



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Short Form
Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
 (except black lung benefit trust or private foundation)

1106
OMB No. 1545-1150

2010

Open to Public
Inspection

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).
 All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
 ► The organization may have to use a copy of this return to satisfy state reporting requirements.

| | | | |
|--|---|--|--|
| A For the 2010 calendar year, or tax year beginning JULY 01 , 2010, and ending JUNE 30 , 2011 | | C Name of organization CHRISTOPHER CLUB, INC. D Employer identification number 91-0604858 | |
| B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | | E Telephone number (509) 328-5603 | |
| G Accounting Method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ► | | H Check <input checked="" type="checkbox"/> if organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF) | |
| I Website: ► N/A | | J Tax-exempt status (check only one) -- <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(7) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | |
| K Check <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. | | | |
| L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ 163,688 | | | |
| Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) Check if the organization used Schedule O to respond to any question in this Part I. <input checked="" type="checkbox"/> | | | |
| REVENUE | 1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000) c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | 1 2 3 4 5a 5b 5c 6a 6b 3,424 6c 1,911 6d 1,513 7a 139,367 7b 69,808 7c 69,559 8 20,897 9 91,969 | RECEIVED MAY 21 2012 OGDEN, UT IRSC |
| EXPENSES | 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 | 10 11 12 52,692 13 14 39,128 15 16 14,780 17 106,600 | |
| NET ASSETS | 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 | 18 -14,631 19 -47,785 20 21 -62,416 | |

For Paperwork Reduction Act Notice, see the separate Instructions.

Part II Balance Sheets. (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

| | (A) Beginning of year | (B) End of year |
|---|-----------------------|-------------------|
| 22 Cash, savings, and investments | 25,064 | 22 15,090 |
| 23 Land and buildings | 108,185 | 23 102,958 |
| 24 Other assets (describe in Schedule O) | 22,042 | 24 25,042 |
| 25 Total assets | 155,291 | 25 143,090 |
| 26 Total liabilities (describe in Schedule O) | 203,076 | 26 205,506 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | -47,785 | 27 -62,416 |

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? See attachment #1

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, & other relevant information for each program title.

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

28 See attachment #2

(Grants \$) If this amount includes foreign grants, check here 28a 106,600

29

(Grants \$) If this amount includes foreign grants, check here ► 29a

30

(Grants \$) If this amount includes foreign grants, check here ► **30a**

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here ► 31a

32 Total program service expenses (add lines 28a through 31a) ► 32 106,600

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instr. for Part IV.)

Check if the organization used Schedule O to respond to any question in this Part IV

| (a) Name and address | (b) Title and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-.) | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|----------------------|--|--|---|--|
| See attachment #3 | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Part V Other Information (Note the statement requirements in the instructions for Part V)Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.

a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?

b If "Yes," has it filed a tax return on **Form 990-T** for this year (see instructions)?

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N

37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► **37a**

b Did the organization file **Form 1120-POL** for this year?

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?

b If "Yes," complete Schedule L, Part II and enter the total amount involved

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9

b Gross receipts, included on line 9, for public use of club facilities

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:

section 4911 ► ; section 4912 ► , section 4955 ►

b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ►

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ►

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T

41 List the states with which a copy of this return is filed ► **NONE**42a The organization's books are in care of ► **See attachment #4** Telephone no ►
Located at ► ZIP + 4 ►

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

If "Yes," enter the name of the foreign country: ►

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts**.c At any time during the calendar year, did the organization maintain an office outside of the U.S.?
If "Yes," enter the name of the foreign country: ►43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** -- Check here ►
and enter the amount of tax-exempt interest received or accrued during the tax year ► **43**

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

c Did the organization receive any payments for indoor tanning services during the year?

