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EXTENDED TO FEBRUARY 15, 2017

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.

Department of the Treasury Internal Revenue Service

Open to Public Inspection ▶ Information about Form 990 and its instructions is at www.lrs.gov/form990.

		uning U	UN 30, 2016	
	Cable		D Employer identificati	on number
A	dress CHRISTIAN FAMILY INTERNATIONAL			
Cr	me Doing business as			0179
ln re	Number and street (or P.O. box if mail is not delivered to street address) Roc	om/suite	E Telephone number	
∟lre	nal 4643 COUNTY HOME RD		828-25	6-8474
at	City or town, state or province, country, and ZIP or foreign postal code]	G Gross receipts \$	330,949
	CONOVER, NC 28613		H(a) is this a group return	
tic	F Name and address of principal officer DAVID GRUVER	-	for subordinates?	Yes X No
	SAME AS C ABOVE		H(b) Are all subordinates include	ed? Yes No
	exempt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or [527	if "No," attach a list	(see instructions)
	osite: WWW.CHRISTIANFAMILYACADEMY.ORG	ـــــا	H(c) Group exemption nu	
	of organization: X Corporation Trust Association Other	L Year c	of formation. 2003 M St	ate of legal domicile: N
Part				
1 يو	<u> </u>			
ag	COMMISSION BY PROVIDING CHRISTIAN EDUCATIO	N AN	D TRAINING FO	R
E 2	Check this box if the organization discontinued its operations or disposed	of more	than 25% of its net asset	s
<u>8</u> 3	, , , , , , , , , , , ,		3	
80 4	, , , , , , , , , , , , , , , , , , ,		4	
Activities & Governance	, , , , , , , , , , , , , , , , , , , ,		5	1
<u>₹</u> €	· · · · · · · · · · · · · · · · · · ·		6	
8 7	a Total unrelated business revenue from Part VIII, column (C), line 12		7a	0
	b Net unrelated business taxable income from Form 990-T, line 34		7b	0
			Prior Year	Current Year
9 8		<u> </u>	14,973.	14,447
levenue	, , ,		270,385.	298,639
OC I	(7, 2,	<u> </u>	5.	5
_ 1			18,736.	14,021
_ 12			304,099.	327,112
13	, , , , , , , , , , , , , , , , , , , ,		0.	0
14	, , , , , , , , , , , , , , , , , , , ,		0.	0
တ္တ 1	, , , , , , , , , , , , , , , , , , , ,	<u> </u>	213,510.	246,160
Expenses	Sa Professional fundraising fees (Part IX, column (A), line 11e)		0.	0
άl.		<u> </u>	60 004	
- } '	, , , , , , , , , , , , , , , , , , ,	<u> </u>	68,084.	77,173
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		281,594.	<u>323,333</u>
<u>19</u>	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 INTERNAL REVENUE SEI RECEIVED RECEIVED		22,505.	3,779
	Total assets (Part X, line 16)	RVICE	inning of Current Year	End of Year
Fund Balances	rotal assets (Fait A, IIIIC 10)		103,123	107,986
조를 2·			517.	107 006
건 22 Part	- Net assets of fullo balances. Subtract line 21 front line 20		104,207.	107,986
Indere	enalties of perjury, I declare that I have examined this return, including accompanying schedus ar		nata and to the best of south	and the same
	rect, and complete Declaration of Reparer (other than officer) is based on all information of which			owiedye and belief, it is
iue, coi	rect, and complete pectal analyty peparer (other man officer) is based on all information of which	preparer		
S	Signature of officer		12/27/16 Date/	
Sign			Duity.	
Here	DAVID GRUVER, PRESIDENT/ADMINISTRATOR Type or print name and title			
		Tn	ate Check	PTIN
Daid	Print/Type preparer's name Preparer's signature			
Paid Proparo	JAMES D PRICE, CPA	 		P01220291
repare			Firm's EIN ▶ 2	0-1789472
Jse Onl			0.00	105 2515
	HICKORY, NC 28603		Phone no. 8 2 8 -	
VIAV ID	RS discuss this return with the preparer shown above? (see instructions)			X Yes N Form 990 (201

Forn	6 990 (2015) CHRISTIAN FAMILY INTERNATIONAL	43-2000179	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission.		
	CHRISTIAN FAMILY INTERNATIONAL PROVIDES EDUCATIONAL PRO	TRAMS FOR	
	STUDENTS IN KINDERGARDEN THROUGH GRADE 12	NOT CHANE	
	DIODENIO IN KINDERGANDEN INKOOGH GRADE IZ		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Ye	s X No
	If "Yes," describe these new services on Schedule O.	_	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	⊡ Ye	s X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expens	es
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total expenses	s, and
	revenue, if any, for each program service reported	· · · · · · · · · · · · · · · · · · ·	
4a	(Code) (Expenses \$		<u>,969.</u>)
	CHRISTIAN FAMILY INTERNATIONAL PROVIDES EDUCATIONAL PROC	<u>GRAMS FOR</u>	
	STUDENTS IN KINDERGARDEN THROUGH GRADE 12		
			
