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## Form **990**

**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 2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

$\overline{A}$	For the	2010 calen	dar year, or tax year beginning 8/01 , 2010, and ending	7/3	31		2011	
В	Check if an	_					cation Number	-
		ss change	MEXICAN AMERICAN CATHOLIC COLLEGE, INC.		74-	17125	28	
-	$\vdash$	change	3115 WEST ASHBY PLACE	ŀ	E Telepho			
	$\vdash$	•	SAN ANTONIO, TX 78228		•		2-2156	
	$\vdash$	return		ŀ	(21	0) /3	2-2136	
	Termi							
	Amen	ded return			G Gross r		<u>2,715,</u>	
	Applic	ation pending	· · ·	H(a) Is this a			otes? Yes	X No
			Same As c Above	H <b>(b)</b> Are all a If 'No ' a	affiliates incl attach a list		uctions) Yes	No
1_	Tax-exe	mpt status	X 501(c)(3) 501(c) ( )    (Insert no ) 4947(a)(1) or 527	11 110, 6	attach a list	(300 11311	uctions)	
J	Websi	te: ► ww	w.maccsa.org	H(c) Group e	xemption ni	umber -	0928	
K	Form of	organization	X Corporation Trust Association Other ► L Year of Formation	on 1972	. Ms	State of led	gal domicile TX	
Pá	art I	Summa		-				
			be the organization's mission or most significant activities _The Colle	ege has	s as i	t's m	nission "	Tο
•	l e	mpower	and educate leaders for service in a culturally	v dive	rse ch	nurch	and soci	etv
Activities & Governance	b	v offer	ing a bi-literate, multi-clutural formation pro	naram	that c	ran l	<u>-and to a</u>	
гa			of Arts and a Master of Arts degree in Pastor					
Ş		eck this bo		re than 25	% of its	net ass	ets	
Ğ	1		oting members of the governing body (Part VI, line 1a)	0 (1.0 =0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3	0.0	19
ø,	4 Nu	ımber of ın	dependent voting members of the governing body (Part VI, line 1b)			4		15
įį	<b>5</b> To	tal numbei	of individuals employed in calendar year 2010 (Part V, line 2a)			5		43
ŧ	<b>6</b> To	tal numbei	of volunteers (estimate if necessary)			6		2
4	<b>7a</b> To	tal unrelat	ed business revenue from Part VIII, column (C), line 12			7a		0.
	<b>b</b> Ne	et unrelated	business taxable income from Form 990-T, line 34			7 b		0.
				Pr	ior Year		Current Yo	ear
4	<b>8</b> Co	ntributions	and grants (Part VIII, line 1h)		688,3			832.
Į,	<b>9</b> Pr	ogram serv	vice revenue (Part VIII, line 2g)		747,3			755.
Revenue	10 Inv	vestment ir	ncome (Part VIII, column (A), lines 3, 4, and 7d).		206,5	557.		723.
ď	11 Ot	her revenu	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		114,0			820.
	<b>12</b> To	tal revenue	e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1	,756,3	341.	1,357	130.
	<b>13</b> Gr	ants and s	ımılar amounts paid (Part IX, column (A), lines 1-3)					
	14 Be	enefits paid	to or for members (Part IX, column (A), line 4)					
	1	•	er compensation, employee benefits (Part IX, column (A), lines 5-10)	1	1,117,196		1,388	915.
69	16a Pr		fundraising fees (Part IX, column (A), line 11e)		, , _			
Expenses	1021							
Š	<b>p</b> 10	tal fundral	ng-expenses (Par) X, column (D), line 25) ► 172, 597.					
_	17 Ot		Eg (Part IX, column (A) Unes 11a-11d, 11f-24f)		767,7			124.
	<b>18</b> To	talek poembs	es Add lines 13-17 (mu <b>sc</b> equal Part IX, column (A), line 25)		,884,9		2,092	
	19 Re	venueyes	s extenses subtract line as from line 12		-128,5	81.	-734	909.
Net Assets or Fund Balances					g of Curren		End of Ye	
ale a	<b>20</b> To	tal assets	PATY (MEND) IT	6	<u>,709,6</u>		5,889	
80	<b>21</b> To	tal liabilitie	Ral X 11 26 26 26 26 26 26 26 26 26 26 26 26 26		153,3	305.	100	729.
Ş	22 Ne	t assets or	fund balances. Subtract line 21 from line 20	6	,556,3	371.	5,788	464.
	art II	Signatu	re Block				· · · · · · · · · · · · · · · · · · ·	
				he hest of m	v knowledne	and helie	of it is true correct	and
con	nplete Decl	aration of prep	leclare that I have examined this return, including accompanying schedules and statements, and to t arer (other than officer) is based on all information of which preparer has any knowledge	110 0031 01 111	, knomouge	s and bone	ii, it is true, correc	, una
		<b>A</b>	rturo Chavez		9/12/	2012		
Sig	an	Signati	ore of officer	Dat	e /			
He	ere	Mr.	Arturo Chavez, Ph.D.	Presi	dent 8	& CEO		
			print name and title					
		Print/Type i	preparer's name Preparer's synature MCIN Date	···-	Check 2	K if P	TIN	
<b>D</b> -	.:	1	el Garza, CPA Michael Garza, CPA		_	_	00543101	
Pa					self-employ	eu I	00040101	
	eparer se Only	Firm's name				- 71	2425512	
US	oc Omy	Firm's addr					2425513	
_		<u> </u>	San Antonio, TX 78230		Phone no	(210)		
			ns return with the preparer shown above? (see instructions)				X Yes	No
BA	A For Pa	aperwork F	leduction Act Notice, see the separate instructions.	A0113L 12/	21/10		Form <b>99</b> 0	(2010)

Forr		CATHOLIC COLLEGE, INC.	74-3	712528		Page 2
Pa	Statement of Program Sen	•				
		esponse to any question in this Part I	IL			X
1	Briefly describe the organization's mission See Schedule 0	on 				
2	Did the organization undertake any signi	ficant program services during the ye	ar which were not listed on the pri			
	Form 990 or 990-EZ?	Sahadula O			es X	No
3	If 'Yes,' describe these new services on Did the organization cease conducting, or		conducts any program services?		res X	No
J	If 'Yes,' describe these changes on Sche	•	conducts, any program services.		ies [A	140
4	Describe the exempt purpose achieveme and 501(c)(4) organizations and section expenses, and revenue, if any, for each	ents for each of the organization's thre 4947(a)(1) trusts are required to repo	ee largest program services by exp rt the amount of grants and alloca	enses Se tions to ot	ction 50 hers, the	1(c)(3) e total
4		, 628, 672. including grants of				)
	The Mexican American Cath					ng_a_
	bi-literate, multicultura Pastoral Ministry. Educat					
	development that provide					ugc
	Hispanics in the United S					he
	year ended July 31, 2011					uing
	_education_amounted_to_346	_students				
	<u></u>					
4	(Code) (Expenses \$	including grants of	) (Revenue	\$		)
4	c (Code ) (Expenses \$	including grants of	) (Revenue	Ś		```
•	) (Expenses +		, (	T		
	Other program convece (December - Sal	andula () )				
4	d Other program services (Describe in Sci (Expenses \$	nedule O ) Including grants of \$	) (Revenue \$		١	
4	e Total program service expenses ►	1,628,672.	y fricacinac 4			

			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	Х	
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_	=	<b>X</b> _
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		Х
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8	Х	
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		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? It is complete Schedule D, Part $V$	10	Х	
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, 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	11 a	Х	
ı	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	11 b		Х
•	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	11 c		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	11 d	х	
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		<u>X</u>
1	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	11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a	Х	
ı	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
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	_X	
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
	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
	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
	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
	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
	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_
20	a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		<u>X</u>
	b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20 b		
BAA	TEEA0103L 12/21/10	Form	990 (	2010)

Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 21 Х Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part 22 X IX, column (A), line 27 If 'Yes,' complete Schedule I, Parts I and III Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete 23 Х 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25 24a Х 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 25 a 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? If 'Yes,' complete Schedule L, Part I Х 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? If 'Yes,' complete 25b Х Schedule L, Part I 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? If 'Yes,' complete Schedule L, Part II Х 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III Х 27 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? If 'Yes,' complete Schedule L, Part IV X 28a **b** A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete 28b Х Schedule L, Part IV 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? If 'Yes,' complete Schedule L, Part IV Х 28c Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 Х 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II 32 32 Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I Х 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 34 Х line 1 35 Х Is any related organization a controlled entity within the meaning of section 512(b)(13)? 35 a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 Yes X No Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 36 X Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is Х 37 treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI

