i	a At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010?			3
	If 'Yes,' list the years ▶ 20 , 20 , 20	72.	/	
I	b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer 'No' and attach statement — see the instructions.)	2 b	N	/A
	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here		,	
	► 20 , 20 , 20 , 20	-	*	
3	a Did the foundation hold more than a 2% direct or indirect interest in any business	.S. 7	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	enterprise at any time during the year? Yes X No			
	b If 'Yes,' did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation	* *	, j	
	or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved	\[\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to		ļ	<u> </u>
	determine if the foundation had excess business holdings in 2010.)	3 b	N _	/A
A			T	
4	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4 a	,	Х
		8	T	
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could	1	1	
	jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?	41	اد	Х
BA/		Form 9	90-PF	

Form 990-PF (2010) CHRISTIAN FAMILY F	OUNDATION		26-370)6868 Page 6
Part VII-B Statements Regarding Activiti	es for Which Form	4720 May Be Requ	iired (continued)	
5a During the year did the foundation pay or incu	r any amount to			531 43 3 3
(1) Carry on propaganda, or otherwise attempt	t to influence legislatio	n (section 4945(e))?	∐ Yes X	No A
(2) Influence the outcome of any specific pub	lic election (see section	n 4955), or to carry	□ν	
on, directly or indirectly, any voter registra (3) Provide a grant to an individual for travel,		nurnococ?		No la
	•	•	[res [A]	
(4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section	nan a charitable, etc, oi 4940(d)(2)? (see instri	rganization described uctions)	Yes X	No S
(5) Provide for any purpose other than religion educational purposes, or for the prevention	us, charitable, scientific n of cruelty to children	c, literary, or or animals?	Yes X	No l
b If any answer is 'Yes' to 5a(1)-(5), did any of described in Regulations section 53 4945 or in (see instructions)?	a current notice regard	ding disaster assistance	ions	5b N/A
Organizations relying on a current notice rega	rding disaster assistand	ce check here	▶ [_]	
c If the answer is 'Yes' to question 5a(4), does to tax because it maintained expenditure response	the foundation claim ex sibility for the grant?	emption from the	N/A Yes	No No
If 'Yes,' attach the statement required by Regi	ulations section 53 494	5-5(d)		
6a Did the foundation, during the year, receive ar on a personal benefit contract?	ny funds, directly or ind	lirectly, to pay premiums	Yes X	12222 2 12222 1222
b Did the foundation, during the year, pay prem	iums, directly or indirec	tly, on a personal benef	it contract?	6b X
If 'Yes' to 6b, file Form 8870				
7a At any time during the tax year, was the found				
b If yes, did the foundation receive any proceed				7b
Part VIII Information About Officers, Dand Contractors	irectors, Trustees,	Foundation Manag	jers, nignly Palo E	impioyees,
1 List all officers, directors, trustees, foundation	n managers and their	compensation (see inst	ructions)	.
List all officers, unectors, trustees, foundation	(b) Title and average	(c) Compensation	(d) Contributions to	(e) Expense account.
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other allowances
CALVIN CHRISTIAN	DIRECTOR	0.	0.	0
310 W SPRUCE ST	0.10			
MISSOULA, MT 59802				
KIRBY CHRISTIAN	DIRECTOR	0.	0.	0
310 W SPRUCE ST	0.10			
MISSOULA, MT 59802				
BARBARA_CHRISTIAN	DIRECTOR	0.	0.	0
310 W SPRUCE ST	0.10			
MISSOULA, MT 59802				
2 Compensation of five highest-paid employee	s (other than those inc	cluded on line 1— see ir	structions). If none, e	nter 'NONE.'
(a) Name and address of each employee	(b) Title and average	(c) Compensation	(d) Contributions to	(e) Expense account,
paid more than \$50,000	hours per week devoted to position		employee benefit plans and deferred compensation	other allowances
NONE			· · · · · · · · · · · · · · · · · · ·	
Total number of other employees paid over \$50,000	<u>. </u>		•	. (
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Form 990-PF (2010) CHRISTIAN FAMILY FOUNDATION

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1 Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes a Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	1 a	1,120.
b Program-related investments – total from Part IX-B	1 b	
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes.	2	
3 Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required)	3a	
b Cash distribution test (attach the required schedule)	3 b	
4 Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	.4	1,120.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions)	5	
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,120.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

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Part XIII Undistributed Income (see instructions)