			
			
4b	7 107	. 6	,670.)
40	(Code) (Expenses \$		
	MIBBIONS-SPONSORING MIBBION TRIPS AND HOSTING INTERNATIO	NAU SIODEN	15
			
4c	(Code) (Comment)	ue \$	
70	(Code) (Expenses \$) (Reven	76.2	
			
			
4d	Other program services (Describe in Schedule O)		
		1	
4e	(Expenses \$ including grants of \$) (Revenue \$		
		Form	990 (2015)

			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		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	_ 4		X
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	i	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	_8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			}
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or 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	i		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	'		.
L		11a		X
D	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	446		X
^	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b		
٠	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	110		- 23
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1.10		
-	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		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			ļ
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			ł
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			Ì
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		'	
	complete Schedule G, Part III	19		<u> </u>
		Form	990	(2015)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		L
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			ł
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	Ì		1
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	•		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	ţ		1
	Schedule J	23	X	<u> </u>
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	1		
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			1
	any tax-exempt bonds?	24c	L	<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	ļ	<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit]]	
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<u> </u>	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and		}	ĺ
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	}	}	}
	Schedule L, Part I	25b	<u> </u>	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	1	ĺ	l
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	}]	
	complete Schedule L, Part II	26	<u> </u>	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			1
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	1	}	
	of any of these persons? If "Yes," complete Schedule L, Part III	27	<u> </u>	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).	İ		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
. b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,		[
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	-	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	1		,,
	If "Yes," complete Schedule N, Part I	31	 -	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		1	
	Schedule N, Part II	32	 	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1		
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	<u> </u>	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		}	٦,
	Part V, line 1	34	 - -	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		1	ļ
	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?	_		4.
	If "Yes," complete Schedule R, Part V, line 2	_36	<u> </u>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		}	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		.,	
	Note. All Form 990 filers are required to complete Schedule O		990	(001
		Larm		

Part V Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response or note to any line in this Part V