Form **990** (2010)

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

MEXICAN AMERICAN CATHOLIC COLLEGE, INC. 74-1712528 Form **990** (2010) Page 5 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 10 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1 a 1 b **b** 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 X 1 c (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 43 2b Х 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) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За 3b 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 4a X 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? 5a X 5b 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? 5 c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization 6a X 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 6b not tax deductible 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? 7 a Х 7b es,' 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? 70 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? 7 e 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? a If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 **7**g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 7h Form 1098-C7 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 8 holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. 9a 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 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter 11 a 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 ) 11 b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 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. 13a

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

Form 990 (2010)

14a

14b

X

13b

13c

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year 1 a b Enter the number of voting members included in line 1a, above, who are independent 15 1 b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? See Schedule 0 X 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents 4 since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the X governing body? 7 a X **b** Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a Х Х **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O Х 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a X **10a** Does the organization have local chapters, branches, or affiliates? b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b Х 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11 a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 12a X b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Х c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done Х 12 c See Schedule 0 X 13 Does the organization have a written whistleblower policy? 13 X 14 Does the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х a The organization's CEO, Executive Director, or top management official 15 a **b** Other officers of key employees of the organization See Schedule O 15 b Х If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16 a X taxable entity during the year? b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the 16<sub>b</sub> organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Another's website Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Schedule 0 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

►Clemencia Barrera, Finance Dir 3115 West. Ashby Place San Antonio TX 78228 (210) 732-

000 (2010)	MEVICAN	AMEDICAN	CARRIOTEC	COLLECE	TNC
Form <b>990</b> (2010)	MEVICAN	MILCATON	CHILOTIC	COPPERE,	INC.

74-1712528

Page 7

## 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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

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

(A)	(B)	Ciate	,a oi		) C)	1011 00	····pe	(D)	(E)	<b>(F)</b>
Name and title	Average hours		_	check	all t	hat app	,	Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week (describe hours for related organiza- tions in Schedule O)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Rev. Michael D. Pfeifer										
	2	Х						0.	0.	0.
(2) Mr. Arturo Chavez, PhD									_	
President & CEO	55	Х	ļ	X	X			109,666.	0.	5,930.
_(3)_RevPatrick_Flores	_								_	_
Chair Emeritus	1	Х				-		0.	0.	0.
_(4) Sr. Theresa McGrath, CC										
Sec./Treasurer	2	Х		X				0.	0.	16,931.
_(5)_MrDaniel_Lizarraga	_					į			_	_
Director	1	Х					_	0.	0.	0.
_(6) Rev. David Garcia	_									_
Director	1	Х						0.	0.	0.
_(7)_Ms Joan_F Neal	_	.,								_
Director	1	X						0.	0.	0.
_(8)_DrRScott_Woodard	_	, <i>,</i>								_
Director	1	Х						0.	0.	0.
_(9) Rev. Oscar Cantu, STD		١,,		.,						
Chairman C. M.	1	Х		Х				0.	0.	0.
(10) Rev. Daniel Flores, S.T		١,,								
Director	1	Х						0.	0.	0.
(11) Most Rev. John C. Weste		<b>,</b> ,								•
Director	1	Х						0.	0.	0.
(12) Most Rev. Gustavo Garci	,	,,								•
Ex-Officio Dir.	1	X						0.	0.	0.
(13) Very Rev. Jeff Pehl Ex-Officio Dir.	1	Х						0.	0.	0
(14) Rev. Patrick Zurek, D.D	<del>-</del>					_		0.	<u>U.</u>	0.
Director	1	Х						0.	0.	0
(15) Rev. Jose H. Gomez		_^						0.	0.	0.
Director	1	х	į					0.	0.	0
(16) Rev. Arturo Cepeda	<del>, -</del> -	Λ.						0.	0.	0.
Director	1	х						0.	0.	75,965.
(17) Rev, Dan Paul Borlik, C								0.		13,303.
Director	1	х						0.	0.	0.
BAA			FFΔ	11071	12	/21/10	Ll	0.1	<u> </u>	Form <b>990</b> (2010)

Randy Section A. Officers, Directors, Trus	1	<b>\ey</b>	En			es,	an			
(A)	(B)	D	<i>(</i>		c)			(D)	(E)	(F)
Name and title	Average hours per week (describe hours for related organizations in Sch O)			Officer		Mighest compensation		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
	Sch O)	ee	ıstee		-	ensated	-			
(18) Ms. Ana Novoa										
Vice Chair	1	Х		X				0.	0.	0.
_(19) John_Bruce, CPA Secretary/Treas	1	X		X				0.	0	
(20) Rev. Len Brown, CMF		^		^				0.	0.	0.
	0						Х	0.	0.	/ 18,401.
(21)										
<u>(22)</u>										
(24)										
(25)										
(26)										
(27)										
(28)										
(29)										
1 b Sub-total	L	1	·				•	109,666.	0.	117,227.
c Total from continuation sheets to Part VII, Section	A						•	0.	0.	0.
d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limite	d to tho	se li	sted	labo	ove)	who	o re	109,666.	0. \$100,000 in report	117,227. able compensation
from the organization   1										Yes No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or trust ndıvıdua	ee, I	key	emp	loy	ee, d	or hi	ghest compensate	ed employee	Yes No 3 X
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater t such individual	portable han \$15	cor 60,00	npe 10?	nsat <i>If 'Y</i>	ion es'	and com	oth <i>plet</i>	er compensation e Schedule J for	from	4 X
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' or a services rendered to the organization.	ompens complete	atioi e <i>Sc</i>	n fro hed	om a ule .	any <i>J foi</i>	unre r <i>suc</i>	late ch p	d organization or erson	ındıvıdual	5 X
Section B. Independent Contractors								<del> </del>	#100.000 f	
1 Complete this table for your five highest compensation from the organization	ea inael	pend	tent	con	itrac	tors	tha	t received more th	nan \$100,000 of	
(A) Name and business addres	s							( <b>B</b> ) Description o	of services	<b>(C)</b> Compensation
									- 1	
2 Total number of independent contractors (including	but not	lımı	led t	to th	1056	list	ed a	hove) who receive	ed more than	
\$100,000 in compensation from the organization				- **						

Pa	t VIII Statement of Revenue				
		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
TS S	1a Federated campaigns.				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	b Membership dues 1b				
S, G	c Fundraising events				
AR/A	d Related organizations 1d				
IS, G	e Government grants (contributions) 1e				
S S	f All other contributions oifts grants and				
E E	f All other contributions, gifts, grants, and similar amounts not included above 1f 314,832.				
F S	g Noncash contributions included in lns 1a-1f \$				
გ∢	h Total. Add lines 1a-1f	314,832.			
Š	Business Code				
EVE	2a Tuition and Fees 611600	588,895.	588,895.		
E E	b Room and Board 611600	231,245.	231,245.		
Š	c Translations/Homiletics 611600	17,615.	17,615.		
I SEI	d Consulting Services 611600				
RAR	e				
PROGRAM SERVICE REVENUE	f All other program service revenue	027 755			1
	g Total. Add lines 2a-21	837,755.			
	3 Investment income (including dividends, interest and other similar amounts)	60,286.			60,286.
	4 Income from investment of tax-exempt bond proceeds	00,200.			00,200.
	5 Royalties		-		<u> </u>
	(i) Real (ii) Personal				
	<b>6a</b> Gross Rents 11, 798.				
	<b>b</b> Less rental expenses				
	c Rental income or (loss) 11,798.		ļ		
	d Net rental income or (loss)	11,798.			11,798.
	7a Gross amount from sales of (i) Securities (ii) Other	·			
	assets other than inventory 1,430,675.				
	<b>b</b> Less: cost or other basis				
	and sales expenses 1,304,238.				
	c Gain or (loss) 126, 437.				_
	d Net gain or (loss)	126,437.			126,437.
NUE	8a Gross income from fundraising events (not including \$				
Ĕ	of contributions reported on line 1c)				
OTHER REVENU	See Part IV, line 18 a 1,445.				
ᅜ	<b>b</b> Less direct expenses <b>b</b> 5,313.	2.000	-		2 060
,	c Net income or (loss) from fundraising events ▶	-3,868.			-3,868.
	9a Gross income from gaming activities See Part IV, line 19				
	b Less direct expenses b				
	c Net income or (loss) from gaming activities				-
	<b>10 a</b> Gross sales of inventory, less returns and allowances <b>a</b> 48, 962.				
	<b>b</b> Less cost of goods sold <b>b</b> 49,305.		1		
	c Net income or (loss) from sales of inventory	-343.	-343.		
	Miscellaneous Revenue Business Code				
	11a OTHER 900099	9,800.			9,800.
	b ROYALTIES/PRINTS 900099	433.			433.
	c				
	d All other revenue				
	e Total. Add lines 11a-11d	10,233.			
	12 Total revenue. See instructions	1,357,130.	837,412.	0	. 204,886.