•	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI, line 7				385.
2 Undistributed income, if any, as of the end of 2010			, ,	* ,
a Enter amount for 2009 only			0.	•
b Total for prior years 20 , 20 , 20		0.	* • 4	~
3 Excess distributions carryover, if any, to 2010	, , , , , , , , , , , , , , , , , , ,			
a From 2005	, ·		4	
b From 2006		.	,	,
c From 2007] ′	, , ,	^ *	, ,
d From 2008				* !
e From 2009 60 .		, ^ ^ .	<i>* * * *</i>	* * * * * "
f Total of lines 3a through e	60.	*, ;		,
4 Qualifying distributions for 2010 from Part	«. «	y ** ;	, ,	* . * .
XII, line 4: ► \$1,120.	^	1	ÿ ¥ §,	٨
a Applied to 2009, but not more than line 2a	<* ·	1 4 5 1 4	0.	, y
b Applied to undistributed income of prior years			> 4. Ø	, 3
(Election required — see instructions)	~	0.	-	*.
c Treated as distributions out of corpus		, , , , , , , , , , , , , , , , , , ,	•	-
(Election required – see instructions)	0.			`
d Applied to 2010 distributable amount	40 s 32 s	° ^52 \$		385.
e Remaining amount distributed out of corpus	735.	· / with the state of		î, *
5 Excess distributions carryover applied to 2010	0.	21 A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4 % ()	0.
(If an amount appears in column (d), the same amount must be shown in column (a).)		***	126° (1 \ 1)	,
same amount must be shown in column (a).)	,			, , , , , , , , , , , , , , , , , , ,
6 Enter the net total of each column as	* * * * *		. **	
indicated below:	·/% 35°° · · ·			
a Corpus. Add lines 3f, 4c, and 4e Subtract line 5	795.	* * *	· · · · · · · · · · · · · · · · · · ·	
b Prior years' undistributed income Subtract line 4b from line 2b	*	0.		
c Enter the amount of prior years' undistribut-	· · · · · · · · · · · · · · · · · · ·		• > * *	<u> </u>
ed income for which a notice of deficiency				
has been issued, or on which the section 4942(a) tax has been previously assessed	,	0.		.** /
d Subtract line 6c from line 6b Taxable	-		* *	*
amount - see instructions		0.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u>, , , , , , , , , , , , , , , , , , , </u>
e Undistributed income for 2009 Subtract line 4a from	,		0	
line 2a Taxable amount — see instructions		* . ,	U.	
f Undistributed income for 2010 Subtract lines	1	,	,	
4d and 5 from line 1. This amount must be distributed in 2011.		,		n
7 Amounts treated as distributions out of		*		* > ; * * * ,
corpus to satisfy requirements imposed		* *	,	
by section 170(b)(1)(F) or 4942(g)(3) (see instructions)	0.	* 5	^ ·	*
,				
8 Excess distributions carryover from 2005 not applied on line 5 or line 7 (see instructions)	0.	>	* ;	,
9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a	795.			
10 Analysis of line 9	`			
a Excess from 2006			•	
b Excess from 2007	,			,
c Excess from 2008				1
d Excess from 2009 60.			1	/
e Excess from 2010 735.				

Rart XIV Private Operating Foundati		ctions and Part	VII-A, question 9	26-3706868 9)	N/A
1a If the foundation has received a ruling or	determination letter			4	
is effective for 2010, enter the date of the b Check box to indicate whether the foundate	•	oratina foundation i	doscribed in section	4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net	Tax year	erating foundation (Prior 3 years	4942(J(3) 0f	4942()(5)
income from Part I or the minimum investment return from Part X for each year listed	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
 Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c 					
3 Complete 3a, b, or c for the alternative test relied upon					
a 'Assets' alternative test — enter					
(1) Value of all assets	-	-			
(2) Value of assets qualifying under section 4942(j)(3)(B)(i) b 'Endowment' alternative test — enter 2/3 of					
minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test - enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties).					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income Part XV Supplementary Information					
assets at any time during the same of the foundation of the foundation who close of any tax year (but only if they have	ne year — see ir ngers: have contributed m	nstructions.) nore than 2% of the	total contributions	received by the foun	·
NONE					
b List any managers of the foundation who a partnership or other entity) of which the NONE	own 10% or more e foundation has a	of the stock of a cc 10% or greater inte	orporation (or an equirest	ally large portion of	the ownership of
2 Information Regarding Contribution, Gra Check here ► X if the foundation only requests for funds If the foundation mak complete items 2a, b, c, and d	makes contribution es gifts, grants, etc	s to preselected ch , (see instructions)	arıtable organızatıor to ındıvıduals or orç	janizations under oth	
a The name, address, and telephone numb	er of the person to	whom applications	should be addresse	ed.	
b The form in which applications should be	submitted and info	ormation and mater	ials they should incl	ude	
c Any submission deadlines					
d Any restrictions or limitations on awards,	such as by geogra	phical areas, charit	able fields, kinds of	ınstitutions, or other	factors:
	···· /	EEA0210' 00''C''			Form 900 PF (2010
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3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation show any relationship to any foundation manager or Purpose of grant or contribution Recipient status of Amount recipient substantial contributor Name and address (home or business) a Paid during the year NONE 501C3 **OPERATIONS** 520. MT JUMBO EAST LITTLE LEAGUE PO BOX 8391 MISSOULA, MT 59807 100. AMERICAN HEART ASSOCIATION NONE 501C3 **OPERATIONS** 700 SOUTH AVE W #D MISSOULA, MT 59801 200. FRIENDS OF MISSOULA PARKS NONE 501C3 **OPERATIONS** 12 CONTOUR ROAD MISSOULA, MT 59802 MISSOULA LEGION BASEBALL NONE 501C3 **OPERATIONS** 300. PO BOX 7622 MISSOULA, MT 59807 1,120. 3a Total **b** Approved for future payment 3ь Total