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

| | Yes | No |
|-----|-----|----|
| 33 | X | |
| 34 | X | |
| 35a | X | |
| 35b | X | |
| 36 | X | |
| 37b | X | |
| 38a | X | |
| 38b | | |
| 39a | | |
| 39b | | |
| 40b | | X |
| 40e | | X |

| | Yes | No |
|-----|-----|----|
| 42b | X | |
| 42c | X | |

| | Yes | No |
|-----|-----|----|
| 44a | X | |
| 44b | X | |
| 44c | X | |
| 44d | X | |

| | Yes | No |
|----|-----|----|
| 45 | 45 | X |
| a | | |
| 46 | 46 | X |

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?

a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R must be completed instead of Form 990-EZ (see instructions)

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

| | Yes | No |
|-----|-----|----|
| 47 | 47 | |
| 48 | 48 | |
| 49a | 49a | |
| b | | |
| 50 | 49b | |

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|--|--|------------------|---|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

f Total number of other employees paid over \$100,000 ►

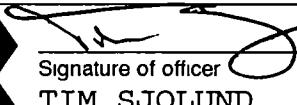
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

d Total number of other independent contractors each receiving over \$100,000 ►

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ► Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| | | | | |
|-----------|---|--|--|------------------|
| Sign Here |  Signature of officer TIM SJOLUND Type or print name and title | | | 15/14/12 Date |
| | PRESIDENT GRAND KNIGHT | | | |

| | | | | | |
|---------------------------------|--|----------------------|--------------|---|------|
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | NONPAID PREPARER | | | | |
| | Firm's name ► MARTIN & ALBINSON PS CPA | | | Firm's EIN ► | |
| Firm's address ► 25 E SINTO AVE | | | Phone no | | |
| SPOKANE WA 99202 | | | 509-328-0738 | | |

May the IRS discuss this return with the preparer shown above? See instructions ► Yes No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

CHRISTOPHER CLUB, INC.

Employer Identification number

91-0604858

PART 1 LINE 8

RENTAL INCOME MEMBERS AND GUEST 20897*

PART 1 LINE 16

PAYROLL TAXES 6519

OTHER TAXES AND LICENSES 5438

OFFICE AND OTHER 2823

TOTAL 14780*

PART 11 LINE 24

2010 AND 2011

ACCOUNTS RECEIVABLE 16764 20265

PREPAID EXPENSES 1778 1277

INVENTORY 3500 3500

TOTAL 22042 25042*

PART 11 LINE24

2010 AND 2011

ACCTS PAY 3076 5506

UNSECURED NOTE PAY 200000 200000

TOTAL 203076 205506*

990 PRIMARY EXEMPT PURPOSE

Attachment 1: page 1 - 990-EZ Page 2, Part III

| | | | | |
|--|--|-------|--------------|--|
| Open to Public Inspection | For calendar year 2010 or tax period beginning | 07-01 | , and ending | 06-30-2011 |
| Name of Organization CHRISTOPHER CLUB, INC. | | | | Employer Identification Number 91-0604858 |

Primary Purpose

ALL REVENUE IN EXCESS OF EXPENSES AND COST TO OPERATE THE BUILDING AND FACILITIES ARE DONATED TO THE KNIGHTS OF COLUMBUS COUNCIL #683 EIN # 91-0274222 FOR ITS CHARITY PURPOSE.

990 PROGRAM SERVICE ACCOMPLISHMENT

Attachment 2: page 1 - 990-EZ Page 3, Part III

| | | | |
|--|--|--|------------|
| Open to Public Inspection | For calendar year 2010 or tax period beginning | 07-01-2010, and ending | 06-30-2011 |
| Name of Organization CHRISTOPHER CLUB, INC. | | Employer Identification Number 91-0604858 | |

Part III - Statement of Program Service Accomplishments

| Grants and allocations | Amount includes foreign grants | Program service expenses | 106,600 |
|-----------------------------|--------------------------------|--------------------------|---------|
| Exempt Purpose Achievements | | | |

MAINTAIN BUILDING AND FACILITIES FOR MEMBERS, MEMBERS FAMILIES AND GUEST.
TO HELP RECEIVE DONATIONS FOR THE KNIGHTS OF COLUMBUS COUNCIL #683, BOTH BY
MEMBER PARTICIPATION AND USE OF THE CLUB'S FACILITIES.