#### 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)

	not include amounts reported on lines 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 U.S. See Part IV, line 21		expenses	general expenses	expenses
2-					
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	210,222.	139,826.	35,198.	35,198.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	992,649.	727,343.	216,884.	48,422.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	112,436.	70,875.	27,596.	13,965.
10	Payroll taxes	73,608.	51,648.	16,611.	5,349.
11	Fees for services (non-employees).				
	a Management				
- 1	<b>b</b> Legal				
(	C Accounting	35,856.	29,164.	5,914.	778.
(	<b>d</b> Lobbying				
	e Professional fundraising services See Part IV, line 17 f Investment management fees				
	Other				
	Advertising and promotion	25,798.	19,020.		6,778.
13	Office expenses	23,130.	15,020.		0,110.
14	Information technology				
15	Royalties	-			
16	Occupancy				
17	Travel	21,570.	10,232.	9,692.	1,646.
	Payments of travel or entertainment expenses for any federal, state, or local public officials	21,070.	10,232.	37032.	1,010.
19	Conferences, conventions, and meetings	8,806.	6,185.	2,247.	374.
20	Interest	325.		325.	
	Payments to affiliates				
22	Depreciation, depletion, and amortization	204,120.	169,798.	29,792.	4,530.
23 24	Insurance Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)	30,063.	25,015.	4,382.	666.
	utilities & Telephone	100,698.	23,332.	76,518.	848.
	Equipment and Furnishings	46,769.	16,494.	29,842.	433.
	Consultants/Contract Labor	42,790.	42,438.	352.	
	d Maintenance and Grounds	30,705.	42.	30,663.	
•	e Professional Fees	24,957.	9,040.	15,917.	
1	f All other expenses.	130,667.	288,220.	-211,163.	53,610.
25	Total functional expenses Add lines 1 through 24f	2,092,039.	1,628,672.	290,770.	172,597.
26	Joint costs. Check here ► If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA	<del> </del>				Form <b>990</b> (2010)

[ [	ırt X	Balance Sheet		-	(A) Beginning of year		<b>(B)</b> End of year
_	1	Cash – non-interest-bearing			100,902.	1	-70,128.
	2	Savings and temporary cash investments		-	596,007.	2	511,547.
	3	Pledges and grants receivable, net		-	77,028.	3	33,566.
	4	Accounts receivable, net		-	105,376.	4	76,396.
-	-		-		100,010.		70,000.
	5	Receivables from current and former officers, director and highest compensated employees Complete Part	II of So	chedule L		5	
	6	Receivables from other disqualified persons (as definition persons described in section 4958(c)(3)(B), and contributions organizations of section 501(c)(9) voluntations organizations (see instructions)	ed und ibuting ry emp	er section 4958(f)(1)), employers and loyees' beneficiary		6	
Ą	7	Notes and loans receivable, net		-		7	
A S E T S	8	Inventories for sale or use		-	35,093.	8	35,093.
Ţ	9	Prepaid expenses and deferred charges		-	12,230.	9	7,460.
3		-	1 1	-	12,250.		7,400.
	10 a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a	6,367,117.			
	l	Less accumulated depreciation.	10Ь	2,898,728.	3,607,820.	10 c	3,468,389.
	11	Investments – publicly traded securities		-	1,737,775.	11	1,379,788.
	12	Investments – other securities See Part IV, line 11		-		12	
	13	Investments – program-related See Part IV, line 11		_		13	
	14	Intangible assets	10,000.	14	5,000.		
	15	Other assets See Part IV, line 11		_	427,445.	15	442,082.
	16	Total assets Add lines 1 through 15 (must equal line	34)		6,709,676.	16	5,889,193.
	17	Accounts payable and accrued expenses		_	97,000.	17	92,232.
	18	Grants payable	7,472.	18 19	8,497.		
	19	Deferred revenue	revenue				
ŀ	20	Tax-exempt bond liabilities		_		20	
B	21	Escrow or custodial account liability Complete Part	V of S	chedule D	*	21	
L I T	22	Payables to current and former officers, directors, tru highest compensated employees, and disqualified per	stees, l rsons (	key employees, Complete Part II		22	
E S	22	of Schedule L	ard nor	tion	48,833.	23	
5	23	Secured mortgages and notes payable to unrelated the			40,033.	24	
	l	Unsecured notes and loans payable to unrelated third	partie	5		25	
	25	Other liabilities Complete Part X of Schedule D		-	153,305.	26	100,729.
	26	Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117, check here	Y an	d complete lines	133,303.	20	100,729.
P E		27 through 29 and lines 33 and 34.	· [A] all	u complete intes			
	27	Unrestricted net assets		,	4,499,947.	27	3,953,198.
ASSETS	l				809,936.	28	588,778.
Ī	28	Temporarily restricted net assets  Permanently restricted net assets		-	1,246,488.	29	1,246,488.
Q R	29			and complete	1,240,400.	25	1,240,400.
	! !	Organizations that do not follow SFAS 117, check he lines 30 through 34.	and complete				
DZ0	30	Capital stock or trust principal, or current funds	ĺ		30		
	31	Paid-in or capital surplus, or land, building, or equipn	nent fui	nd		31	
Ě	32	Retained earnings, endowment, accumulated income				32	
<b>B4L4ZCEの</b>	33	Total net assets or fund balances		ļ	6,556,371.	33	5,788,464.
Ē	34	Total liabilities and net assets/fund balances.		ļ	6,709,676.	34	5,889,193.

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Form **990** (2010)

For	m 990 (2010) MEXICAN AMERICAN CATHOLIC COLLEGE, INC.	74-1712528		Pa	age <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	_	<u>57, 1</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2		92,0	
3	Revenue less expenses Subtract line 2 from line 1	3		34,9	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		56,3	
5	Other changes in net assets or fund balances (explain in Schedule O) See Schedule O	5		32,9	<u>998.</u>
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	5 7	88,4	164
Pa	rt XII Financial Statements and Reporting		3, 1	00,	101.
1 4	Check if Schedule O contains a response to any question in this Part XII				
	Chook in Contouring a response to any question in this rate Air			Yes	No
1	Accounting method used to prepare the Form 990				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O				
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	<b>b</b> Were the organization's financial statements audited by an independent accountant?		2b	Х	
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh review, or compilation of its financial statements and selection of an independent accountant?	t of the audit,	2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
	d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were separate basis, consolidated basis, or both	issued on a		:	
	X   Separate basis   Consolidated basis   Both consolidated and separate basis				
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Audit Act and OMB Circular A-133?	the Single	3a		<u>x</u>
	<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required audit	3b		

Form **990** (2010)

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## SCHEDULE A (Form 990 or 990-EZ)

#### **Public Charity Status and Public Support**

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Total

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Employer identification number Name of the organization MEXICAN AMERICAN CATHOLIC COLLEGE, INC. 74-1712528