Settler the number reported in Box 3 of Form 1098 Enter-0-if not applicable b Enter the number of Forms W-26 included in line 1a. Enter-0-if not applicable c Did the organization comply with backup withbriding rules for responsible payment to vendros and reportable gamming (gambling) winnings to prize winners? 2a Effect the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, feel for the calendar year ending with or within the year covered by this ratur. 5b If all least ones is reported on line 2a, did the organization file all prounds debrar employment tax returns? Note, If the sum of lines 1a and 2 is it greater than 250, you may be required to e-file (see instructions) 3b Did the organization have unreaded business gross income of \$1,000 or more dump the year? 3a X X b If Yes, "has if field a Form 950-Tor the year? If "No," to five 3b, provide an explanation in 8-fieldule 0 3b A As any time dump the calendar year, did the organization have an interest in, or a signature or other authority over, a interioral account; a foreign country (such as a bank account, securities account, or other financial accountry? 5b If Yes," to five 3c or 5b, did the organization that a miterest in, or a signature or other authority over, a interioral security of the organization that organization in the five gross interior or fining requirements for FinCEN form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c Was the organization for fining requirements for FinCEN form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c Was the organization for organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Fes," to line 5a or 5b, did the organization that foreign country for prohibited tax shelter transaction? 5c If "Fes," to line 5a or 5b, did the organization that organization file a foreign country for year or the organization shelt and prohibited tax shelter transaction? 5c If "Fes," to line 5a organization shelt with the organization		Check it Schedule O contains a response or note to any line in this Part V			
b Enter the number of Forms W.23 included in the 1a. Enter 0-if not applicable of Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winning is to prize winners? 22 Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return 5 If all least one is reported on line 2a, dot the organization like all required leadard employment tax returns? 8 Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-five (see instructions) 8 If If Yes, "Insert five a five of 30 in the second of 15,000 or more during the year? 9 If Yes, "Insert five a five of 30 in the year of 15,000 or more during the year? 9 If Yes," and the during the calendar year, 4d the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (set) as a bank account, securities account, or other financial accounts? 9 If Yes," and the number of the foreign country, § When the organization is a bank account, securities account, or other financial accounts (FBAR). 9 If Yes," in the Sa of Sb, did the organization file Form 8898.77 10 Does the organization a party to a prohibited tax shelter transaction at any time during the tax year? 10 Does the organization shell any receive the organization file Form 8898.77 11 Organizations that may receive deductible contributions under section 170(c). 12 Did the organization shell may receive deductible contributions under section 170(c). 13 Did the organization shell may receive deductible contributions under section 170(c). 14 Did the organization shell may receive deductible contributions under section 170(c). 15 Did the organization shell may receive deductible contributions under section 170(c). 16 Did the organization shell may receive deductible contributions under section 170(c). 17 Did the organization shell may receive the section 1				Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gamining) with ownings to purse without some process of the process of the calendar year ending with or within the year covered by this return. It is all least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) If it is all least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) If it is all least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) If it is all least one is reported on line 2a, did the organization file and interest in, or a spatiture or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account or a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). So instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). By If Yes, a did the organization has takeler transaction at any time during the tax year? If Yes, 1 old the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles of the organization from the value of the goods or services provided? To granizations that may receive deductible contributions under section 170(c). By If Yes, 1 did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charnative contribution of years and the process of tax and the process of tax and the pro	1a	· · · · · · · · · · · · · · · · · · ·			ĺ
gambling) wrinings to prize winners? 2 Effet fre number of employees reported on Form W.3, Transmittal of Wage and Tax Statements. 2 Ide for the calendar year ending with or within the year covered by this return. 2 Ide for the calendar year ending with or within the year covered by this return. 3 Ide for the calendar year ending with or within the year covered by this return. 4 If a least one is reported on line 2a, did the organization file all required federal employment tax returns? 4 Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) 3 Dot the organization have unrelated business gross mome of \$1,000 or more during the year? 4 If Yes, I see it file a Form 990 For this year? If I/No, 16 line 85, provide an explanation in Schedule O 4 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, but have a bank account, securities account, or other financial accountry over, a financial account in a foreign country (see the above a bank account, or other financial accountry) 5 If Yes, 1 the firm of the foreign country, but have secured as a bank account, or other financial accountry or the propertion of the foreign Bank and Financial Accounts (FBAR). 5 Was the organization a parry to a prohibited tax shelter transaction at the time of the security of the comparization of the foreign Bank and Financial Accounts (FBAR). 5 If Yes, 1 the line Sa of Sb, did the organization file Form 8880-17 5 Dod any taxable party notify the organization stat at was or is a party to a prohibited tax shelter transaction? 5 If Yes, 1 the line organization and the two was one party to a prohibited tax shelter transaction? 6 If Yes, 2 India the organization network with every solicitation an express statement that such contributions or gifts were not tax deductibles? 7 If Yes, 3 India the organization state with a security of the organization security of the organiza	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
2a Elfet the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, 2a 1.6 b If all least one is reported on him 2a, do the organization file all required federal employment tax returns? Note, if the sum of lines 1 and 2a is greater than 250, you may be required to e-rife (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 4 Did 1"Yes," has it field a Form 990 T for this year? If *No.* (o line 3b, provide an explanation in Schedule 0 3 B A 4 any time during the celandra year, did the organization have an interest in, or a significant or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts? 4 B X b If *Yes,* inter the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5 Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5 Did any taxable nary northy the organization that if was or is a party to a prohibited that shelter transaction? 5 C If *Yes,* to line 5 or 5 b, did the organization that if was or is a party to a prohibited that shelter transaction? 5 C If *Yes,* to line 5 or 5 b, did the organization that if was or is a party to a prohibited that shelter transaction? 5 C If *Yes,* to line 5 or 5 b, did the organization that if was or is a party to a prohibited that shelter transaction? 5 C If *Yes,* to line 5 ard 5 b, did the organization that if was or is a party to a prohibited that such contributions or gifts were not tax deductible? 6 If *Yes,* to line 5 ard 5 b, did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible? 6 If *Yes,* indicate the number of Forms 8282 filed during the year 6 Organization that may receive deductible contributions under section 170(c). 6 If *Yes,* indicate the number of Forms 8282 filed during the year 7 Organizations that may	C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Med for the calendary year ending with or within the year covered by this return Note. If the sum of lines it a and 2 as greater than 250, you may be required for e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If 1'Yes, in six if field a Form 1990 Tor this year? If 1'NO, "to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly? 4b If Yes, and the name of the foreign country, Image as bank account, securities account, or other financial accountly? 4c See instructions for filing requirements for FineCRH Form 114, Report of Foreign Bank and Financial accountly. 5c See instructions for filing requirements for FineCRH Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5d Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization sollect any contributions that were not tax deductible? 6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization sollect any contributions that were not tax deductible? 7 organizations that may receive deductible contributions under section 170(c). 8d Did the organization have a manual gross receipts that are normally greater than \$100 and did the organization services payment in secess of \$75 made party as a contribution and party for goods and services provided to the payor? 7 organizations that may receive deductible contributions under section 170(c). 8d Did the organization returns a payment in secess of \$75 made party as a contribution of quantion receive a payment in secess of \$75 made party as a contribution of the payor? 8d Did the sponanom organization receive a payment in secess of \$75 made party as a contribution of the pa		(gambling) winnings to prize winners?	1c		
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CHRISTIAN FAMILY INTERNATIONAL 43-2000179 Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 0 **b** Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision \mathbf{X}_{-} of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a X b Each committee with authority to act on behalf of the governing body? a8 X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule Q 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10<u>a</u> X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 Х Did the organization have a written document retention and destruction policy? 14 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? a The organization's CEO, Executive Director, or top management official 15a X **b** Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X_ taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply ☐ Own website ____ Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records

