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# Form 990

## **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

B Check if applicable Please C Name of organization Publicacione use IRS		8, and ending	Jui	ne 30	, 20 09				
use IRS Dama Business As	s Faro de Gracia				, 20 05				
use IRS   Dama Duamana An				D Emplo	yer identification number				
Address change label or Doing Business As			_	31	1618052				
Print or Number and street (or PO box if mail is not d	elivered to street address)	Room/suite		E Telepi	none number				
Initial return See PO Box 1043		İ		( 800	845-9828				
Specific Instruc- City or town, state or country, and ZIP -	+ 4								
Amended return tions. Graham, NC 27253		_		G Gross	receipts \$ 128,605				
Application pending F Name and address of principal officer			H(a) is this	a group retu	m for affiliates? Yes No				
					included? Yes No				
I Tax-exempt status:	or 527				a list. (see instructions)				
J Website: ► www.farodegracia.org			H(c) Group	exemption n	umber 🕨				
K Type of organization ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶	L	Year of formation.	1998	M State	of legal domicile: Nc				
Part I Summary	· • ·		-		· · · · · · · · · · · · · · · · · · ·				
Briefly describe the organization's mission or most	st significant activi	ties:	-	•					
The publication and distribution of sound refor	ned literature in t	he Spanish la	nguage,	for the t	raining of pastors,				
edification of believers and churches, and the									
at									
edification of believers and churches, and the second of the second of the governing bod with the second of the governing bod of the go	nerations or disposed	of more than 2	5% of its as	ssets.					
3 Number of voting members of the governing bod				3	6				
4 Number of independent voting members of the g				4	6				
5 Total number of employees (Part V, line 2a).	overning body (i d			5	1				
6 Total number of volunteers (estimate if necessary				6	4				
7a Total gross unrelated business revenue from Part				7a	0				
b Net unrelated business taxable income from Form	PECELL PO			7b	0				
Ø		73	Prior Ye	· · · · · · · · · · · · · · · · · · ·	Current Year				
Contributions and grants (Part VIII line 1h)	v a 4 2010	181							
9 Program service revenue (Part VIII, line 2g)	8 Contributions and grants (Part VIII, line 1h) 07 . MAY 2 4 2010 . O.								
8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, other revenue (Part VIII, column (A), lines 5, 6d, 8		그윽 :							
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8	SEDEN LIT	<u>.</u>							
12 Total revenue—add lines 8 through 11 (must equal P	art VIII. column (A).	line 12 )							
13 Grants and similar amounts paid (Part IX, column			-						
Benefits paid to or for members (Part IX, column Salaries, other compensation, employee benefits (Pai		00 5-10)			<u>-</u>				
		es 5–10,			· · ·				
b Total fundraising expenses (Part IX, column (A), II b Total fundraising expenses (Part IX, column (D), line 1	•	• • •							
17 Other expenses (Part IX, column (A), lines 11a-11	-								
18 Total expenses. Add lines 13–17 (must equal Part									
19 Revenue less expenses. Subtract line 18 from line 1		16 23)							
	<u> </u>		Beginning of	of Year	End of Year				
ਕੁਊ <b>20</b> Total assets (Part X, line 16)									
20 Total assets (Part X, line 16)		· · · ·							
22 Net assets or fund balances. Subtract line 21 from	n line 20								
Part II Signature Block		· · · · · · · · · · · · · · · · · · ·							
Under penalties of perjury, I declare that I have examined this	return, including accom	panying schedules	and statem	nents, and t	to the best of my knowledge				
and belief, it is true, correct, and complete Declaration of pro	eparer (other than office	er) is based on all	information	of which p	reparer has any knowledge				
Sign Michael K. Karn									
Here Signature of officer			Date	е ,	1				
Michael K. Karns/Treasure	'h			5/17	12010				
Type or print name and title	<del>'                                    </del>			-1-11					
	Date		k if	Preparer's	identifying number				
Preparer's signature		self- emple	yed ▶ ☑	(see instru					
Paid Wich Blh.	5 <i>1</i>	17/10	.,	459	90-9446				
Preparer's Firm's name (or yours Richard Burdes had			EIN	<u> </u>	<del></del>				
Use Only if self-employed), address, and ZIP + 4 121 Ediaborough in M		7302		o. <b>▶</b> (9.1	91357-7699				
May the IRS discuss this return with the preparer shown a			1		. Yes No				