Pan	<u> </u>	Reason for Publ	ic Charity Status	(All organizations	must c	comple	te this	<u>part.)</u>	See II	istruct	ions.		
The c	rga	nization is not a-priva	te foundation because	e it is (For lines 1-thro	ugh 11,	check o	nly one	box)				-	-
1	П	A church, convention	of churches or assoc	ciation of churches desc	cribed in	section	170(b)	(1)(A)(i).					
2	X	A school described in	section 170(b)(1)(A)	(ii). (Attach Schedule E	Ξ.)								
3	П	A hospital or a coope	rative hospital service	e organization describe	d in sec	tion 17	)(b)(1)(A	λχ(iii).					
4	П	A medical research o	rganization operated	in conjunction with a h	ospital o	describe	d in <b>sec</b>	tion 17	0(b)(1)(A	<b>)(iii)</b> . Er	ter the hos	spital's	,
	_	name, city, and state		•	•								
5		An organization operation (Cor	ated for the benefit of mplete Part II)	f a college or university	owned	or oper	ated by	a gover	nmenta	unit des	scribed in s	section	1
6 7	Ц		normally receives a s	overnmental unit descri lubstantial part of its su t II)					t or fron	n the ger	neral public	descr	ribed
8	Ш	A community trust de	scribed in section 17	'0(b)(1)(A)(vi). (Complet	te Part I	l.)							
9		An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)											
10	Ш	An organization organization	nized and operated e	xclusively to test for pu	ıblıc safe	ety. See	section	1 509(a)	(4).				
11		more publicly support describes the type of	ted organizations des supporting organizat	xclusively for the beneficibed in section 509(a ion and complete lines	)(1) or s 11e thre	ection 5 ough 11	509(a)(2 h	) See <b>s</b>	of, or ca section s	rry out th 5 <b>09(a)(3)</b>	. Check th	ie box	that
		a ∐Type I	<b>b</b> Type II	ш	l – Fund	-	_			.a ∐.	Type III -		r
е	Ш	other than foundation section 509(a)(2)	I certify that the organization in the control of t	anization is not controll than one or more pub	led direct licly sup	tly or in ported o	directly organiza	by one itions de	or more escribed	in section	fied persoi on 509(a)(1	ns ) or	
f		If the organization recheck this box	ceived a written detei	rmination from the IRS	that is a	Type I	Type II	or Type	e III sup	porting o	organizatio	n,	
g		Since August 17, 200	6, has the organization	on accepted any gift o	r contrib	ution fro	om any	of the fo	ollowing	persons	7		
												Yes	No
		(i) A person who d	lirectly or indirectly co erning body of the sup	ontrols, either alone or	togethe	with pe	ersons d	lescribe	d ın (ıı)	and (III)	11 (1)		
		•		•							11 g (i)		
		• •	er of a person describ	• • •	hous?						11 g (ii)		
L		• •	•	described in (i) or (ii) a							11 g (iii)	Ll	
<u>h</u>				e supported organization	T ' ' ' ' '					1			<del></del>
		(i) Name of supported organization	(n) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiz column ( your go	s the ation in ) listed in everning ment?	the organ	ou notify nization in n (i) of upport?	organiz	s the ation in nn (i) ed in the S ?	(vii) Amoui	nt of sup	port
					Yes	No	Yes	No	Yes	No			
(A)					<u> </u>								
(B)	_												
(C)													
(D)													
(E)													
<u></u> /					<del> </del>								

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

Schedule A (Form 990 or 990-EZ) 2010

#### Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III )

Sec	tion A. Public Support							
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010	(f) Total	
1	Gifts, grants, contributions, and membership fees received (Do not include 'unusual grants ')			-	-			
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	<b>Public support.</b> Subtract line 5 from line 4			-				
Sec	tion B. Total Support							
	ndar year (or fiscal year nning in) ►	(a) 2006	<b>(b)</b> 2007	(c) 2008	( <b>d)</b> 2009	<b>(e)</b> 2010	(f) Total	
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activ	rities, etc (see ins	structions)				12	
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, o	or fifth tax year as	a section 50	1(c)(3)	<u>-                                    </u>
	tion C. Computation of Pul							
	Public support percentage for 20	, ,	• • • • • • • • • • • • • • • • • • • •	ne 11, column (f))	1	_	14	<u>%</u>
	Public support percentage from 3		,			_	15	<u>%</u>
16 a	a 33-1/3% support test — 2010. If it and stop here. The organization	the organization of qualifies as a pu	did not check the blicly supported o	box on line 13, ar organization	nd the line 14 is 3	3-1/3% or mo	ore, check this box	<b>-</b>
t	33-1/3% support test – 2009. If the and stop here. The organization	the organization of qualifies as a pu	did not check a bo blicly supported o	ox on line 13 or 10 organization	Sa, and line 15 is	33-1/3% or m	nore, check this box	<u>;</u>
17 a	n 10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-	and-circumstance	s' test, check this	box and stop her	re. Explain in	Part IV how	•
t	<ul> <li>10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and</li> </ul>	meets the 'facts-	and-circumstance	s' test, check this	box and stop her	re. Explain in	Part IV how the	· 🔲
18	Private foundation. If the organi	zation did not ch	eck a box on line	13, 16a, 16b, 17a	··			<u>•                                     </u>
BAA					Sc	hedule A (For	rm 990 or 990-EZ)	2010

### Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

	to quality under the tests if	isted below, pleas	se complete Part	II )						
<u>Sec</u>	tion A. Public Support	· -				,				
1	dar year (or fiscal yr beginning in)► Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants.')	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 201	0	<b>(f)</b> Total		
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							,		
3	Gross receipts from activities that are not an unrelated trade or business under section 513									
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf									
5	The value of services or facilities furnished by a governmental unit to the organization without charge									
	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons									
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year									
С	Add lines 7a and 7b									
	Public support (Subtract line 7c from line 6)									
Sec	tion B. Total Support	T		Γ	T	<del>,</del>				
Calen	dar year (or fiscal yr beginning in)►	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 201	0	(f) Total		
10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses									
	acquired after June 30, 1975									
11	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on									
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)									
13	Total support. (Add Ins 9, 10c, 11, and 12)									
	First five years. If the Form 990 organization, check this box and	is for the organiz	ation's first, seco	nd, third, fourth, o	or fifth tax year as	a section 5	01(c)(3)	▶□		
	tion C. Computation of Pu									
	Public support percentage for 20			ne 13 column (f)	<u> </u>		15	<del></del>		
	Public support percentage for 20  Public support percentage from			ie 15, column (f)	,		16			
	tion D. Computation of Inv						10			
	Investment income percentage f				ımn (f))		17	8		
18	Investment income percentage i	•		· ·	2011 (1/)		18	<u>-</u> %		
	33-1/3% support tests – 2010. I	f the organization	did not check the	box on line 14.	and line 15 is mor as a publicly supp	ا e than 33-1 <i>i</i> orted organ	/3%. and			
b	is not more than 33-1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <b>b</b> 33-1/3% support tests — 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization									
20	Private foundation. If the organi	ization did not che	eck a box on line	14, 19a, or 19b, o	check this box and	d see instruc	tions	▶ □		

Schedule A	(Form 990 or 990-EZ)	2010 MEXIC	AN AMERICAN	CATHOLIC C	OLLEGE, INC.	74-1712528	Page 4
Part IV	Supplemental Info Part II, line 17a or (See instructions)	<b>ormation.</b> Con	nplete this par rt III, line 12. A	t to provide the Also complete t	e explanations this part for any	required by Part II, lin additional informatio	ne 10; n.
		- <b></b>					
	·	<del></del>					
	· <b></b>						·
				<b></b>			
	· <b></b>						
	· <del></del>			<del></del>			
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<del>-</del>	. <b></b>						

#### **SCHEDULE D** (Form 990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 2010

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection Employer identification number

MEX	ICAN AMERICAN CATHOLIC COLLEG	E, INC.	74-1712528						
Par	t   Organizations Maintaining Donor	r Advised Funds or Other Similar Fun	nds 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								
7									
5	Did the organization inform all donors and dor funds are the organization's property, subject	to the organization's exclusive legal control?	Yes No						
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private benefits	the benefit of the donor or donor advisor, or fo	ds can be r any other Yes No						
Par	t II Conservation Easements. Compl	ete if the organization answered 'Yes'	to Form 990, Part IV, line 7.						
1	Purpose(s) of conservation easements held by	y the organization (check all that apply)							
	Preservation of land for public use (e.g., r	ecreation or education) Preservation	of an historically important land area						
	Protection of natural habitat	Preservation	of a certified historic structure						
	Preservation of open space								
2	Complete lines 2a through 2d if the organization	on held a qualified conservation contribution in	the form of a conservation easement on the						
	last day of the tax year								
			Held at the End of the Tax Year						
а	Total number of conservation easements		2a						
b	Total acreage restricted by conservation ease	ments	2b						
c	Number of conservation easements on a certification	fied historic structure included in (a)	2c						
c	Number of conservation easements included i structure listed in the National Register	n (c) acquired after 8/17/06, and not on a histo	2 <b>d</b>						
3	Number of conservation easements modified, tax year ►	transferred, released, extinguished, or termina	ated by the organization during the						
4	Number of states where property subject to co	onservation easement is located >							
5			— — — — — — — — — — — — — — — — — — —						
	Does the organization have a written policy re and enforcement of the conservation easemer	ng, inspecting, and enforcing conservation easi							
6	>	ng, inspecting, and emorcing conservation easi	ements during the year						
7	Amount of expenses incurred in monitoring, in \$	nspecting, and enforcing conservation easemer	nts during the year						
8	Does each conservation easement reported of $170(h)(4)(B)(i)$ and section $170(h)(4)(B)(i)$ ?	n line 2(d) above satisfy the requirements of se	ection Yes No						
9	In Part XIV, describe how the organization reports include, if applicable, the text of the footnote conservation easements.	s conservation easements in its revenue and experts to the organization's financial statements that o	nse statement, and balance sheet, and describes the organization's accounting for						
Par	t III Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historical Treasures, or wered 'Yes' to Form 990, Part IV, line	r Other Similar Assets. 8.						
1 a	If the organization elected, as permitted unde art, historical treasures, or other similar asset in Part XIV, the text of the footnote to its final	s held for public exhibition, education, or resea	enue statement and balance sheet works of arch in furtherance of public service, provide,						
ł	If the organization elected, as permitted unde historical treasures, or other similar assets he following amounts relating to these items	r SFAS 116 (ASC 958), to report in its revenue eld for public exhibition, education, or research	e statement and balance sheet works of art, in furtherance of public service, provide the						
	(i) Revenues included in Form 990, Part VIII,	, line 1	<b>►</b> \$						
	(ii) Assets included in Form 990, Part X		►\$ ►\$ 442,082.						
2	If the organization received or held works of a amounts required to be reported under SFAS	art, historical treasures, or other similar assets 116 (ASC 958) relating to these items							
	Revenues included in Form 990, Part VIII, line		<b>&gt;</b> \$						
	Assets included in Form 990, Part X		<b>►</b> \$						