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelate	d business income	Excluded	by section 512, 513, or 514	(e)
1 Program service revenue	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	Related or exempt function income (see the instructions)
a					
b					
c					
d					
e					
<u> </u>					
g Fees and contracts from government agencies			<u> </u>		
2 Membership dues and assessments			1.4	1	
3 Interest on savings and temporary cash investments		 .	14	1.	
4 Dividends and interest from securities	a. 12,	# 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 2 2 2 2 2	Company Change Street	91 3th 1982 19
5 Net rental income or (loss) from real estate	2.5		, 23%;	Contract they are the	7 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
a Debt-financed property					
b Not debt-financed property			<u> </u>		
6 Net rental income or (loss) from personal property		······			
7 Other investment income			-		
8 Gain or (loss) from sales of assets other than inventory	-		 		
9 Net income or (loss) from special events.	<u> </u>				
10 Gross profit or (loss) from sales of inventory	1 30 M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	99 Makes 5 - 869	,	≥ ξ	AND CLARK THE SERVE
11 Other revenue	## A S W (1 / 3 / 1		200 1 100 x 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
a			-		
b		<u> </u>			
c	 				<u> </u>
d					
e	150 . 3. 14 . 24		. C . 3		<u> </u>
12 Subtotal Add columns (b), (d), and (e)	18 July 18		, , , ,	L	
13 Total. Add line 12, columns (b), (d), and (e)				13	1.
(See worksheet in line 13 instructions to verify calcula	tions)				

Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See the instructions)

orm 990-F		AN FAMILY						26-37			ge 13
Part XVII	Information Re Exempt Organi	garding Tra	ansfer	s To and T	ransactio	ns and	l Relationsh	ips With Non	charitable	•	
	Exempt Organi				***					Yes	No
descr	ne organization directly ribed in section 501(c) o ng to political organizati	f the Code (ot	ngage ir her thar	n any of the f n section 501	following wit (c)(3) organ	h any otl izations)	her organization or in section 5	n 527,			
	sfers from the reporting		a nonch	narıtable exer	mpt organiza	ation of					
(I) C									1 a (1)		X
(2) O	Other assets								1 a (2)		Х
b Other	transactions										
٠,	ales of assets to a none								1b(1)		X
` '	urchases of assets fron				ition				1b (2)		X
	Rental of facilities, equip		r assets						1 b (3)		X
• •	Reimbursement arranger								1 b (4) 1 b (5)		X
• •	oans or loan guarantee Performance of services		ın or fur	ndraising soli	citations				1b (5)		X
` '	ing of facilities, equipme			_		200			1c		X
Conan	ing of facilities, equipme	ent, maning no	its, otilo	1 433013, 01 p	paid citiploy	505				·	
d If the the g any t	answer to any of the a oods, other assets, or s ransaction or sharing ar	bove is 'Yes,' ervices given rangement, sh	complet by the r how in c	te the following four column (d) the	ng schedule ndation If the e value of th	Columr e founda e goods	n (b) should alw ation received l , other assets,	vays show the fa ess than fair ma or services rece	ır market val rket value ın ıved.	lue of	
(a) Line no	(b) Amount involved			itable exempt or				sfers, transactions, a			ts
N/A			· · · · · · · · · · · · · · · · · · ·								
				<u>-</u>							
									 		