28613

DAWN MCGALLIARD - 828-256-8474

4643 COUNTY HOME ROAD, CONOVER, NC

Form 990 (2015)	CUDTCMTAN	TAMTTV	INTERNATIONAL	
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Y INTERNATIONAL 43-2000179 Page 7

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

	Check if Schedule O contains a response or note to any line in this Part VII
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee "
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors; institutional trustees; officers; key employees, highest compensated employees, and former such persons

Check this box if neither the organization r	(B)	(C)					(D)	(E)	(F)	
Name and Title	Average	Position (do not check more than one						Reportable	Reportable	Estimated
	hours per	box	unle	ss pe	rson	s boti	h an	compensation	compensation	amount of
	week (list any				-		ř–	from the	from related organizations	other compensation
	hours for	rdirec	}		}	급		organization	(W-2/1099-MISC)	from the
	related	stee o	rustee			ensal	ł	(W-2/1099-MISC)		organization
	organizations	lal tru	onal t	ļ	ploye	E 8		ļ		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	ormer			organizations
(1) DAVID A GRUVER	25.00	=	=	-	×	1 2	1			
BOARD PRESIDENT		x		x			ļ	0.	0.	0.
(2) VICKI P GRUVER	40.00									
BOARD SECRETARY/TREASURER		X		X	<u> </u>	L		24,415.	0.	0.
(3) JOEL PARKER	1.00									
BOARD MEMBER	<u> </u>	X				<u> </u>		0.	0.	0,
(4) SHAUN HURRIE	1.00					l	}	_	_	_
BOARD MEMBER		X	Ĺ	<u> </u>	<u> </u>			0.	0.	0.
(5) DAVID C GRUVER	40.00		ł	 				04 000		•
BOARD MEMBER/ADMINISTRATOR	10.00	X	<u> </u>	X	 	<u> </u>		21,000.	0.	0.
(6) ANTHONY PRICE	40.00	{		ļ	ļ	İ	.,	20.040		_
FORMER BOARD MEMBER	 	├-		-		-	X	20,040.	0.	0.
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Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Statement of Revenue

Part VIII

Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections 512 - 514 (B) Related or Unrelated Total revenue exempt function business revenue revenue Gifts, Grants 1 a Federated campaigns 1a b Membership dues 1b 12,303. c Fundraising events 1c d Related organizations 1d Contributions, and Other Simi e Government grants (contributions) 1e f All other contributions, gifts, grants, and 2,144. similar amounts not included above 1f g Noncash contributions included in lines 1a-1f \$_ h Total. Add lines 1a-1f 14,447 **Business Code** Program Service Revenue 2 a TUITION 611600 298,639. 298,639. f All other program service revenue 298,639. g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (II) Personal 6 a Gross rents b Less. rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ 12,303. of contributions reported on line 1c) See 17,858. Part IV, line 18 b Less direct expenses 3,837. 14,021. 14,021. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less. cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a b d All other revenue e Total. Add lines 11a-11d 14,026. 327,112. 298,639. Total revenue. See instructions.

Form 990 (2015)

Form 990 (2015) CHRISTIAN FAMILY INTERNATIONAL Part IX Statement of Functional Expenses