Schedule D (Form 990) 2010 MEXIC					r Other Sir	74-171 milar Ass		ontini	Page 2
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)	on, accession, and		oun uny		, mar are a	ngi i i i carit t	200 01 10	3 001100	
a Public exhibition		<b>d</b> Loan	or exch	ange programs					
<b>b</b> Scholarly research		e U Other		· · · · · · · · · · · · · · · · · · ·					
c 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  X No									
Part IV Escrow and Custodia	Arrangements	. Complete if	organi						
9, or reported an amount	unt on Form 99	0, Part X, line	21.	<del></del>					
1a Is the organization an agent, trus included on Form 990, Part X?	tee, custodian, or o	other intermediary	for cor	ntributions or oth	ner assets no	ot	Yes	Γ	No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIV and co	mplete the follow	ng table	е					
							Amoun	t	
<b>c</b> Beginning balance					1c				
<b>d</b> Additions during the year					1 d				
e Distributions during the year					1 e				
f Ending balance					1f				
2a Did the organization include an a		D, Part X, line 21?	1				Yes		No
b If 'Yes,' explain the arrangement		<del></del>		. 67 11 =					
Part V   Endowment Funds. Co	<del></del>	<u> </u>			<del></del>		7		
1.5	(a) Current year	(b) Prior year		(c) Two years bact		e years back	(e)	Four year	s back
1 a Beginning of year balance	2,209,457	<del></del>		3,150,64					
<b>b</b> Contributions	3,284	. 2,5	10.	6,72	8.				
c Net investment earnings, gains, and losses	153,723	. 383,2	49.	-256,26					
d Grants or scholarships.				11,67	0.				
Other expenditures for facilities and programs	666,300	. 725,0	00.	340,75	0.			·	
f Administrative expenses							<u> </u>		
<b>g</b> End of year balance	1,700,164	. 2,209,4	57.	2,548,69	2.				
2 Provide the estimated percentage	-								
a Board designated or quasi-endow		<u>21.00</u> %							
<b>b</b> Permanent endowment ►	<u>73.00</u> %								
c Term endowment ►	%								
3a Are there endowment funds not i	n the possession o	f the organization	that are	e held and admi	nistered for	the	Г	Yes	
organization by  (i) unrelated organizations							3a(i)	X	No
(ii) related organizations							3a(ii)	Λ	X
<b>b</b> If 'Yes' to 3a(ii), are the related of	organizations listed	as required on So	-hadula	R2			3b		
4 Describe in Part XIV the intended	-	•			t XTV		_ <b>3</b>		<del></del>
Part VI Land, Buildings, and I					<u> </u>				
Description of investment	(a) Co	ost or other basis (investment)	<b>(b)</b> (	Cost or other sis (other)	(c) Accun		( <b>d</b> ) [	Book va	lue
1 a Land	<del></del>			200,300.			••	200.	300.
<b>b</b> Buildings			4	1,944,395.	1,95	8,461.	2		934.
c Leasehold improvements				325,148.	· · · · · · · · · · · · · · · · · · ·	4,119.			029.
<b>d</b> Equipment				359,508.		1,136.			372.
<b>e</b> Other				537,766.		5,012.			754.
Total. Add lines 1a through 1e (Column	n (d) must equal Fo	orm 990, Part X, d	olumn	(B), line 10(c))		<b>•</b>	3	, 468,	389.
BAA			· · · · · · · · · · · · · · · · · · ·			Sched	lule <b>D</b> (F	orm 99	0) 2010

		4-1/12320	Page 4
Pa	rt 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)		<u>1,357,130.</u>
2	Total expenses (Form 990, Part IX, column (A), line 25)		<u>2,092,039.</u>
3	Excess or (deficit) for the year Subtract line 2 from line 1		<u>-734,909.</u>
4	Net unrealized gains (losses) on investments		-32,998.
5	Donated services and use of facilities		<del></del>
6	Investment expenses		
7	Prior period adjustments.		
8	Other (Describe in Part XIV)		
9	Total adjustments (net) Add lines 4 through 8		-32,998.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		-767,907.
Pa	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturn	
1	Total revenue, gains, and other support per audited financial statements		1,432,585.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
	a Net unrealized gains on investments 2a -32,999.	.	
	b Donated services and use of facilities 2b 103,141.	1	
	c Recoveries of prior year grants.	†	
	d Other (Describe in Part XIV) See Part XIV 2d 5,313.	<del> </del>	
	e Add lines 2a through 2d	2e	75,455.
	Subtract line 2e from line 1		1,357,130.
_	1 1	-	1,337,130.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1	·	
	a Investments expenses not included on Form 990, Part VIII, line 7b	-	
	b Other (Describe in Part XIV )	<del></del>	
	c Add lines <b>4a</b> and <b>4b</b>	4c	
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		1,357,130.
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per		
1	Total expenses and losses per audited financial statements	1	<u>2,200,493.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
i	a Donated services and use of facilities 2a 103,141.	<b>.</b>	
ı	Prior year adjustments 2b	<b>」</b>	
	C Other losses 2c	]	
	d Other (Describe in Part XIV) See Part XIV 2d 5,313.	,]	
	e Add lines 2a through 2d	2e	108,454.
3	Subtract line <b>2e</b> from line <b>1</b>	3	2,092,039.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investments expenses not included on Form 990, Part VIII, line 7b		
	b Other (Describe in Part XIV ).	1	
	c Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	2,092,039.
Pa	rt XIV Supplemental Information	<u> </u>	
Part	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, line 4, Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complet additional information.	', lines 1b and e this part to	l 2b, provide
	Part V, Line 4 - Intended Uses Of Endowment Fund		
	The intended uses of the endowment funds are to provide funding for	<u>general</u> _	
_ <del>_</del>	operations; specifically to assist and allow the College to develop	the_curr	<u>lculum</u>
	and building of the student body.		
			<b></b>

TEEA3304L 02/11/11

Schedule **D** (Form 990) 2010

BAA

Schedule D	(Form 990) 2010	MEXICAN	AMERICAN	CATHOLIC COLLEGE,	INC.	74-1712528	Page 5
(Part XIV)	Supplementa	l Informati	on (continue	CATHOLIC COLLEGE, ed)			
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					· = - <b></b> -		<b>-</b>
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					<b></b>		
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#### SCHEDULE E (Form 990 or 990-EZ)

#### **Schools**

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

MEXICAN AMERICAN CATHOLIC COLLEGE, INC.

