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Form 990

Department of the Treasury
Internal Revenue Service

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)

OMB No. 1545-0047

2011

Open to Public
Inspection

► The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2011 calendar year, or tax year beginning and ending

B Check if applicable	C Name of organization Knights of Columbus Council No. 1226		D Employer identification number 23-7142651
<input type="checkbox"/> Address change	Doing Business As		E Telephone number (575) 522-9945
<input type="checkbox"/> Name change	Number and street (or P O box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 208424.
<input type="checkbox"/> Initial return	P.O. Box 171		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Terminated	City or town, state or country, and ZIP + 4		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<input type="checkbox"/> Amended return	Las Cruces, NM 88004-0171		H(c) Group exemption number ►
<input type="checkbox"/> Application pending	F Name and address of principal officer: 2755 East Idaho Ave., Las Cruces, NM 88011		
I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(8) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ► N/A	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		L Year of formation 1907 M State of legal domicile NM	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: The purpose of the organization are: (1) rendering pecuniary aid to its members, their families and		
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	25
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	25
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	1
	6 Total number of volunteers (estimate if necessary)	6	0
	7a 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.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	22308.	8316.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11c)	993.	1503.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	55937.	46467.
		79238.	56286.
		17267.	13311.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), lines 4-11)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	718.	562.
	16a Professional fundraising fees (Part IX, column (A), line 11)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	36648.	44511.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	54633.	58384.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	24605.	-2098.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	Beginning of Current Year	End of Year
		388675.	386457.
	20 Total assets (Part X, line 16)	203.	83.
	21 Total liabilities (Part X, line 26)	388472.	386374.
22 Net assets or fund balances. Subtract line 21 from line 20			

Part II Signature Block

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 HECTOR ARACOA (GRAND KNIGHT)	Date 7-3-12			
	► Type or print name and title				
Paid Preparer	Print/Type preparer's name Rose Fierro	Preparer's signature Rose Fierro CPA	Date 7-3-12	Check <input type="checkbox"/> if self-employed	PTIN P00286647
Use Only	Firm's name ► Fierro & Fierro, P.A.		Firm's EIN ► 85-0400496		
	Firm's address ► 527 Brown Road Las Cruces, NM 88005-2948		Phone no 575-525-0313		

May the IRS discuss this return with the preparer shown above? (see instructions)

 Yes No

132001 01-23-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

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See Schedule O for Organization Mission Statement Continuation

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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III X

- 1 Briefly describe the organization's mission:

The purpose of the organization are: (1) rendering pecuniary aid to its members, their families and beneficiaries of members and their families; (2) rendering mutual aid and assistance to its sick, disabled and needy members and their families; (3) promoting social and

- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes 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?

Yes 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 expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code _____) (Expenses \$ _____) including grants of \$ _____) (Revenue \$ _____)

Benefits and Functions - Programs that promote fellowship among members. The activities promote Christian values to the members and aid in uniting families of the organization. Excess funds aid other nonprofit organizations, seminaries, catholic priests, catholic schools or other Knights of Columbus members who have demonstrated need based on distressed circumstances.

4b (Code _____) (Expenses \$ _____) including grants of \$ _____) (Revenue \$ _____)

4c (Code _____) (Expenses \$ _____) including grants of \$ _____) (Revenue \$ _____)

- 4d Other program services (Describe in Schedule O.)

(Expenses \$ _____) including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ► 48733.

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	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? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>	4	
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? <i>If "Yes," complete Schedule C, Part III</i>	5 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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>	7 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8 X	
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9 X	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
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. <ul style="list-style-type: none"> a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> 	11a X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	11b X	
12b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	11c X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	11d X	
14a Did the organization maintain an office, employees, or agents outside of the United States? <ul style="list-style-type: none"> b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> 	11e X	
14b	11f X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	12a X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	12b X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	13 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? <i>If "Yes," complete Schedule G, Part II</i>	14a X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	14b X	
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	15 X	
20b <i>b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>	16 X	

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Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	23 X	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	24a X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26 X	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27 X	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a X	
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b X	
c	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c X	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30 X	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31 X	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32 X	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33 X	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34 X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a X	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	
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? <i>If "Yes," complete Schedule R, Part VI</i>	37 X	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38 X	

