

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2018**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2018 calendar year, or tax year beginning , 2018, and ending , 20	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MEXICAN INSTITUTE OF GREATER HOUSTON INC Doing business as _____ Number and street (or P.O. box if mail is not delivered to street address) Room/suite 4601 CAROLINE STREET City or town, state or province, country, and ZIP or foreign postal code HOUSTON, TX 77004 D Employer identification number 76-0375543 E Telephone number (713) 988-6699 G Gross receipts \$ 183,578. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (See instructions) H(c) Group exemption number ▶ _____ I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 J Website: ▶ WWW.MEXICANINSTITUTE.ORG K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ _____ L Year of formation: 1991 M State of legal domicile: TX
F Name and address of principal officer: CARLOS LOPEZ, 4601 CAROLINE ST., HOUSTON, TX 77004	

Part I Summary

1	Briefly describe the organization's mission or most significant activities: <u>TO PROVIDE EDUCATIONAL PROGRAMS TO ADULT HISPANIC COMMUNITY</u>		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	6
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	5
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	-2
6	Total number of volunteers (estimate if necessary)	6	8
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	54,369.
b	Net unrelated business taxable income from Form 990-T, line 38	7b	-421.
8	Contributions and grants (Part VIII, line 1h)	8	145,865.
9	Program service revenue (Part VIII, line 2g)	9	37,815.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10	0.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11	53,728.
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12	237,408.
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	13	0.
14	Benefits paid to or for members (Part IX, column (A), line 4)	14	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	15	86,593.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	16a	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 22,370.	16b	66,999.
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	17	155,458.
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	18	242,051.
19	Revenue less expenses. Subtract line 18 from line 12	19	-4,643.
20	Total assets (Part X, line 16)	20	36,424.
21	Total liabilities (Part X, line 26)	21	26,611.
22	Net assets or fund balances. Subtract line 21 from line 20	22	9,813.

Part II Signature Block

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

Sign Here	Signature of officer CARLOS LOPEZ, EXECUTIVE DIRECTOR Type or print name and title	Date 11/04/2019
Paid Preparer Use Only	Print/Type preparer's name BRANDON JORDAN Preparer's signature BRANDON JORDAN Date 11/04/2019 Check <input type="checkbox"/> if self-employed PTIN P01974200 Firm's name ▶ BAY AREA MANAGEMENT SVCS, INC. Firm's address ▶ 3622 FAIRMONT PKWY STE A, PASADENA, TX 77504 Firm's EIN ▶ 74-2114418 Phone no. (281) 998-7499	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

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

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Form **990** (2018)