Part I

Employer identification number
74-1712528

1 Does the organization have a racially nondecriminatory policy loward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?  2 Does the organization include a statement of its governing body?  3 Does the organization include a statement of its facally nondscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?  3 Has the organization publicized its reasily nondscriminatory policy through newspaper or broadcast media during the period of schotation is reliable to the property of schotation for students, or during the registration period if it had no solicitation program, in a way that images and scholarships?  3 Has the organization by 1 its in acture exists to promote the rights, culture and spirituality of Hispanics. The organization is closely alligned with the reason of the students of the promote the rights, culture and spirituality of Hispanics. The organization is closely alligned with the Roman Catholic Church through the United States Catholic Conference and as such is a champion for the individual civil rights of all individuals regardeless of Tace, gender or religious affiliation.  4 Does the organization matina the following?  4 Records indicating the recall composition of the student body, faculty, and administrative staff?  4 Dees the organization by being a dother innancial assistance are awarded on a racially nondocriminatory basis?  4 Copies of all material used by the organization or on its betaff to solor contributions?  4 If you answered No' to any of the above, please explain if you need more space, use Part II  5 Does the organization discriminate by race in any way with respect to a Students' rights or privileges?  5 Lemployment of faculty or administrative staff?  5 Copies of all material used by the organization or on its betaff to solor contributions?  6 Lemployment of faculty or administrative staff?				YES	NO
catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?  3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it had no solicitation program, in a way that makes the program of the public dealing with the period of solicitation program, in a way that makes are dealed more space, use Part II the organization by its nature exists to promote the rights, culture and spirituality of Hispanics. The organization is closely alligned with the Roman Catholic Church through the United States Catholic Conference and as such is a chamption for the individual civil rights of all individuals regardless of race, gender or religious affiliation.  4 Does the organization maintain the following?  a Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?  4 Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?  4 Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered 'No' to any of the above, please explain if you need more space, use Part II  5 Does the organization discriminate by race in any way with respect to a students' rights or privileges?  5 Admissions policies?  5 Admissions policies?  5 Copies of facilities?  5 Admissions policies?  5 Copies of facilities?  6 Educational policies?  5 Copies of facilities?  6 Copies the organization of scriminate by race in any way with respect to a students' rights or privileges?  5 A Copies of facilities?  5 A Copies of facilities?  6 A Copies the organization is copied with the applicable requirements of sections  5 A Copies of facilities?  6 A Copies the organization receive any financial and or assistance from a governmental agency?  6 A Copies the organization	1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Х	
and scholarships?  Als the roganization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it had no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If Yes, 'please describe if Wo, 'please scyplam, if you need more space, use Part II  The organization by its nature exists to promote the rights, culture and spirituality of Hispanics. The organization is closely alligned with the spirituality of Hispanics. The organization is closely alligned with the spirituality of Hispanics. The organization is closely alligned with the such is a champion for the individual civil rights of all individuals regardless of race, gender or religious affiliation.  Does the organization maintain the following?  a Records indicating the racial composition of the student body, faculty, and administrative staff?  Brecords documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?  Copies of all inaterial used by the organization or in its behalf to solicit contributions?  If you answered 'No' to any of the above, please explain if you need more space, use Part II  Does the organization discriminate by race in any way with respect to a Students' rights or privileges?  5b	2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs.			
period of solicitation for students, or during the registration period if it had no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If Yes, 'please describe if No.', please explain. If you need more space, use Part II The organization by its nature exists to promote the rights, culture and spirituality of Hispanics. The organization is closely alligned with the Roman Catholic Church through the United States Catholic Conference and as such is a champion for the individual civil rights of all individuals regardless of race, gender or religious affiliation.  4 Does the organization maintain the following?  a Records indicating the racial composition of the student body, faculty, and administrative staff?  b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?  c Copies of all catalogues, brochues, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?  d Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered 'No' to any of the above, please explain if you need more space, use Part II  Does the organization discriminate by race in any way with respect to  a Students' rights or privileges?  5 b Armssions policies?  5 c Employment of faculty or administrative staff?  5 c X  d Scholarships or other financial assistance?  5 c X  g Athletic programs?  6 d Use of faculties?  5 fully used in account of the above, please explain if you need more space, use Part II  5 b I You answered 'Yes' to any of the above, please explain if you need more space, use Part II  5 c T Y  6 d Does the organization receive any financial and or assistance from a governmental agency?  5 d Does the organization of the programs o	_	and scholarships?	2	Х	
The organization by its nature exists to promote the rights, culture and spirituality of Hispanics. The organization is closely alligned with the Roman Catholic Church through the United States Catholic Conference and as such is a champion for the individual civil rights of all individuals regardless of race, gender or religious affiliation.  4 Does the organization maintain the following?  a Records indicating the racial composition of the student body, faculty, and administrative staff?  b Records documenting that scholarships and other financial assistance are awarded on a racially nondisoriminatory basis?  c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?  d Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered 'No' to any of the above, please explain if you need more space, use Part II  5 Does the organization discriminate by race in any way with respect to a Students' rights or privileges?  5 a X  d Scholarships or other financial assistance?  e Educational policies?  f Use of facilities?  g Athletic programs?  h Other extracurricular activities?  If you answered 'Yes' to any of the above, please explain if you need more space, use Part II  6 a Does the organization receive any financial aid or assistance from a governmental agency?  5 b X  6 b Has the organization receive any financial aid or assistance from a governmental agency?  6 a X  b Has the organization receive any financial aid or assistance from a governmental agency?  6 b X  If you answered 'Yes' to any of the above, please explain on Part II.  Does the organization certify that it has compiled with the applicable requirements of sections.	3	period of solicitation for students, or during the registration period if it had no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe. If 'No', please explain. If you		Y	
a Records indicating the racial composition of the student body, faculty, and administrative staff?  b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?  c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?  d Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered 'No' to any of the above, please explain If you need more space, use Part II  5 Does the organization discriminate by race in any way with respect to a Students' rights or privileges?  5 a		The organization by its nature exists to promote the rights, culture and spirituality of Hispanics. The organization is closely alligned with the Roman Catholic Church through the United States Catholic Conference and as such is a champion for the individual civil rights of all individuals regardless of race, gender or religious affiliation.	3	21	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?  c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?  d Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered 'No' to any of the above, please explain if you need more space, use Part II  5 Does the organization discriminate by race in any way with respect to a Students' rights or privileges?  5 b				- <u>x</u> -	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?  d Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered 'No' to any of the above, please explain. If you need more space, use Part II  Does the organization discriminate by race in any way with respect to a Students' rights or privileges?  5a		Records documenting that scholarships and other financial assistance are awarded on a racially			
d Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered 'No' to any of the above, please explain. If you need more space, use Part II  5 Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5 Admissions policies? 5 Employment of faculty or administrative staff? 5 C X  d Scholarships or other financial assistance? 5 Educational policies? 5 t X  f Use of facilities? 5 t X  g Athletic programs? 5 t X  h Other extracurricular activities? If you answered 'Yes' to any of the above, please explain. If you need more space, use Part II  6 a Does the organization receive any financial aid or assistance from a governmental agency? 6 b Has the organization's right to such aid ever been revoked or suspended? 1f you answered 'Yes' to either line 6a or line 6b, explain on Part II. 7 Does the organization certify that it has compiled with the applicable requirements of sections 4 Dit through 405 of Rev Proc 75-50, 1975-2 C B 587. Covering racial prodiscrimination? If	C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with			
5 Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a	C			Х	
a Students' rights or privileges?  b Admissions policies?  c Employment of faculty or administrative staff?  c Employment of faculty or administrative staff?  d Scholarships or other financial assistance?  e Educational policies?  f Use of facilities?  g Athletic programs?  h Other extracurricular activities?  If you answered 'Yes' to any of the above, please explain If you need more space, use Part II		If you answered 'No' to any of the above, please explain. If you need more space, use Part II			
b Admissions policies?  c Employment of faculty or administrative staff?  d Scholarships or other financial assistance?  e Educational policies?  f Use of facilities?  g Athletic programs?  h Other extracurricular activities?  If you answered 'Yes' to any of the above, please explain If you need more space, use Part II	5	Does the organization discriminate by race in any way with respect to			
c Employment of faculty or administrative staff?  d Scholarships or other financial assistance?  5d X  e Educational policies?  f Use of facilities?  g Athletic programs?  h Other extracurricular activities?  If you answered 'Yes' to any of the above, please explain If you need more space, use Part II	ā	Students' rights or privileges?	5a		X
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e Educational policies?  f Use of facilities?  g Athletic programs?  h Other extracurricular activities?  If you answered 'Yes' to any of the above, please explain If you need more space, use Part II	C	Employment of faculty or administrative staff?	5с		X
f Use of facilities?  g Athletic programs?  h Other extracurricular activities?  If you answered 'Yes' to any of the above, please explain If you need more space, use Part II	C	Scholarships or other financial assistance?	5d		<u>X</u>
g Athletic programs?  h Other extracurricular activities?  If you answered 'Yes' to any of the above, please explain If you need more space, use Part II  6a Does the organization receive any financial aid or assistance from a governmental agency?  b Has the organization's right to such aid ever been revoked or suspended?  If you answered 'Yes' to either line 6a or line 6b, explain on Part II.  Does the organization certify that it has compiled with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If	•	Educational policies?	5e		X
h Other extracurricular activities?  If you answered 'Yes' to any of the above, please explain If you need more space, use Part II  6a Does the organization receive any financial aid or assistance from a governmental agency?  b Has the organization's right to such aid ever been revoked or suspended?  If you answered 'Yes' to either line 6a or line 6b, explain on Part II.  Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If	f	Use of facilities?	5f		<u>X</u>
If you answered 'Yes' to any of the above, please explain. If you need more space, use Part II	ç	a Athletic programs?	5g		<u>X</u>
b Has the organization's right to such aid ever been revoked or suspended?  If you answered 'Yes' to either line 6a or line 6b, explain on Part II.  7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If	ł		5h		_X
b Has the organization's right to such aid ever been revoked or suspended?  If you answered 'Yes' to either line 6a or line 6b, explain on Part II.  7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If					
b Has the organization's right to such aid ever been revoked or suspended?  If you answered 'Yes' to either line 6a or line 6b, explain on Part II.  7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If					
If you answered 'Yes' to either line 6a or line 6b, explain on Part II.  7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If	6	Does the organization receive any financial aid or assistance from a governmental agency?	6a		
7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If	t		_6b		<u>X</u>
	7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2.C.B. 587, covering racial nondiscrimination? If	7	Х	