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Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	1a	3	
1b	1b	0	
1c	X		
2a	2a	1	
2b	X		
3a		X	
3b			
4a		X	
5a		X	
5b		X	
5c			
6a		X	
6b			
7a		X	
7b			
7c		X	
7d			
7e		X	
7f		X	
7g		X	
7h		X	
8			
9a			
9b			
10a			
10b			
11a			
11b			
12a			
12b			
13a			
13b			
13c			
14a		X	
14b			

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable

1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return

b If at 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)

3a Did the organization have unrelated business gross income of \$1,000 or more during the year?

b If "Yes," has it filed a Form 990-T for this year? If "No," 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 account in a foreign country (such as a bank account, securities account, or other financial account)?

b If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?

b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?

c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?

6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?

b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

7 **Organizations that may receive deductible contributions under section 170(c).**

a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?

b If "Yes," did the organization notify the donor of the value of the goods or services provided?

c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?

d If "Yes," indicate the number of Forms 8282 filed during the year

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?

h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?

8 **Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?

9 **Sponsoring organizations maintaining donor advised funds.**

a Did the organization make any taxable distributions under section 4966?

b Did the organization make a distribution to a donor, donor advisor, or related person?

10 **Section 501(c)(7) organizations.** Enter:

a Initiation fees and capital contributions included on Part VIII, line 12

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

11 **Section 501(c)(12) organizations.** Enter:

a Gross income from members or shareholders

b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)

12a **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

13 **Section 501(c)(29) qualified nonprofit health insurance issuers.**

a Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See Instructions

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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	25	
1b		25	
2		X	
3		X	
4		X	
5		X	
6		X	
7a		X	
7b		X	
8a		X	
8b		X	
9			X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a		X
b		
11a		X
b		
12a		X
b		
c		
13		
14		
15		
a		
b		
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
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

17	List the states with which a copy of this Form 990 is required to be filed ►	None
18	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.	
	<input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19	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.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►	
	The Organization - 575-522-9945	
	2755 E. Idaho Ave., Las Cruces, NM 88011-4531	

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

Check if Schedule O contains a response to any question 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 nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(1) Danny E. Rivera Acting Grand Knight	5.00	X		X			0.	0.	0.
(2) Billy J. Lucero Financial Secretary	6.00	X		X			502.	0.	0.
(3) Jesus Jimenez Treasurer	4.00	X		X			0.	0.	0.
(4) Manuel M. Morales 1 Year Trustee	3.50	X		X			0.	0.	0.
(5) Gilbert J. Pena 3 Year Trustee	3.50	X		X			0.	0.	0.
(6) Miguel Fretze, Jr. Faithful Navigator	4.00	X		X			0.	0.	0.
(7) Manuel Gutierrez Faithful Captain	4.00	X		X			0.	0.	0.
(8) Dennis St. George Purser	4.00	X		X			0.	0.	0.
(9) Mario Luna 4th Degree Trustee/Advocate	2.00	X		X			0.	0.	0.
(10) Gilbert J. Pena 4th Degree Trustee	2.00	X		X			0.	0.	0.
(11) Carlos A. Castro 4th Degree Trustee	2.00	X		X			0.	0.	0.
(12) Reynaldo R. Archuleta Club President	4.00	X		X			0.	0.	0.
(13) Cremenciano M. Soltero Club Secretary/Warden	2.50	X		X			0.	0.	0.
(14) Nancy Rivera President - Ladies Auxilia	4.00	X		X			0.	0.	0.
(15) Dolores Archuleta VP - Ladies Auxiliary	2.00	X		X			0.	0.	0.
(16) Barbara Morales Treasurer - Ladies Auxiliar	2.00	X		X			0.	0.	0.
(17) Ana Luchini Financial Secretary - Ladi	2.00	X		X			0.	0.	0.