Par	Statement of Program Service Accomplishments (see instructions)
1	Briefly describe the organization's mission:  The publication and distribution of sound reformed literature in the Spanish language, for the training of pastors,
	difference of helicity and absorbed and the polyetion of the nations
	edification of believers and churches, and the salvation of the nations.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 11,378 including grants of \$ 18,575 ) (Revenue \$ 57,768 )  Book Publishing & Distribution
	······
	······
	••••••
41-	(Code: ) (Expenses \$ 31,814 including grants of \$ ) (Revenue \$ 3,675)
4D	Support of the Mexican Bookstore and Mexican Distribution Expenses
	Oupport of the mexical bookstore and mexical bishibution Expenses
	•
4c	(Code: ) (Expenses \$ 5,554 including grants of \$ ) (Revenue \$ 0)
	Conference - Mission Promotion
	•
4d	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )
40	Total program conting expenses • \$ 49.746 (Must equal Part IX Line 25, column (R))

	990 (2008)  The Checklist of Required Schedules		P	age
Га	Oneckist of nequired ochedules		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		
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	1	
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		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		1
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any 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		1
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		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		1
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		✓
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		✓
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, IX, or X as applicable	11		1
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a	1	✓
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	1 tra	-	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		1
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17 18		1
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	19		-√
19 20	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		<b>V</b>
20 21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
 23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25.	24a		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
	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		✓
đ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		√
	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	25a		√
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		4
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or		ļ	

disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II . . . Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III

26

Part IV	Checklist	of Requ	ired So	chedule	s (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		√
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		✓
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		√
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		✓
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		✓
36	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		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<b>√</b>

Form **990** (2008)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		✓
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 2a 1	<b>AL</b>		
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		1
þ	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<b>✓</b>
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	_		,
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5с 6а		1
	Did the organization solicit any contributions that were not tax deductible?	0a		-
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6Ь		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		1
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  If "You " indicate the number of Forms 8282 filed during the year.  7d	7c		✓
	il res, indicate the number of forms ozoz med during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f 7g		<b>✓</b>
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	'9		_
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			
	<b>509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		1
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	<b>9</b> a		✓
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		<b>✓</b>
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	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)			
120	amounts due of received from them,	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			<u> </u>

