



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



Form 990

Return of Organization Exempt From Income Tax

OMB No 1545 0047

2010

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► 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 7/01, 2010, and ending 6/30, 2011		D Employer identification number 33-0797527	
B Check if applicable Address change Name change Initial return Terminated Amended return Application pending M C FATHERS, INC. P O BOX 530809 SAN DIEGO, CA 92153		E Telephone number (619) 399-1156	
F Name and address of principal office SAME AS C ABOVE		G Gross receipts \$ 1,331,289	
I Tax exempt status X 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) 4947(a)(1) or 527		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, attach a list (see instructions)	
J Website. ► N/A		H(c) Group exemption number ►	
K Form of organization X Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		L Year of formation 1998 M State of legal domicile CA	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities M C FATHERS, INC. WAS CREATED TO BEAR WITNESS TO THE TRUTHS OF THE ROMAN CATHOLIC FAITH THROUGHOUT THE WORLD, TO PROMULGATE THE DOCTRINES AND TEACHINGS OF THIS FAITH, AND TO PROMOTE FELLOWSHIP AMONG ALL OF GOD'S PEOPLE THROUGH THEIR WORK IN RETREATS, WORKSHOPS, MINISTRY WORK	
	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	5
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	0
5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	0
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 1a)	RECEIVED	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2d)	2010	1,322,900	1,317,882.
10 Investment income (Part VIII, column (A), lines 3, 6a, 7a, 7b, 10c, and 11e)	IRS OSC	486	415	
11 Other revenue (Part VIII, column (A), lines 5, 6c, 7c, 9c, 10c, and 11e)	2010	46,168	12,992	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	RECEIVED	1,369,554	1,331,289.	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2010	1,128,233	1,222,928	
14 Benefits paid to or for members (Part IX, column (A), line 4)	RECEIVED			
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2010			
16a Professional fundraising fees (Part IX, column (A), line 11c)	RECEIVED			
b Total fundraising expenses (Part IX, column (D), line 25) ►	2010			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2010	80,681	119,707	
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2010	1,208,914	1,342,635.	
19 Revenue less expenses Subtract line 18 from line 12	2010	160,640	-11,346	
20 Total assets (Part X, line 16)	Beginning of Current Year	770,401	759,055.	
21 Total liabilities (Part X, line 26)	End of Year	0	0.	
22 Net assets or fund balances Subtract line 21 from line 20		770,401	759,055	

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	► <input checked="" type="checkbox"/> <i>C. Filleti</i>	Date 10-10-11
	Signature of officer ► VICTOR FILLETI, MC	CFO

Paid Preparer Use Only	Print/Type preparer's name PETER H. VELEKER	Preparer's signature <i>Peter H. Veleker</i>	Date 10-10-11	Check <input type="checkbox"/> if self employed	PTIN P00128894
	Firm's name ► STRONG, VELEKER & COLEMAN CPAS LLP	Firm's EIN ► 20-8135479			
Firm's address ► 345 F ST STE 200 CHULA VISTA, CA 91910-2634	Phone no 619-427-6304				

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

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TCEA0113L 12/21/10

X Yes No

Form 990 (2010)

G17

SCANNED SEP 03 2013

SCANNED OCT 25 2011

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)? If 'Yes,' complete Schedule A	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3 X	
4 Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8 X	
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9 X	
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	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		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11a X	
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? If 'Yes,' complete Schedule D, Part VII	11b X	
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? If 'Yes,' complete Schedule D, Part VIII	11c X	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13 X	
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Parts I and IV	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16 X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19 X	
20a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20a X	
b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note: Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b X	

RECEIVED

10/21/2013

**FAST
IRS OGDEN, UTAH**

Schedule F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

M.C. FATHERS, INC.