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Part VII, Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(18) Inez Fretze Recording Sec. - Ladies Au	2.00	X	X				0.	0.	0.
(19) Carol Telles 1 Year Trustee - Ladies Au	2.00	X	X				0.	0.	0.
(20) Bertha Jimenez 2 Year Trustee - Ladies Au	2.00	X	X				0.	0.	0.
(21) Corrine Luchini 3 Year Trustee - Ladies Au	2.00	X	X				0.	0.	0.
(22) Billy J. Lucero 4th Degree Comptroller	2.00	X	X				0.	0.	0.
(23) Alfonso Sanchez Recorder	3.00	X	X				0.	0.	0.
(24) Rev. Fr. Donald J. Adamski Chaplain	1.00	X	X				0.	0.	0.
(25) Rev. Fr. Juan Moreno Deputy Chaplain	1.00	X	X				0.	0.	0.
(26) Hector Aragon Chancellor	1.00	X	X				0.	0.	0.
1b Sub-total						►	502.	0.	0.
c Total from continuation sheets to Part VII, Section A						►	0.	0.	0.
d Total (add lines 1b and 1c)						►	502.	0.	0.
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization						►	0		

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

Section B. Independent Contractors

- 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

- 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

► 0

See Part VII, Section A Continuation sheets

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Knights of Columbus
Council No. 1226

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23-7142651

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Total to Part VII, Section A, line 1c

Knights of Columbus
Council No. 1226

Form 990 (2011)

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Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts					
1 a Federated campaigns	1a				
b Membership dues	1b	6240.			
c Fundraising events	1c				
d Related organizations	1d				
e Government grants (contributions)	1e				
f All other contributions, gifts, grants, and similar amounts not included above	1f	2076.			
g Noncash contributions included in lines 1a-1f \$					
h Total. Add lines 1a-1f		8316.			
Program Service Revenue		Business Code			
2 a					
b					
c					
d					
e					
f All other program service revenue					
g Total. Add lines 2a-2f					
Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts)			1503.	1503.	
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
6 a Gross rents	(i) Real	(ii) Personal			
b Less: rental expenses	24283.				
c Rental income or (loss)	14740.				
d Net rental income or (loss)	9543.				
7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
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 including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	40284.			
b Less: direct expenses	b	27088.			
c Net income or (loss) from fundraising events			13196.		13196.
9 a Gross income from gaming activities. See Part IV, line 19	a	122984.			
b Less: direct expenses	b	103001.			
c Net income or (loss) from gaming activities			19983.		19983.
10 a Gross sales of inventory, less returns and allowances	a	11054.			
b Less: cost of goods sold	b	7309.			
c Net income or (loss) from sales of inventory			3745.	3745.	
Miscellaneous Revenue		Business Code			
11 a					
b					
c					
d All other revenue					
e Total. Add lines 11a-11d					
12 Total revenue. See instructions			56286.	14791.	0. 33179.

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Council No. 1226

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	7525.	7525.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	5786.	5786.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	502.		502.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	60.		60.	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	2157.	1078.	1079.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	1398.	1398.		
13 Office expenses	3387.	3048.	339.	
14 Information technology				
15 Royalties				
16 Occupancy	21171.	19054.	2117.	
17 Travel	762.	762.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	405.	132.	273.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	4408.	3306.	1102.	
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)				
a Benefits and functional	4364.	4364.		
b Unrealized loss on inve	3434.		3434.	
c Supreme Per Capita and	2135.	2135.		
d Telephone	700.		700.	
e All other expenses	190.	145.	45.	
25 Total functional expenses. Add lines 1 through 24e	58384.	48733.	9651.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Check here ► if following SOP 98-2 (ASC 958-720)

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Council No. 1226

Form 990 (2011)

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	51004.	1	50082.
	2 Savings and temporary cash investments	12217.	2	13515.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 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 instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	264872.	
	b Less: accumulated depreciation	10b	263938.	10c 264872.
	11 Investments - publicly traded securities		5957.	11 4652.
	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		55559.	15 53336.
	16 Total assets. Add lines 1 through 15 (must equal line 34)		388675.	16 386457.
Liabilities	17 Accounts payable and accrued expenses		104.	17 71.
	18 Grants payable			18
	19 Deferred revenue			19
	20 Tax-exempt bond liabilities			20
	21 Escrow or custodial account liability. Complete Part IV of Schedule D			21
	22 Payables to current and former officers, directors, trustees, 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
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		99.	25 12.
	26 Total liabilities. Add lines 17 through 25		203.	26 83.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets			27
	28 Temporarily restricted net assets			28
	29 Permanently restricted net assets			29
	Organizations that do not follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		388472.	30 386374.
	31 Paid-in or capital surplus, or land, building, or equipment fund		0.	31 0.
	32 Retained earnings, endowment, accumulated income, or other funds		0.	32 0.
	33 Total net assets or fund balances		388472.	33 386374.
	34 Total liabilities and net assets/fund balances		388675.	34 386457.

