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Short Form
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2006

Open to Public
Inspection

Form 990-EZ

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 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 2006 calendar year, or tax year beginning , 2006, and ending , 20

B Check if applicable:
☐ Address change
☐ Name change
☒ Initial return
☐ Final return
☐ Amended return
☐ Application pending

C Name of organization
WACONIA KNIGHTS OF COLUMBUS NO 2506
Number and street (or P O box, if mail is not delivered to street address) Room/suite
525 S OLIVE ST
City or town, state or country, and ZIP + 4
WACONIA MN 55387

D Employer identification number
23-7108314

E Telephone number
(952) 442-2769

F Group Exemption Number . . . ▶

G Accounting method ☒ Cash ☐ Accrual
Other (specify) ▶

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶

J Organization type (check only one) - ☒ 501(c) (8) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ☒ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 22,762

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 47 of the instructions)

1	Contributions, gifts, grants, and similar amounts received	1	
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	3,788
4	Investment income	4	155
5a	Gross amount from sale of assets other than inventory	5a	
b	Less cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c	
6	Special events and activities (attach schedule) If any amount is from gaming, check here ☐		
a	Gross revenue (not including \$ of contributions reported on line 1)	6a	18,819
b	Less direct expenses other than fundraising expenses	6b	9,564
c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c	9,255
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c	
8	Other revenue (describe ▶)	8	
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	13,198
10	Grants and similar amounts paid (attach schedule)	10	9,830
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	2,570
16	Other expenses (describe ▶)	16	
17	Total expenses (add lines 10 through 16)	17	12,400
18	Excess or (deficit) for the year (line 9 less line 17)	18	798
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)	19	9,816
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year (combine lines 18 through 20)	21	10,614

Part II Balance Sheets - If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ (See page 51 of the instructions)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	9,816	10,614
23 Land and buildings		
24 Other assets (describe ▶)		
25 Total assets	9,816	10,614
26 Total liabilities (describe ▶)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	9,816	10,614

Part III Statement of Program Service Accomplishments (See page 51 of the instructions)**Expenses**What is the organization's primary exempt purpose? **PROGRAMS FOR YOUTH ACTIVITIES**

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

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, or other relevant information for each program title.

28 *Boys & Girl Scouts & Catholic Youth group.*

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

28a

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 (attach schedule)

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

31a

32 Total program service expenses (add lines 28a through 31a)

32

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 52 of the instructions)

(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
TED SCHUGG 409 SOUTH OLIVE WACONIA MN 55387	GRAND KNIGHT 0	0	0	0
JAMES EBERT 240 W 3RD ST WACONIA MN 55387	TRUSTEE 0	0	0	0
DANIEL STEINHAGEN 525 SOUTH OLIVE WACONIA MN 55387	TRUSTEE 0	0	0	0

Part V Other Information (Note the statement requirement in General Instruction V)

Yes No

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

33

X

34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes

34

X

35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T

a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?

35a

X

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

35b

36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement)

36

X

37 a 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?

37b

X

38 a 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 unpaid at the start of the period covered by this return?

38a

X

b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved

38b

39 501(c)(7) organizations Enter

a Initiation fees and capital contributions included on line 9

39a

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

39b

Part V Other Information (Note the statement requirement in General Instruction V) (Continued)

40 a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 , section 4912 , section 4955

b 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation

	Yes	No
40b		

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

d 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?

40c		
40d		
40e		

41 List the states with which a copy of this return is filed MN

42 a The books are in care of % DANIEL STEINHAGEN

Telephone no 942-442-2769

Located at 525 S OLIVE ST WACONIA

MN ZIP + 4 55387

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)?

	Yes	No
42b		X

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

See the instructions for exceptions and filing requirements for Form TD F 90-22.1.

c At any time during the calendar year, did the organization maintain an office outside of the U S ?

42c		X
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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

Please
Sign
Here

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.

X Theodore A Schuy
Signature of officer

6/15/10
Date

Theodore A Schuy
Type or print name and title

Paid
Preparer's
Use Only

Preparer's
signature

Date

06-14-2010

Check if
self-
employed ☒

Preparer's SSN or PTIN (See Gen Inst X)

Firm's name (or yours
if self-employed,
address, and ZIP + 4

James Maier CPA
44 West First Street
Waconia MN 55387

EIN 41-1625461

Phone no 952-442-4807

Department of the Treasury
Internal Revenue Service

WACONIA KNIGHTS OF COLUMBUS NO 2506

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information -- (See separate instructions.)

► **MUST** be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No. 1545-0047

• 2006

Employer identification number

23-7108314

(See page 2 of the instructions. List each one. If there are none, enter "None".)

(a) Name and address of each employee paid more than \$50,000	(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
NONE				
Total number of other employees paid over \$50,000 ▶				

(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None ")

NONE		(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Total number of others receiving over \$50,000 for professional services ▶				

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

NONE		(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Total number of other contractors receiving over \$50,000 for other services ►				

Federal Supporting Statements

2006 PG 01

Name(s) as shown on return

Your Social Security Number

WACONIA KNIGHTS OF COLUMBUS NO 2506

23-7108314

FORM 990EZ, PART I, LINE 6 SPECIAL EVENTS SCHEDULE

Statement #101

Event	Gross Receipts	Contributions	Gross Revenue	Direct Expenses	Net Income
FUND RAISERS	18,819		18,819	9,564	9,255
TOTAL	18,819		18,819	9,564	9,255

Federal Supporting Statements**2006 PG 01**

Name(s) as shown on return

Your Social Security Number

WACONIA KNIGHTS OF COLUMBUS NO 2506

23-7108314

**FORM 990EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID SCHEDULE**

Statement #122

Activity	Amount	Relationship
YOUTH ACTIVITIES	9,830	NONE
Grantee		
Address		
	55387	
	TOTAL	9,830