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		<u> </u>									
desc	e foundation directly or ribed in section 501(c) on the following the fo	of the Code (o	ated wit ther tha	th, or related in section 50	to, one or n 1(c)(3)) or ır	nore tax- section	exempt organi 527?	zations	Ye	s X	No
<u> </u>	(a) Name of organizati		Ι	(b) Type of	organization	1	(0) Description of	relationship		
N/A											
Sign Unicon	der penalties of perjury. I declar rect, and complete Declaration	re that I have exam of preparer (other	ined this r than taxpa	eturn, including a ayer or fiduciary)	accompanying so is based on all i	hedules an nformation	of which preparer h	o the best of my know as any knowledge	ledge and belief.	, it is true	≩,
Here			<u> </u>			17	14/2011	▶ Nem	John		
	Signature of officer or trustee					Date		Title	- 		
	Print/Type preparer's na		Λ	eparer's signa	MI XN 1	λλ Λ ['] .	Date	Check if	ıf PTIN		_
Paid		WOHIG CP		A NOWO	wh/IM	UVU	714H	self-employed	P0054		Ł
Prepare	r Firm's name	BOYLE, DEV	VENY	MEYER,	P.C.	~		Firm's EIN ► 81	-0390489)	

(406) 721-3555

Рнопе по

SUITE 200

305 SOUTH 4TH EAST, MISSOULA, MT 59801

Use Only

BAA

Firm's address

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF

OMB No 1545-0047

2010

Name of the organization CHRISTIAN	FAMILY FOUNDATION	Employer identification number
· C/O KIRBY	CHRISTIAN	26-3706868
Organization type (check one)		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organ	nization
	H `^ '	st not treated as a private foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trus	st treated as a private foundation
	501(c)(3) taxable private foundation	
Check if your organization is covere	ed by the General Rule or a Special Rule	
Note. Only a section 501(c)(7), (8),	or (10) organization can check boxes for both the Ge	eneral Rule and a Special Rule See instructions
General Rule		
X For an organization filing Form	990, 990-EZ, or 990-PF that received, during the year	r, \$5,000 or more (in money or property) from any one
contributor (Complete Parts I a	nd II.)	
Special Rules		
	ation filing Form 990 or 990-EZ, that met the 33-1/3%	
509(a)(1) and 170(b)(1)(A)(vi), (2) 2% of the amount on (i) For	and received from any one contributor, during the yearn 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1	ar, a contribution of the greater of (1) \$5,000 or Complete Parts I and II
For a section 501(c)(7), (8), or	(10) organization filing Form 990 or 990-EZ, that rece	ived from any one contributor, during the year,
aggregate contributions of more the prevention of cruelty to chil	e than \$1,000 for use <i>exclusively</i> for religious, charital dren or animals. Complete Parts I, II, and III	ble, scientific, literary, or educational purposes, or
For a section 501(c)(7), (8), or	(10) organization filing Form 990 or 990-EZ, that rece	eived from any one contributor, during the year,
contributions for use exclusivel	y for religious, charitable, etc, purposes, but these coince the total contributions that were received during the	ntributions did not aggregate to more than \$1,000 e year for an exclusively religious, charitable, etc.
purpose Do not complete any	of the parts unless the General Rule applies to this or	rganization because it received nonexclusively
religious, charitable, etc, contri	outions of \$5,000 or more during the year	> \$
Caution: An organization that is no	t covered by the General Rule and/or the Special Rule	es does not file Schedule B (Form 990, 990-EZ, or
990-PF, to certify that it does not n	Part IV, line 2 of their Form 990, or check the box or neet the filing requirements of Schedule B (Form 990,	, 990-EZ, or 990-PF)
BAA For Paperwork Reduction A	ct Notice, see the Instructions for Form 990,	Schedule B (Form 990, 990-EZ, or 990-PF) (2010
990EZ, or 990-PF.		

	B (Form 990, 990-EZ, or 990-PF) (2010)	Page 1	of 1 of Part I
Name of org	CIAN FAMILY FOUNDATION	1	706868
Partil :	Contributors (see instructions)		
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	KIRBY CHRISTIAN 310 W SPRUCE ST MISSOULA, MT 59802	\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		- \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2010)