Form 990 (2011)

Knights of Columbus
Council No. 1226

Form 990 (2011)

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Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1 Total revenue (must equal Part VIII, column (A), line 12)	1	56286.
2 Total expenses (must equal Part IX, column (A), line 25)	2	58384.
3 Revenue less expenses. Subtract line 2 from line 1	3	-2098.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	388472.
5 Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	386374.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a <input checked="" type="checkbox"/>	<input type="checkbox"/>
b Were the organization's financial statements audited by an independent accountant?	2b <input type="checkbox"/>	<input checked="" type="checkbox"/>
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c <input checked="" type="checkbox"/>	<input type="checkbox"/>
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a <input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b <input type="checkbox"/>	

Form 990 (2011)

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2011Open to Public
InspectionName of the organization **Knights of Columbus
Council No. 1226**Employer identification number
23-7142651**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts		
1 Total number at end of year				
2 Aggregate contributions to (during year)				
3 Aggregate grants from (during year)				
4 Aggregate value at end of year				
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space										
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	<table border="1" style="display: inline-table;"><thead><tr><th></th><th>Held at the End of the Tax Year</th></tr></thead><tbody><tr> <td>2a</td><td></td></tr> <tr> <td>2b</td><td></td></tr> <tr> <td>2c</td><td></td></tr> <tr> <td>2d</td><td></td></tr> </tbody></table>		Held at the End of the Tax Year	2a		2b		2c		2d	
	Held at the End of the Tax Year										
2a											
2b											
2c											
2d											
a Total number of conservation easements											
b Total acreage restricted by conservation easements											
c Number of conservation easements on a certified historic structure included in (a)											
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register											
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►											
4 Number of states where property subject to conservation easement is located ►											
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No										
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►											
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$											
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No										
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements											

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenues included in Form 990, Part VIII, line 1	► \$ _____
(ii) Assets included in Form 990, Part X	► \$ _____
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
a Revenues included in Form 990, Part VIII, line 1	► \$ _____
b Assets included in Form 990, Part X	► \$ _____

Knights of Columbus
Council No. 1226

Schedule D (Form 990) 2011

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Part III | Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- | | |
|--|--|
| a <input type="checkbox"/> Public exhibition | d <input type="checkbox"/> Loan or exchange programs |
| b <input type="checkbox"/> Scholarly research | e <input type="checkbox"/> Other _____ |
| c <input type="checkbox"/> Preservation for future generations | |

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV | Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V | Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance		43128.	18761.		
b Contributions		9650.	20655.	21214.	
c Net investment earnings, gains, and losses		3626.	3742.	18.	
d Grants or scholarships					
e Other expenditures for facilities and programs		1500.			
f Administrative expenses			30.	2471.	
g End of year balance		54904.	43128.	18761.	

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ► _____ %

b Permanent endowment ► _____ %

c Temporarily restricted endowment ► _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)	X	
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI | Land, Buildings, and Equipment. See Form 990, Part X, line 10.

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land			2500.		2500.
b Buildings			237552.		237552.
c Leasehold improvements					
d Equipment			24820.		24820.
e Other					

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ► 264872.

Schedule D (Form 990) 2011

Knights of Columbus
Council No. 1226

Schedule D (Form 990) 2011

23-7142651 Page 3

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		

Total. (Col (b) must equal Form 990, Part X, col (B) line 12) ►

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

Total. (Col (b) must equal Form 990, Part X, col (B) line 13) ►

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) Dues Receivable	377.
(2) Endowment Funds	52959.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ►

53336.

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Unearned Dues	12.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	

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

12.