Sec	Charlet School to O contains a research			mplete column (A).	
Da	Check if Schedule O contains a responsion to the contains a responsion to the contains and the contains a responsion to the contains	(A)	(B)	(C)	(D)
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
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	43,940.	43,940.		
6	Compensation not included above, to disqualified			ł	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	158,045.	158,045.		
8	Pension plan accruals and contributions (include	Ì			
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	44,175.	44,175.		
11	Fees for services (non-employees)	Ì	ì		
а	Management				
b	Legal				
С	Accounting	1,320.	1,320.		
d	Lobbying				
е					
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	11,115.	11,115.		
14	Information technology				<u>.</u>
15	Royalties				
16	Occupancy				
17	Travel	285.	285.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	3,775.	3,775.		
24	Other expenses Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	TEXTBOOKS AND EDUCATION	16,181.	16,181.		
b	SPECIAL EVENTS AND FIEL	11,920.	11,920.		
C	ATHLETIC EXPENSES	10,399.	10,399.		
d	MISSION EXPENSES	7,197.	7,197.		
_	All other expenses	14,981.	14,981.		
25	Total functional expenses Add lines 1 through 24e	323,333.	323,333.	0.	0.
26	Joint costs. Complete this line only if the organization	323,333.		<u>-</u>	
_0	reported in column (B) joint costs from a combined			İ	
	educational campaign and fundraising solicitation.	ŀ			
	Check here			ł	
	ii lollowing CC1 80-2 (AGC 830-120)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 94,586. 97,917. Cash - non-interest-bearing 1 10,138. 10,069. 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 6 7 7 Notes and loans receivable, net Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other <u>10a</u> basis Complete Part VI of Schedule D b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 104,724 107,986 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of 517. 517. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances Unrestricted net assets 27 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 0. 30 Capital stock or trust principal, or current funds 30 0. 31 31 0. Paid-in or capital surplus, or land, building, or equipment fund 104,207. 107,986. 32 32 Retained earnings, endowment, accumulated income, or other funds 107,986. 104,207. 33 Total net assets or fund balances 104,724 107,986. Total liabilities and net assets/fund balances 34

	1990 (2015) CHRISTIAN FAMILY INTERNATIONAL	43-200	0179	Page 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	327	,112.
2	Total expenses (must equal Part IX, column (A), line 25)	2	323	,333.
3	Revenue less expenses Subtract line 2 from line 1	3	3	<u>,779.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	104	,207.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	} }		
	column (B))	10	107	,986.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
				Yes No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		}
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a	1 1	
	separate basis, consolidated basis, or both		1 (
	Separate basis Consolidated basis Both consolidated and separate basis		1 1	
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,	{ }	
	consolidated basis, or both:		{ }	1
	Separate basis Consolidated basis Both consolidated and separate basis		1	•
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,	} !	1
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ngle Audit		
	Act and OMB Circular A-133?		3a	<u>X</u> _
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	iired audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
			Form §	990 (2015)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Name	Name of the organization Employer identification number							
CHRISTIAN FAMILY INTERNATIONAL							4	3-2000179
Part	Reason for Public	Charity Status (All organizations must co	mplete th	ıs part) Se	e instruction	s	
The org	anization is not a private found	dation because it is: (For lines 1 through 11, o	heck only	one box)			
1 🗀	A church, convention of ch	urches, or association	on of churches described	d in sectio	n 170(b)(1)(A)(i).		
2 🕽								
з 🗀	A hospital or a cooperative					i).		
4	A medical research organiz)(iii). Enter	the hospital's name,
	city, and state	•						•
5	An organization operated for	or the benefit of a co	illege or university owner	d or opera	ted by a go	overnmental i	unit describ	ed in
	section 170(b)(1)(A)(iv). (, ,	•	, ,			
6	A federal, state, or local go		mental unit described in	section 17	70(b)(1)(A)	(v).		
7	An organization that norma	-				• •	he general	public described in
	section 170(b)(1)(A)(vi). (C	•					3	
8 🗀	A community trust describe		(1)(A)(vi). (Complete Par	t 113				
9	An organization that norma				contributio	ons member	ship fees, a	nd gross receipts from
	activities related to its exer		•	-				
	income and unrelated busi							
	See section 509(a)(2). (Co		(loss cooler of reax) in	om basine	.5505 4044		gameanon	u.to.
10	An organization organized		welv to test for public sa	ıfetv See	section 50	19(a)(<u>4</u>)		
11	An organization organized						arry out the	purposes of one or
	more publicly supported or							
	lines 11a through 11d that							
a [Type I. A supporting orga							aivina
	the supported organizati	•	•					-
	organization You must of			a majority	0, 1,10 0,100	3.0.00		apporting
ь [Type II. A supporting org			tion with i	te eunnorte	ad organizatio	on(s) by ha	vina .
	control or management of							
	organization(s) You mus	.,		anie perso	Jiis that co	introl or mane	ago the sup	ported
. [•		ın connoc	tion with a	and functions	illy integrate	ad with
C L	Type III functionally inte its supported organization		• •				my micgratt	od with,
d [Type III non-functionally		•				ated organi	zation(e)
u .	that is not functionally in	-						
	•	•	•	•		•	u an allem	14611633
_ [requirement (see instruct	•	•		•		U Type III	
e L	Check this box if the orga					r type i, type	in, Type in	
4 =	functionally integrated, o	• •	many integrated support	ing organi	Zation			
	nter the number of supported or	•	ad arganization(a)					L
9 -	rovide the following information (i) Name of supported	(ii) EIN	(iii) Type of organization	(IV) Is the c	rganization	(v) Amount o	f monetary	(vi) Amount of
	organization		(described on lines 1-9	listed	in your document?	suppor	-	other support (see
			above (see instructions))	Yes	No	instruc	tions)	instructions)
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Schedule A (Form 990 or 990 EZ) 2015 CHRISTIAN FAMILY INTERNATIONAL