No. Part Description of noncash property given FMV (or estimate) Date received (see instructions) Description of noncash property given FMV (or estimate) Date received (see instructions) Date received (see in		3 (Form 990, 990-EZ, or 990-PF) (2010)		Page	1	of :	
No. from Part Perceived Perceived	_				1 '		
N/A No, from Part I N/A Description of noncash property given S FMV (or estimate) (see instructions) Date received FMV (or estimate) (see instructions) Date received FMV (or estimate) (see instructions) Date received S S No, from Part I Description of noncash property given FMV (or estimate) (see instructions) S FMV (or estimate) (see instructions) Date received Part I Description of noncash property given FMV (or estimate) (see instructions) Date received							
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No. from Part I Description of noncash property given FMV (or estimate) (see instructions)		N/A					
Sample S			\$_		<u></u>		
(a) No. from Part I Description of noncash property given FMV (or estimate) (see instructions) (b) Date received \$ (a) No. from Part I Description of noncash property given FMV (or estimate) (see instructions) \$ (d) Date received FMV (or estimate) (see instructions) \$ (a) No. from Part I Description of noncash property given FMV (or estimate) (see instructions) \$ (a) No. from Part I Description of noncash property given FMV (or estimate) (see instructions) \$ (d) Date received	No. from	(b) Description of noncash property given		FMV (or (see ins	(c) estima tructio	ate) ns)	
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(a) No. from Part I Description of noncash property given (b) FMV (or estimate) (see instructions) (a) No. from Part I Description of noncash property given (b) FMV (or estimate) (see instructions) (c) FMV (or estimate) (see instructions) (d) Date received FMV (or estimate) (see instructions)	No. from	(b) Description of noncash property given		FMV (or (see ins	(c) restima structio	ate) ns)	(d) Date received
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Part I (see instructions)			\$_				· · · · · · · · · · · · · · · · · · ·
	(a) No. from Part I	(b) Description of noncash property given		FMV (or	(c) r estim structio	ate) ons)	(d) Date received
(a) No. from Part I Description of noncash property given (b) FMV (or estimate) (see instructions) (d) Date received			\$_				
	(a) No. from Part I	(b) Description of noncash property given		FMV (or	(c) r estim structio	ate) ons)	(d) Date received

BAA

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2010)

of 1

of Part III

Name of organization

Employer identification number

	IAN FAMILY FOUNDATION			26-3/06868	<u> </u>			
Part III	<i>Exclusively</i> religious, charitable, e organizations aggregating more th	tc, individual contribution an \$1,000 for the year.co	ns to section mplete cols (a)	on 501(c)(7), (8), or (10) through (e) and the following	ng line entry			
	For organizations completing Part III, enter contributions of \$1,000 or less for the year	total of exclusively religious, ch (Enter this information once S	naritable, etc. See instructions	s) > \$	N/A			
(a)	(b)	(c)		(d)				
No. from	Purpose of gift	Use of gift		Description of how git	t is hold			
Part I	r arpose or gift				icis lielu			
	N/A							
	(e) Transfer of gift							
	_ , , , , , , , , , , , , , , , , , , ,							
	Transferee's name, address, and ZIP + 4			Relationship of transferor to transferee				
				·				
(a)	(b)	(c)		(d)				
No. from Part I	Purpose of gift	Use of gift		Description of how git	ft is held			
1 41(1								
								
		(e)	Į.		_			
	(e) Transfer of gift							
	Transferee's name, addres	Relationship of transferor to transferee						
	-							
(a)	(b)	(c)	·	(d)				
No. from	Purpose of gift	Use of gift	ŀ	Description of how gi	ft is held			
Part I								
		(e) Transfer of gift						
	Transferee's name, addres	Pelai	tionship of transferor to tran	storee				
	Transferee 5 fluitte, address	, und 211 1 4	T.C.G.	- Constitution to train				
								
								
					_ -			
(a)	(b)	(c)	1	(d)	· · · · · · · · · · · · · · · · · · ·			
No. from		Use of gift		Description of how gi	ft ic hold			
Part I	r ui pose oi giit	Use or girt	j	Description of now gr	it is lielu			
	(e)							
	Transfer of gift							
	Transferee's name, address, and ZIP + 4		Relat	tionship of transferor to tran	sferee			
			1					
			1					
								

FEDERAL STATEMENTS CHRISTIAN FAMILY FOUNDATION C/O KIRBY CHRISTIAN				PAGE 1 26-3706868	
TOTAL	(A) EXPENSES PER BOOKS \$ 475. \$ 475.		(C) ADJUSTED NET INCOME \$ 0.	(D) CHARITABLE PURPOSES \$ 0.	
		(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
TOTAL	\$ 15.	\$ 0.	\$ 0.	\$ 0	
	TOTAL	(A) EXPENSES PER BOOKS TOTAL (A) \$ 475. \$ 475. CA EXPENSES PER BOOKS \$ 15.	(A) (B) NET EXPENSES INVESTMENT PER BOOKS INCOME \$ 475. \$ 475. \$ 0. (A) (B) NET INCOME \$ 15.	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME \$ 475. TOTAL \$ 475. \$ 0. \$ 0. (A) (B) NET (C) \$ 0.	