Part II	Supplementa 4d, 5h, 6b, and (see instruction	al Information. nd 7, as applicons).	COMPlete the cable. Also co	is part to pro emplete this p	ovide the explanation	anations required any other ac	red by Part I, Iditional inform	Ines 3, nation	2
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## SCHEDULE L (Form 990 or 990-EZ)

#### **Transactions With Interested Persons**

OMB No 1545-0047 2010

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

(10)

► Complete if the organization answered
'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

<b>MEXICA</b>	N AMERICAN CATHOLIC CO	LLEGE,	INC.				74-171	252	8			
Part I	Excess Benefit Transaction Complete if the organization answ	<b>ns</b> (sec rered 'Yes	tion 501 s' on Form	l (c)(3) and section n 990, Part IV, line 25a	501(c)(4 or 25b, or F	) organi orm 990-E	zations Z, Part V	only , line (	'). 40b.	-		
1	(a) Name of disqualified person				(b) Description	of transaction	3			_	<b>(c)</b> Cor	rected?
	(a) Name of disquestion person			(-)							Yes	No
(1)					<del> </del>							<u> </u>
(2)												<u> </u>
(3)												<u> </u>
(4)												
(5)												ļ
(6)												Ц
secti	er the amount of tax imposed on the ion 4958 er the amount of tax, if any, on line	_				ng the yea	ar under	►\$ ►\$				
Part II	Loans to and/or From Inte											
		anization answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, lin		(e) In d		(f) App	ard or	(g) W agree	/ritten ment?			
		То	From		}		Yes	No	Yes	No	Yes	No
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(1)		+			<del>-</del>							<del> </del>
(2)		-										_
(3)					+							<u> </u>
(4)		<del></del>										<del></del>
(5) (6)			<b></b>									<del></del>
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(7) (8)		-			<del>                                     </del>							
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(10)					<del>                                     </del>		+					
Total				<u> </u>	<u> </u>		1, 7,		- "	٠	<u>.</u> -	
Part III	Grants or Assistance Ben Complete if the organization	efitting on answ		<b>ted Persons.</b> es' on Form 990, F	Part IV, III	ne 27.		-7 3	-	,	······	
	(a) Name of interested person		(b) Relation	ship between interested perso the organization	n and		(c) Amoun	t and typ	oe of as	ssistanc	e 	
(1)				<del></del>								
(2)												
(3)												
(4)												
(5)				<u></u>								
(6)												
(7)						_						
(8)												
(9)												

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

Schedule L (Form 990 or 990-EZ) 2010

	(b) Relation	nship between person and the nization	(c) Amount of transaction	(d) Description	on of transaction	(e) Sh organi reve	naring o
	organization					Yes	No
(1) Rev. Arturo Cepeda	Board	Member	75,965.	Purchase	of Services		X
(2) Sr. Theresa McGrath, CCVI		Member	16,931.		of Services		Х
(3) Rev. Len Brown, CMF		Board M	18,401.		of Services		Х
(4)			· · · · · · · · · · · · · · · · · · ·				
(5)							
(6)							
(7)							
(8)						<u></u>	
(9)				· · · · · · · · · · · · · · · · · ·			
10)							
Part V Supplemental Information							
Complete this part to provide addition	al informati	on for response	s to questions on Sch	edule L (see ins	ructions)		
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#### SCHEDULE O (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

Department of the Treasury Internal Revenue Service 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.

Open to Public Inspection

Name of the organization	Employer identification number						
MEXICAN AMERICAN CATHOLIC COLLEGE, INC.	74-1712528						
Form 990, Part III, Line 1 - Organization Mission							
The_College_has_as_it's_mission_"To_empower_and_educate_leaders	s_for_service_in_a						
culturally_diverse_church_and_society_by_offering_a_bi-literate	e, multi-clutural						
formation_program_that_can_lead_to_a_Bachelor_of_Arts_and_a_Master_of_Arts_degree_in							
Pastoral Ministry". In accomplishing this mission the College offers a number of							
educational_classes, workshops_and_symposiums_which_focus_on_pa	storal and						
multicultural training. Further the College engages in research	ch projects which						
parallel and compliment its mission.							
Form 990, Part VI, Line 2 - Business or Family Relationship of Officers, Director	s, Et <u>c</u>						
The Roman Catholic Archdiocese of San Antonio is related direct	ly to the Assumption						
Seminary of San Antonio. Each of these entities holds an ex-of	icio seat, through						
the Archbishop of San Antonio and the Seminary's Rector, on the	Board of Directors						
of the Mexican American Catholic College. Further, various men	nbers of the						
organization's board are members of a Roman Catholic religious	order of priests or						
nuns. In some instances members of the organization's board be	elong to the same						
religious_order							
Form 990, Part VI, Line 11b - Form 990 Review Process							
The Federal Form 990 is prepared by the external CPA firm which	performs the annual						
audit of the organization's financial statements. Following the	ne preparation of the						
990 it is provided to the organization's Finance Director for r	review. Following this						
review it is submitted to the organization's President/CEO for	review and signature.						
If time permits, following the close of this process and the fi	ling due date of the						
return, the return is submitted to the organization's Finance of	committee for review.						
Once reviewed and agreed to the return is filed with the Intern	aal Revenue Service.						

MEXICAN AMERICAN CATHOLIC COLLEGE, INC.	74-1712528						
Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Con	ıflicts						
Annually each Responsible Person (officer, employee, or member	of the Board of						
Directors of the organization) shall complete a disclosure form							
relationships, positions, or circumstances in the Responsible E	Person is involved						
that he or she believes could contribute to a Conflict of Inter	est. Each new						
Responsible Person to the organization shall be required to review the policy and							
acknowledge in writing that he or she has done so							
Form 990, Part VI, Line 15b - Compensation Review & Approval Process for Officers	s & Key Employees						
The President and CEO is hired by the board of directors of the	e organization. From						
this hiring process a written employment contract is extended t	to the candidate for						
acceptance. The contract provides for a specific compensation	amount and benefits						
as well as a contractual employment term. Leading up to the cl	ose of the contract						
term the board will review the individuals performance during t	enure of employment						
and extend a new contract or allow the contract to lapse. The	board of directors						
will determine the need to interview new candidates for this po	sition. The						
President and CEO performs the hiring of all other staff of the	organization.						
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available	·						
All requests for the issuance of these documents must be made i	n writing to the						
President and CEO for approval of issuance.							
	·						

2010

## **Schedule O - Supplemental Information**

Page 1

Client 00000256

MEXICAN AMERICAN CATHOLIC COLLEGE, INC.

74-1712528

9/12/12

10:39AM

Form 990, Part XI, Line 5 Other Changes in Net Assets or Fund Balances

Net Unrealized Gains or Losses on Investments

Total  $\frac{\$}{\$}$   $\frac{-32,998}{-32,998}$ .

(Rev March 2012)

Department of the Treasury Internal Revenue Service

# Power of Attorney and Declaration of Representative

► Type or print. ► See the separate instructions.