43-2000179 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2011 (d) 2014 (e) 2015 (f) Total (b) 2012 (c) 2013 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total, Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (d) 2014 (e) 2015 (f) Total (c) 20137 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f) 14 15 Public support percentage from 2014 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2014, If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2015, If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2015

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Se	ction A. Public Support	slow, please com	piete Part II)				
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions, and						1
	membership fees received. (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5		ļ		<u> </u>		
78	a Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	O Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
•	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6)		<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
	ction B. Total Support			₁		,	₁
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
-	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support (Add lines 9, 10c, 11, and 12)		<u> </u>	L	<u> </u>	<u> </u>	<u></u>
14	First five years. If the Form 990 is for	the organization	's first, second, thir	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organi	zation,
800	check this box and stop here	- Current Da					
	ction C. Computation of Public					T - 2 T	
	Public support percentage for 2015 (In			column (f))		15	%
	Public support percentage from 2014 ction D. Computation of Inves				 	16	%
					 	147	%
	Investment income percentage for 20 investment income percentage from 2	•		ne 13, column (1))		17	
	33 1/3% support tests - 2015. If the			on line 14 and line	a 15 is more than		
	more than 33 1/3%, check this box an 33 1/3% support tests - 2014. If the	d stop here. Th	e organization qual	ifies as a publicly	supported organiz	zation	
_	line 18 is not more than 33 1/3%, chec	•					
20	Private foundation. If the organization		•			=	▶ □

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

	Supporting	

- 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 11a or 11b 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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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
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	40:	}	
. 0	10b		2015

Га	rt IV Supporting Organizations (continued)	200017		_
		r 	Yes	1
11	Has the organization accepted a gift or contribution from any of the following persons?		1	İ
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a	1	╁
	A family member of a person described in (a) above?	11b	├ ──	╀
	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	<u></u>	上
			Yes	Ţ
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			Ì
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		1	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	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		ļ	
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	<u> </u>	+
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		ļ	
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,		ł	
Sec	supervised, or controlled the supporting organization. etion C. Type II Supporting Organizations	2	1	
			Yes	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		1	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		ļ	
	or management of the supporting organization was vested in the same persons that controlled or managed		İ	
	the supported organization(s)	11		
Sec	ction D. All Type III Supporting Organizations		Tw	7
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	╀
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax]	
			1	
		-		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1		
2	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?	11	-	-
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Sche	edule A (Form 990 or 990-EZ) 2015 CHRISTIAN FAMILY INTERN			<u>43-2000179 Page 6</u>
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov 20, 1970 See inst	ructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E.	~ ~~~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Sect	tion 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	_		ţ
	collection of gross income or for management, conservation, or	\		į
	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		<u> </u>
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year).			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		<u> </u>
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		<u> </u>
_ 6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount, Subtract line 5 from line 4, unless subject to			
_	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional		ed Type III supporting or	rganization (see
	instructions)			- · · .

Schedule A (Form 990 or 990-EZ) 2015

	dule A (Form 990 or 990-EZ) 2015 CHRISTIAN FAM			3-2000179 Page 7
Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exemp	pt purposes of supported		1
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	s	<u> </u>
4	Amounts paid to acquire exempt-use assets			L
5	Qualified set-aside amounts (prior IRS approval required)			l
6	Other distributions (describe in Part VI) See instructions			L
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which t	he organization is responsive)	
	(provide details in Part VI) See instructions			l
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1_	Distributable amount for 2015 from Section C, line 6			-
2	Underdistributions, if any, for years prior to 2015	}		{
	(reasonable cause required-see instructions)			
3_	Excess distributions carryover, if any, to 2015			
_ a		ļ		
b			L	ļ
C				
<u>d</u>	From 2013		<u></u>	
е	From 2014			
f	Total of lines 3a through e		<u> </u>	
g	Applied to underdistributions of prior years	<u> </u>		
h	Applied to 2015 distributable amount	<u> </u>		
i	Carryover from 2010 not applied (see instructions)	<u></u>		
i	Remainder Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,	}		_
	line 7 \$		<u> </u>	
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).	}		
6	Remaining underdistributions for 2015. Subtract lines 3h			
-	and 4b from line 1 (if amount greater than zero, see	}		
	instructions).	}		
7	Excess distributions carryover to 2016. Add lines 3	 		
•	and 4c.	}		
8	Breakdown of line 7			
a	<u> </u>			<u> </u>
_ <u>a</u> b				
	Excess from 2013	 		
	Excess from 2014	 		
	LX0033 (1011) 2014	L	L	