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under

FIN 48 (ASC 740)

132053
01-23-12

Schedule D (Form 990) 2011

Knights of Columbus
Council No. 1226

Schedule D (Form 990) 2011

23-7142651 Page 4

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1. Total revenue (Form 990, Part VIII, column (A), line 12)
2. Total expenses (Form 990, Part IX, column (A), line 25)
3. Excess or (deficit) for the year. Subtract line 2 from line 1
4. Net unrealized gains (losses) on investments
5. Donated services and use of facilities
6. Investment expenses
7. Prior period adjustments
8. Other (Describe in Part XIV.)
9. Total adjustments (net). Add lines 4 through 8
10. Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9

1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1. Total revenue, gains, and other support per audited financial statements
2. Amounts included on line 1 but not on Form 990, Part VIII, line 12:
 - a. Net unrealized gains on investments
 - b. Donated services and use of facilities
 - c. Recoveries of prior year grants
 - d. Other (Describe in Part XIV.)
 - e. Add lines 2a through 2d
3. Subtract line 2e from line 1
4. Amounts included on Form 990, Part VIII, line 12, but not on line 1:
 - a. Investment expenses not included on Form 990, Part VIII, line 7b
 - b. Other (Describe in Part XIV.)
 - c. Add lines 4a and 4b
5. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

1	
2a	
2b	
2c	
2d	
2e	
3	
4a	
4b	
4c	
5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1. Total expenses and losses per audited financial statements
2. Amounts included on line 1 but not on Form 990, Part IX, line 25:
 - a. Donated services and use of facilities
 - b. Prior year adjustments
 - c. Other losses
 - d. Other (Describe in Part XIV.)
 - e. Add lines 2a through 2d
3. Subtract line 2e from line 1
4. Amounts included on Form 990, Part IX, line 25, but not on line 1:
 - a. Investment expenses not included on Form 990, Part VIII, line 7b
 - b. Other (Describe in Part XIV.)
 - c. Add lines 4a and 4b
5. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

1	
2a	
2b	
2c	
2d	
2e	
3	
4a	
4b	
4c	
5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part V, line 4: The earnings of the endowment are to be used to

support scholarships at the Catholic school.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2011

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

**Complete if the organization answered "Yes" to 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. ► See separate instructions.**

Name of the organization **Knights of Columbus**
Council No. 1226 Employer identification number
23-7142651

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

Total

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1 Enchilada Dinner (event type)	(b) Event #2 State Convention (event type)	(c) Other events 2 (total number)	(d) Total events (add col. (a) through col. (c))
1 Gross receipts	10875.	23581.	5828.	40284.
2 Less: Charitable contributions				
3 Gross income (line 1 minus line 2)	10875.	23581.	5828.	40284.
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs		17949.		17949.
7 Food and beverages	2254.		1333.	3587.
8 Entertainment		700.		700.
9 Other direct expenses		4089.	763.	4852.
10 Direct expense summary. Add lines 4 through 9 in column (d)				► (27088)
11 Net income summary. Combine line 3, column (d), and line 10				► 13196.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1 Gross revenue	118276.	4148.	560.	122984.
2 Cash prizes	85000.	2385.		87385.
3 Noncash prizes				
4 Rent/facility costs	5106.			5106.
5 Other direct expenses	9702.	428.	380.	10510.
6 Volunteer labor	<input checked="" type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				► (103001)
8 Net gaming income summary. Combine line 1, column d, and line 7				► 19983.

9 Enter the state(s) in which the organization operates gaming activities: NM

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

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- 11 Does the organization operate 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 operated in:
- | | |
|-------------------------------|--------------|
| a The organization's facility | 13a 100.00 % |
| b An outside facility | 13b % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► Miguel Frietze

Address ► 1855 La Jolla - Las Cruces, NM 88005

- 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 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 ► Miguel Frietze

Gaming manager compensation ► \$ _____
**

Description of services provided ► The bingo games and pull tab activities are held weekly at the organization's facilities. All the gaming activities are conducted by a volunteer workforce, which are members of the

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 spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (ii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Schedule G, Part III, Line 16, Description of Services Provided:

The bingo games and pull tab activities are held

weekly at the organization's facilities. All the gaming activities

are conducted by a volunteer workforce, which are members of the

organization. The bingo manager oversees the operation and completes the

required reports for filing.