990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 3: page 1 - 990-EZ Page 2, Part IV

| Open to Public Inspection | For calendar year 2010 or tax period beginning | | 07-01-2010, and ending | 06-30-2011. |
|---|--|--|---|---|
| Name of Organization CHRISTOPHER CLUB, INC. | | | Employer Identification Number 91-0604858 | |
| (A) Name and Address | (B) Title and Average Hrs. per Week | (C) Compensation (If not paid, enter 0) | (D) Cont. to Employee Ben. Plans & Def. Comp. | (E) Expense Account & Other Allowances |
| TIM SJOLUND 627 EAST 19TH SPOKANE, WA 99203 | PRESIDENT 4.00 | 0 | 0 | 0 |
| TIM KROMHOLTZ 302 EAST BOONE AVENUE Spokane, WA 99202 | 8.00 | 0 | 0 | 0 |
| TOM ALBINSON 25 E SINTO SPOKANE, WA 99202 | TREASURER 4.00 | 0 | 0 | 0 |

990 BOOKS ARE IN CARE OF**Attachment 4 - 990-EZ Page 3, Part V, Line 42a**

| | | | | |
|---|--|-------|--------------|---|
| Open to Public Inspection | For calendar year 2010 or tax period beginning | 07-01 | , and ending | 06-30-2011 |
| Name of Organization CHRISTOPHER CLUB, INC. | | | | Employer Identification Number 91-0604858 |

Part V - Line 42a

Individual Name TOM ALBINSON

or

Business Name:

Street Address 302 EAST BOONE AVENUE

U.S. Address:

Zip code 99202City SPOKANEState WA

or

Foreign Address

City

Province or State

Country

Postal code

Phone Number (509) 328-5603Fax Number (509) 328-4059

Depreciation and Amortization

(Including Information on Listed Property)

2010

Attachment
Sequence No. 67Department of the Treasury
Internal Revenue Service (99)

► See separate Instructions.

► Attach to your tax return.

Name(s) shown on return
CHRISTOPHER CLUB, INC.Business or activity to which this form relates
FOR FORM 990-EZ LINE 14Identifying number
91-0604858**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

| | | |
|---|----------------------------------|-------------------------|
| 1 Maximum amount (see instructions) | 1 | |
| 2 Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 Threshold cost of section 179 property before reduction in limitation (see instructions) | 3 | |
| 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5 | 500,000 |
| 6 (a) Description of property | (b) Cost (busn. use only) | (c) Elected cost |
| | | |
| 7 Listed property. Enter the amount from line 29 | 7 | |
| 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 Tentative deduction. Enter the smaller of line 5 or line 8 | 9 | |
| 10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562 | 10 | |
| 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) | 11 | 500,000 |
| 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 | 12 | |
| 13 Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12. ► 13 | | |

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

| | | |
|--|----|--|
| 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) | 14 | |
| 15 Property subject to section 168(f)(1) election | 15 | |
| 16 Other depreciation (including ACRS) | 16 | |

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

| | | |
|---|----|-------|
| 17 MACRS deductions for assets placed in service in tax years beginning before 2010 | 17 | 5,227 |
| 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ► <input type="checkbox"/> | | |

Section B -- Assets Placed In Service During 2010 Tax Year Using the General Depreciation System

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depr. (business/investment use only -- see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|---------------------------------------|---|---|----------------------------|-----------------------|-------------------|-----------------------------------|
| 19a 3-year property | | | | | | |
| b 5-year property | | | | | | |
| c 7-year property | | | | | | |
| d 10-year property | | | | | | |
| e 15-year property | | | | | | |
| f 20-year property | | | | | | |
| g 25-year property | | | 25 yrs. | | S/L | |
| h Residential rental property | | | 27.5 yrs. | MM | S/L | |
| | | | 27.5 yrs. | MM | S/L | |
| I Nonresidential real property | | | 39 yrs. | MM | S/L | |
| | | | | MM | S/L | |

Section C -- Assets Placed In Service During 2010 Tax Year Using the Alternative Depreciation System

| | | | | | | |
|----------------|--|--|---------|----|-----|--|
| 20a Class life | | | | | S/L | |
| b 12-year | | | 12 yrs. | | S/L | |
| c 40-year | | | 40 yrs. | MM | S/L | |

Part IV Summary (See instructions.)

| | | |
|--|----|-------|
| 21 Listed property. Enter amount from line 28 | 21 | |
| 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations -- see instructions | 22 | 5,227 |
| 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

For Paperwork Reduction Act Notice, see separate Instructions.

Form 4562 (2010)