e Excess from 2015

Schêdule A	(Form 990 or 990-EZ) 2015 CHR	ISTIAN FAMILY	INTERNATIONAL	43-2000179 Page 8
Part VI	Supplemental Information Part IV, Section A, lines 1, 2, 3b, 3 line 1; Part IV, Section D, lines 2 a	1. Provide the explanation ic, 4b, 4c, 5a, 6, 9a, 9b, 9c, nd 3, Part IV, Section E, Iir	s required by Part II, line 10; Part II, line t, 11a, 11b, and 11c, Part IV, Section B les 1c, 2a, 2b, 3a and 3b; Part V, line 1 , and 6 Also complete this part for any	e 17a or 17b; Part III, line 12; 8, lines 1 and 2, Part IV, Section C, , Part V, Section B, line 1e, Part V,
				
	,			
		74		

SCHEDULE E

(Form 990 or 990-EZ)

Name of the organization

Schools

► Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Part I

➤ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

Employer identification number CHRISTIAN FAMILY INTERNATIONAL

43-2000179

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			
	other governing instrument, or in a resolution of its governing body?	1	X	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,	į .		
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	X	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the	[
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes		}	
	the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain			}
	If you need more space, use Part II	3	X	<u> </u>
	WEBSITE, APPLICATIONS AND PUBLICATIONS			
		ļ	İ	(
			i	
		<u> </u>	1	
)		
4	Does the organization maintain the following?			
	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	ļ
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	X	 -
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student	}]
	admissions, programs, and scholarships?	4c	X	<u> </u>
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	
	If you answered "No" to any of the above, please explain If you need more space, use Part II	ľ		ļ
		ł		,
		İ		
		1		}
_	Don't de la contraction de la			}
.5	Does the organization discriminate by race in any way with respect to	l _		- T
	Students' rights or privileges?	<u>5a</u>		X
	Admissions policies?	_5b_		X
C	, , , , , , , , , , , , , , , , , , , ,	5c		X
	Scholarships or other financial assistance?	<u>5d</u>		X
	Educational policies?	5e_		X
	Use of facilities?	5f		X
_	Athletic programs?	5g	_	X
n	Other extracurricular activities?	5h		
	If you answered "Yes" to any of the above, please explain If you need more space, use Part II	}	1	1
		}		
		}		ĺ
		Į		l
e c	Does the example the process and framewall and as accustomer from a governmental account.	6-		v
	Does the organization receive any financial aid or assistance from a governmental agency?	6a		X
D	Has the organization's right to such aid ever been revoked or suspended?	6b		
7	If you answered "Yes" on either line 6a or line 6b, explain on Part II.	}		1
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4.05 of	_	v	1
	Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	7	<u> X</u>	<u> </u>

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

Schedule E (Form 990 or 990-EZ) (2015)

Schédule E Part II	(Form 990 or 990 EZ) (2015) CHRISTIAN	N FAMILY I	NTERNATIONAL	43-2000179 Page
raitii	Supplemental Information. Provide	the explanations re	equired by Part I, lines 3, 4d,	5h, 6b, and 7, as applicable.
	Also provide any other additional information	<u> </u>		
		· · · · · · · · · · · · · · · · · · ·		
				
				
		·		
				
		· · · · · · · · · · · · · · · · · · ·		
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			-	
				
				
				
				
		 _	 _	

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ. Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990. OMB No 1545-0047

Open to Public Inspection

Name of the organization						Employer ide	ntification number
CHRISTI	<u>AN FAMILY INTERNAT</u>	ION	AL			43-2000	179
Part I Fundraising Activities. required to complete this part	Complete if the organization answe	red "Y	es" o	Form 990, Part IV,	line 1	7 Form 990-E2	filers are not
Indicate whether the organization rais	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) purs	tion of tion of fundra (includation	non-g gover using ding o ional f	overnment grants nment grants events fficers, directors, true undraising services?	stees	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	trol of	(iv) Gross receipts from activity	tò (d	Amount paid or retained by) fundraiser ted in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
					!		
	<u> </u>						
	<u> </u>						
	·				-		
Total			>				
3 List all states in which the organizatio or licensing	n is registered or licensed to solicit of	contrib	utions	s or has been notified	dintis	exempt from re	egistration
							
							
							