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Schedule I (Form 990) (2011)

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

Part III can be duplicated if additional space is needed.

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(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Cash assistance to various catholic churches and catholic priests, and seminarians. Other donations were made to individuals to assist with their medical, food, shelter and clothing needs. All	31	5786.		0. Book	

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Schedule I, Part I, Line 2: From the moment of the founding of the Knights of Columbus in 1882, charity has been the first principle of the organization. They are men of faith and men of action. They undertake these acts because they see those in need through the eyes of faith. Moreover, in the Knight of Columbus, they approach these acts of charity together. The charity of choice is the Las Cruces Catholic School. Both organizations work together on a fundraiser, the proceeds of which are donated to the school for operational purposes. The assistance of \$6,000 is not considered a grant, with any form of restrictions attached.

Part IV Supplemental Information

The organization also donated \$1,525 to the Cathedral of Immaculate Heart of Mary. This was considered assistance for program activities of the Cathedral and not a grant, with any form of restrictions attached.

Part III, Column (a):

(a) Type of Grant or Assistance: Cash assistance to various catholic churchs and catholic priests, and seminarians. Other donations were made to individuals to assist with their medical, food, shelter and clothing needs. All assistance was in the form of cash donations, no grants were given to any individuals.

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

2011

Open to Public
Inspection

Name of the organization

Knights of Columbus
Council No. 1226

Employer identification number
23-7142651

Form 990, Part I, Line 1, Description of Organization Mission:

beneficiaries of members and their families; (2) rendering mutual aid and assistance to its sick, disabled and needy members and their families; (3) promoting social and intellectual intercourse among its members and their families, and (4) promoting and conducting educational, charitable, religious, social welfare, war relief and welfare, and public relief work.

Form 990, Part III, Line 1, Description of Organization Mission:

intellectual intercourse among its members and their families, and (4) promoting and conducting educational, charitable, religious, social welfare, war relief and welfare, and public relief work.

Form 990, Part VI, Section A, line 2: Some officers of the organization have spouses who are officers of the Ladies Auxiliary of the organization.

Form 990, Part VI, Section A, line 6: The Knights of Columbus is the world's largest Catholic fraternal service organization. There are more than 1.7 million members in 14,000 councils. The Knights of Columbus offers special benefits of membership. Among these are unique programs that exist exclusively for K of C families faced with needs that often fall outside traditional insurance plans. The family fraternal benefits package, available to all good outstanding members and their families, adds value to membership in the organization.

Form 990, Part VI, Section A, line 6: Membership in the Knights of

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
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01-23-12

Schedule O (Form 990 or 990-EZ) (2011)

Name of the organization	Knights of Columbus Council No. 1226
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Employer identification number	23-7142651
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Columbus is open to men 18 years of age who are practicing Catholics in union with the Holy See. This means that an applicant or member accepts the teaching authority of the Catholic Church on matters of faith and morals, aspires to live in accord with the precepts of the Catholic Church, and is in good standing in the Catholic Church. Members who have been in the Knights for six months and have attained Third Degree membership are eligible to join the Fourth Degree Knights. Being a Knight is more than camaraderie; it is being involved with the community; it is supporting the local Catholic Churches and school, while enhancing their own faith; it is about protecting and enhancing their family life.

Form 990, Part VI, Section A, line 7a: Pursuant to the laws of Order, the structure of the organization is such that the members elected their council governing body.

Form 990, Part VI, Section B, line 11: Return was provided to Grand Knight for review with the Board of Directors, the Trustees, Officers and other Directors of the organization at their respective monthly meetings.

Form 990, Part VI, Section C, Line 19: Upon written request, the organization makes its governing documents and financial statements available to the public. All documents are required to remain in the possession of the organization at all times. As such, the review takes place on the premise of the organization, with a director or officer present to represent the organization.

There are numerous member of the Board that assumes responsibility for the oversight of the compilation of its financial statements. Those

Name of the organization Knights of Columbus
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include the Grand Knight, Financial Secretary, Faithful Navigator, Club President, Ladies Auxiliar President and Financial Secretary and 4th Degree Comptroller. The process has not changed from the prior year.