OMB No 1545-0150

For IRS Use Only

Received by: Name

: Part l Power of Attorney Caution: A separate Form 2848 should b	e completed for	each taxpa	ayer. F	orm 284	8 will not be	honored fo	Telephone _	
any purpose other than representation be	efore the IRS.						Function _	<del></del>
1 Taxpayer information. Taxpayer must sign an Taxpayer name and address	id date this form	on page 2	z, line	<del>                                     </del>	ing number		Date	<u> </u>
Taxpayer Hame and address		-		luentily	ing number			
				74-17	12528			
MEXICAN AMERICAN CULTURAL CENTER	R. INC.							
3115 WEST ASHBY PLACE	.,				telephone n		Plan numbe	er (ıf applıcable)
SAN ANTONIO, TX 78228				(210)	732-215	6		
hereby appoints the following representative(s) as a Representative(s) must sign and date this for								
Name and address				(	CAF No.	7805-	26565R	
Michael Garza,CPA					PTIN	P0054		
8415 Speedway Dr.					Telephone No			
San Antonio, TX 78230			İ	F	ax No. 21			
Check if to be sent notices and communications		X	Chec	k if new:	Address	Teleph	one No.	Fax No.
Name and address					CAF No.			<b></b>
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Check if to be sent notices and communications			Chec	k if new:	Address	Teleph	one No.	Fax No.
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a convenient the towns was before the Internal Deven	ua Canuaa far th	a fallanna			Address	Teleph	one No.	Fax No.
o represent the taxpayer before the Internal Reven  3 Matters	ue Service for th	e tollowing	) matte	ers.				
Description of Matter (Income, Employment,								
Payroll, Excise, Estate, Gift, Whistleblower,		Tax Fo	rm Nu	mber		Year(s	or Period(s	s) (if applicable)
Practitioner Discipline, PLR, FOIA, Civil Penalty, etc) (see instructions)	(1040	, 941, 720	, etc)	(if applic	able)	(see	the instructi	ions for line 3)
						-		
Informational, income	990					2010	-2012	
						1		
4 Specific use not recorded on Centralized Aut	horization File (C	CAF), If the	powe	r of attor	nev is for a s	L specific use	e not record	led
on CAF, check this box. See the instructions for	or Line 4. Specif	ic Uses No	ot Rec	orded on	CAF		<u></u>	· <b>-</b>
5 Acts authorized. Unless otherwise provided be information and to perform any and all acts th authority to sign any agreements, consents, or negotiate any amounts paid to the client in co- checks). Additionally, unless the appropriate be for disclosure of tax returns or return information sign certain tax returns.	at I can perform other document nnection with this ox(es) below are	with respe s. The rep s represen checked.	ct to t resent tation the re	he tax m ative(s), (includin presenta	atters descrit however, is o g refunds by tive(s) is (are	oed on line (are) not a either elec e) not auth	: 3, for exanuthorized to extronic mear orized to ex	nple, the preceive or ns or paper secute a request
Disclosure to third parties;	ubstitute or add r	epresenta	tıve(s)	,	igning a retu	rn,		
Other acts authorized:								
Exceptions. An unenrolled return preparer car situations. An enrolled actuary may only represent 230 (Circular 230). An enrolled retirement plan 230 A registered tax return preparer may only instructions for restrictions on tax matters part they may only practice under the supervision of the present of deletions to the part of the present of the pre	taxpayers to the agent may only represent taxpa ners. In most cas of another practiti	extent prov represent yers to the ses, the st loner).	ided in taxpa e exter udent	séction 1 yers to that provide practition	d may only re 10.3(d) of Trea ne extent pro ed in section ner's (level k)	present ta sury Depar vided in se 10.3(f) of ( authority	xpayers in I tment Circula ection 10.3(e Circular 230, is limited (fo	ar No. e) of Circular . See the line 5 or example,
List any specific deletions to the acts otherwise					. – – – – – – – – – – – – – – – – – – –			

Form	n 2848 (Rev 3-2012	nexican ame	RICAN CULTURAL CE	ENTER,	INC.	74-1712528_ Page 2
6	of attorney on t	ile with the Internal Re	<ul> <li>of attorney. The filing of it venue Service for the same f attorney, check here</li> </ul>	e maiters a	of attorney automatically revo nd years or periods covered t	kes all earlier power(s)  y this document. If you
	YOU MUST AT	TACH A COPY OF ANY	POWER OF ATTORNEY	YOU WANT	TO REMAIN IN EFFECT.	<u> </u>
<b>7</b>	matters partne form on behalf	ley even if the same re r, executor, receiver, a of the taxpayer.	presentative(s) is (are) bei dministrator, or trustee on t	ng appoint behalf of lih	ed. If signed by a comparate of	wife must each file a separate ficer, partner, guardian, tax b the authority to execute this
	<u> </u>	rturo (	lievez ravez	·	v 9/14/12	President
	~ Ar	turo CI	ravez			<u> </u>
		Print Name		Number	Print name of lexpayor in	m line 1 il other than indhadual
Par	III Declarat	on of Representat	live		<del></del>	
		rjury, I declare that:				1
on do	•1 am not curre	ently under suspension	or disbarment from practic in Circular 230 (31 CFR, Pa	e before th art 10), as a	e internal Revenue Service; amended, concerning practice	before the internal Revenue
	• I am authorize	ed to represent the taxp	payer identified in Part I for	the matter	(s) specified there; and	
	• I am one of II	e following:				1
	, a Attorney -	a member in good star	nding of the bar of the high	est court o	f the jurisdiction shown below	4
	; b Certified Pu	blic Accountant — duly	qualified to practice as a d	certified pul	blic accountant in the jurisdict	ion shown below.
	c Enrolled Ag	ent — enrolled as an a	gent under the requiremen	ts of Circul	ar 230.	i
	d Officer — a	bona fide officer of the	taxpayer's organization.			
	e Full-Time E	mptoyee — a full-time (	employee of the taxpayer.			1
	f Family Mem	ber - a member of the	e taxpayer's immediate fan	nily (for exa	imple, spouse, parent, child, p	grandparent, grandchild,
		step-child, brother, or				
						U.S.C. 1242 (the authority to
	preparers at	id unenrolled return pi	reparers in the instructions	5.		. You must have been eilgible for registered tax return
	I Registered T authority to and have sig In the Instru	inea ina rewin. See ma	registered as a tax return problem is line in a return problem is line in a return police 2011-6 and Special ru	preparer ur nited, You i les for regi	nder the requirements of secti must have been eligible to sig stered tax return preparers a	on 10.4 of Circular 230. Your in the return under examination and unenrolled return preparers
	<ul> <li>accounting s</li> </ul>	orney or CPA — receive tudent working in LITC and requirements.	res permission to practice b or STCP under section 10.	efore the larged of Circle	RS by virtue of his/her status cular 230. See instructions for	as a law, business or Part II for additional
	r Enrolled Ret practice befo	irement Plan Agent — o re the Internal Revenu	enrolled as a relirement pla e Service is limited by sect	an agent ur ilon 10.3(e)	nder the requirements of Circu ).	ar 230 (the authority to
Note: i	For designations It is for more info	i d-f, enter your title, pe	RESENTATIVE IS NOT SIGN THE ORDER LISTED IN Losition, or relationship to the	NED AND INE 2 ON F le taxpayer	DATED, THE POWER OF ATT PAGE 1. See the instructions to in the 'Licensing jurisdiction'	ORNEY WILL BE RETURNED. or Part II. column. See the instructions
Desig	nation — Insert ve letter (a - r)	Licensing jurisdiction (state) or other licensing authority (if applicable)	Bar, license, certification, registration, or enrollment number (if applicable). See instructions for Part II for more information.	Ħ	Signature	Date
	b	27497	Texas	Yil	2 DA cm	alular
		41731	10AQD	1/	in f	111-12012
			FDIZ9012L	03/22/12	<del></del>	Form 2848 (Rev 3-2012)

2010 Schedule D, Part XIV - Supplen	mental Information Page (
Client 00000256 MEXICAN AMERICAN CATHOLIC	COLLEGE, INC. 74-171252
9/12/12  Schedule D, Part XII, Line 2d Other Revenue Included In F/S But Not Included On Form 990  Gala event expenses	10 39Al Total \$ 5,313. \$ 5,313.
Schedule D, Part XIII, Line 2d Other Expenses And Losses Per Audited F/S	-
Gala event expenses	Total $\frac{\$}{\$}$ 5,313.