Sch Pa	ėdu art		ne organization answered	d "Yes" on Form 990, Par	t IV, line 18, or reported	
Φ		of fundraising event contributions and gr	(a) Event #1 5K RACE (event type)	(b) Event #2 ANNUAL LIVE SILENT AUC (event type)	(c) Other events NONE (total number)	(d) Total events (add col (a) through col (c))
Revenue	1	Gross receipts	12,303.	17,858.		30,161.
	2	Less. Contributions	12,303.			12,303.
	3	Gross income (line 1 minus line 2)		17,858.		17,858.
	4	Cash prizes				
Se	5	Noncash prizes				
xpens	6	Rent/facility costs				ļ
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	1,079.	2,758.		3,837.
	1	Direct expense summary Add lines 4 through				3,837.
Pa	irt l	Net income summary Subtract line 10 from I II Gaming. Complete if the organization		n 990 Part IV line 19 or i	reported more than	14,041.
L		\$15,000 on Form 990-EZ, line 6a				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
-E	1	Gross revenue			·	
ses	2	Cash prizes				
ect Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses	1			
	6	Volunteer labor	Yes% No	Yes% No	Yes% No	
	7	Direct expense summary Add lines 2 through	h 5 ın column (d)		•	
	8	Net gaming income summary Subtract line 7	from line 1, column (d)		> _	<u> </u>
а	ls t	er the state(s) in which the organization condi- he organization licensed to conduct gaming a No," explain	ctivities in each of these			Yes No
		re any of the organization's gaming licenses re	· ·		year?	Yes No
	_					

Schedule G (Form 990 or 990-EZ) 2015 CHRISTIAN FAMILY INTERNATIONAL	43-2000179 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a %
b An outside facility	13b %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and reco	ords:
Name	
Address >	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount	ount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party.	
Name >	·
Address	
16 Gaming manager information	
Name >	
Gaming manager compensation ▶ \$	
December of a constant and b	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions	
a is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spen	t in the
organization's own exempt activities during the tax year 🕨 \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions)	Part III, lines 9, 9b, 10b, 15b,
. so, . o, and s, as applicable yield provide any additional information (ago instruction)	

Schedule C	3 (Form 990 or 990-EZ)	CHRISTIAN FAMILY rmation (continued)	INTERNATIONAL	43-2000179 Page 4
Part IV	Supplemental Info	rmation (continued)		
			·	
		·		
				
				
				
				
				
				
		 _		
				
				
				
 -				
				
				

SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

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

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990. Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

CHRISTIAN FAMILY INTERNATIONAL

Employer identification number 43-2000179

P	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items.	}	1	
	First-class or charter travel Housing allowance or residence for personal use		1	
	Travel for companions Payments for business use of personal residence		}	
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	1	ł	
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	-	}	}
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	}	ł
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	<u> </u>	Ì
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director Check all that apply. Do not check any boxes for methods used by a related organization to			ĺ
	establish compensation of the CEO/Executive Director, but explain in Part III.		ł	-
	Compensation committee Written employment contract			1
	Independent compensation consultant Compensation survey or study		}	1
	Form 990 of other organizations Approval by the board or compensation committee		}	
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	1		
	organization or a related organization		}	}
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		Ì	}
	contingent on the revenues of			1
а	The organization?	5a	L	X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III			}
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		1	}
	contingent on the net earnings of		1	}
а	The organization?	6a	<u> </u>	X
þ	Any related organization?	6b	<u> </u>	X
	If "Yes" on line 6a or 6b, describe in Part III.		ĺ	
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments]
	not described on lines 5 and 6? If "Yes," describe in Part III	7	ļ	X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	-	l	
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	-	X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in		1	
	Regulations section 53 4958-6(c)?	9	I	1

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed CHRISTIAN FAMILY INTERNATIONAL

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	F.
(A) Name and Title	 	(i) Base compensation	(ii) Bonus & incentive compensation	(iu) Other reportable compensation	other deferred compensation		(a)-(l)(a)	in column (B) reported as deferred on prior Form 990
(1) ANTHONY PRICE	(5)	20,040.	0	0	0	0	20,040.	0
FORMER BOARD MEMBER	€	0		0		0		
	ε							
	(II)							
	Ξ							
	(E)							
	(3)							
	E							
	ε							
	Ξ							
	ε							
	: 3							
	ε							
	: 3							
	ε							
	(E)							
	ε							
	(ii)							
	Ξ							
	(ii)		• 1					
	(i)							
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	ļ (III)				•			
532112							Schedu	Schedule J (Form 990) 2015

Page 3. Schedule J (Form 990) 2015 Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information CHRISTIAN FAMILY INTERNATIONAL Schedule J (Form 990) 2015 532113 10-14-15

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.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

CHRISTIAN FAMILY INTERNATIONAL

Employer identification number 43-2000179

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
STUDENTS AND THEIR FAMILIES.
FORM 990, PART VI, SECTION A, LINE 2:
FAMILY RELATIONSHIPS EXIST AMONG DAVID GRUVER, VICKIE GRUVER, CHRIS GRUVER
AND ANTHONY PRICE.
FORM 990, PART VI, SECTION B, LINE 11:
THE ORGANIZATIONS OFFICERS AND DIRECTORS REVIEW THE 990 BEFORE FILING
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, TAX FILINGS, AND FINANCIAL
STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST
-
'