Employer identification number

33-0797527

Part I General Information on Activities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	0	0			0

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2010

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000. □

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENTRAL AMERICA	PASTORAL WORK	190,000.	WIRE			
(2)			NORTH AMERICA	EDUCATION	46,900.	WIRE			
(3)			NORTH AMERICA	LIVING COSTS	8,610.	WIRE			
(4)			NORTH AMERICA	MISSION OPER	295,500.	WIRE			
(5)			NORTH AMERICA	PASTORAL WORK	152,685.	WIRE			
(6)			NORTH AMERICA	PASTORAL WORK	190,000.	WIRE			
(7)			SOUTH ASIA	PASTORAL WORK	65,947.	WIRE			
(8)			SUB-SAHARA AFR	PASTORAL WORK	52,052.	WIRE			
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

8

BAA

Schedule F (Form 990) 2010

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) BANK	NORTH AMERICA	14	5,666.	WIRES			
(2) EDUC., FOOD, HOUSE	NORTH AMERICA	9	6,068.	CREDIT CARD			
(3) EDUC., FOOD, TRAVEL	NORTH AMERICA	20	4,268.	WIRES			
(4) FORMATION STUDENTS	NORTH AMERICA	12	6,738.	WIRES			
(5) HOUSE MAINT.	NORTH AMERICA		4,882.	CREDIT CARD			
(6) HOUSE MAINTENANCE	NORTH AMERICA		7,664.	WIRES			
(7) MAINT OF PRIESTS & STUDENTS	NORTH AMERICA	15	21,500.	WIRES			
(8) MAINT OF PRIESTS & STUDENTS	NORTH AMERICA	8	22,620.	CREDIT CARD			
(9) MAINT OF PRIESTS & STUDENTS	SUB-SAHARAN AFRICA	1	1,431.	CREDIT CARD			
(10) MISSION OPERATING COSTS	CENTRAL AMERICA	1	1,335.	CREDIT CARD			
(11) MISSION OPERATING COSTS	NORTH AMERICA	15	20,813.	WIRES			
(12) MISSION OPERATING COSTS	NORTH AMERICA	8	8,390.	CREDIT CARD			
(13) MISSION OPERATING COSTS	SOUTH ASIA	3	5,495.	WIRES			
(14) MISSION OPERATING COSTS	SOUTH ASIA	6	15,000.	CASH CREDIT			
(15) ONGOING FORMATION	EUROPE	2	2,538.	CREDIT CARD			
(16) ONGOING FORMATION	NORTH AMERICA	10	23,878.	CREDIT CARD			
(17) ASTORAL WORK	NORTH AMERICA	1	1,750.	CREDIT CARD			
(18) TRAVEL	CENTRAL AMERICA	1	221.	CREDIT CARD			

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
TRAVEL	EUROPE	1	1,199.	CREDIT CARD			
TRAVEL	NORTH AMERICA	18	24,269.	CREDIT CARD			
TRAVEL	NORTH AMERICA	7	14,451.	WIRE			
TRAVEL	SOUTH ASIA	5	10,320.	CREDIT CARD			
TRAVEL	SUB-SARAHAN AFRICA	1	1,838.	CREDIT CARD			

Part IV **Foreign Forms**

1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 926, *Return by a U.S. Transferor of Property to a Foreign Corporation* (see instructions for Form 926) Yes No

2 Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be required to file Form 3520, *Annual Return To Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts*, and/or Form 3520-A *Annual Information Return of Foreign Trust With a U.S. Owner* (see instructions for Forms 3520 and 3520-A) Yes No

3 Did the organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 5471, *Information Return of U.S. Persons with respect to Certain Foreign Corporations* (see instructions for Form 5471) Yes No

4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, *Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund* (see instructions for Form 8621) Yes No

5 Did the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the organization may be required to file Form 8865, *Return of U.S. Persons with respect to Certain Foreign Partnerships* (see instructions for Form 8865) Yes No

6 Did the organization have any operations in or related to any boycotting countries during the tax year? If 'Yes,' the organization may be required to file Form 5713, *International Boycott Report* (see instructions for Form 5713) Yes No