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management		<del></del>	
		Γ	Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			
_	circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body			
þ	Enter the manifest of roung members that are mappendent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			1
_	any other officer, director, trustee, or key employee?	2		<b>A</b>
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		√
_	supervision of officers, directors or trustees, or key employees to a management company or other person?	4		<u></u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	5		1
5	Did the organization become aware during the year of a material diversion of the organization's assets?	6		1
6	Does the organization have members or stockholders?			
Id	of the governing body?	7a		1
h	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
•	the year by the following:			
а	The governing body?	8a		
b	Each committee with authority to act on behalf of the governing body?	8b		
	Does the organization have local chapters, branches, or affiliates?	9a		1
	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?	9b		✓
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		√
11	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	11	$\checkmark$	
Sec	tion B. Policies			
	don b. Folicies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		Yes	No
12a b	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	Yes	No
12a b	Does the organization have a written conflict of interest policy? If "No," go to line 13	12b	Yes	No
12a b c	Does the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c	Yes	
12a b c	Does the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c 13	Yes	<b>√</b>
12a b c 13	Does the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c	Yes	
12a b c	Does the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c 13	Yes	<b>√</b>
12a b c 13 14	Does the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c 13 14	Yes	<b>√</b>
12a b c 13 14	Does the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c 13 14	Yes	√ √
12a b c 13 14	Does the organization have a written conflict of interest policy? If "No," go to line 13.  Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  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:  The organization's CEO, Executive Director, or top management official?  Other officers or key employees of the organization?	12b 12c 13 14	Yes	<b>√</b>
12a b c 13 14 15	Does the organization have a written conflict of interest policy? If "No," go to line 13.  Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  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:  The organization's CEO, Executive Director, or top management official?  Other officers or key employees of the organization?  Describe the process in Schedule O. (see instructions)	12b 12c 13 14	Yes	√ √
12a b c 13 14 15	Does the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c 13 14	Yes	√ √
12a b c 13 14 15 a b	Does the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c 13 14 15a 15b	Yes	√ √ √
12a b c 13 14 15 a b	Does the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c 13 14 15a 15b	Yes	√ √ √
12a b c 13 14 15 a b	Does the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c 13 14 15a 15b	Yes	√ √ √
12a b c 13 14 15 a b	Does the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c 13 14 15a 15b	Yes	√ √ √
12a b c 13 14 15 a b	Does the organization have a written conflict of interest policy? If "No," go to line 13.  Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  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:  The organization's CEO, Executive Director, or top management official?  Other officers or key employees of the organization?  Describe the process in Schedule O. (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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 organization's exempt status with respect to such arrangements?  tion C. Disclosure	12b 12c 13 14 15a 15b	Yes	√ √ √
12a b c 13 14 15 a b	Does the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c 13 14 15a 15b 16a		√ √ √
12a b c 13 14 15 a b	Does the organization have a written conflict of interest policy? If "No," go to line 13.  Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  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:  The organization's CEO, Executive Director, or top management official?  Other officers or key employees of the organization?  Describe the process in Schedule O. (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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 organization's exempt status with respect to such arrangements?  List the states with which a copy of this Form 990 is required to be filed NIA	12b 12c 13 14 15a 15b 16a		√ √ √
12a b c 13 14 15 a b	Does the organization have a written conflict of interest policy? If "No," go to line 13.  Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  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:  The organization's CEO, Executive Director, or top management official?  Other officers or key employees of the organization?  Describe the process in Schedule O. (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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 organization's exempt status with respect to such arrangements?  List the states with which a copy of this Form 990 is required to be filed NI/A  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)	12b 12c 13 14 15a 15b 16a		√ √ √
12a b c 13 14 15 a b	Does the organization have a written conflict of interest policy? If "No," go to line 13.  Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  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:  The organization's CEO, Executive Director, or top management official?  Other officers or key employees of the organization?  Describe the process in Schedule O. (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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 organization's exempt status with respect to such arrangements?  List the states with which a copy of this Form 990 is required to be filed NI/A  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c available for public inspection. Indicate how you make these available. Check all that apply.	12b 12c 13 14 15a 15b 16a 16b	only)	√ √ √
12a b c 13 14 15 a b 16a b	Does the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c 13 14 15a 15b 16a 16b	only)	√ √ √
12a b c 13 14 15 a b 16a b	Does the organization have a written conflict of interest policy? If "No," go to line 13.  Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  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:  The organization's CEO, Executive Director, or top management official?  Other officers or key employees of the organization?  Describe the process in Schedule O. (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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 organization's exempt status with respect to such arrangements?  List the states with which a copy of this Form 990 is required to be filed ▶ N/A  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c available for public inspection. Indicate how you make these available. Check all that apply.  □ Own website □ Another's website ☑ Upon request  Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	12b 12c 13 14 15a 15b 16a 16b of integrals of	only)	√ √ √

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

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not co	(B)	(C)						(O)	(E)	(F)
Name and Title	Average	Position (check all that apply)						Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Mr. R. Wayne Andersen, President Cafetales #1702 Desp. #101	10			1				0	0	0
Col. Haciendas de Coyoacan  Del. Coyoacan, Distrito	<u></u> .									
Federal C.P. 04970 Mexico										
Mr. Greg Barkman 1622 Kirkpatrick Road	1	1						0	0	0
Burlington, NC 27215										
Mr. Michael Karns 1622 Kirkpatrick Road	1	1						0	0	0
Burlington, NC 27215										
Mr. Tom Ascol 204 SW 11th Place	1	1						0	0	0
Cape Coral, FL 33991										
Dr. Joel Beeke 540 Crescent St.	1	1						0	0	0
Grand Rapids, Michigan, 49503										
Mr. Wayne Mack PO Box 131	1	1						0	0	0
Coopersburg, PA 18036										

Pai	t VII Section A. Officers, Directors, Tru	istees, Key	Emp	loy	ees,	, an	d Hig	hest	Compensate	d Employees (c	es (continued)			
	(A)	(B) Average	(C) Position (check all that ap						(D)	(E)		(F)		
	Name and title		Por director	institutional trustee	Officer	মি Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	con ) f on ar	stimate mount other apensati from the ganizati d relati ganizati	of tion e tion ted	
										21 2 1				
			- "											
												-		
										,				
													·	
1b	Total							▶ ,						
2	Total number of individuals (including thos	e in 1a) wh	o rec	eiv	ed r	nor	e thar	\$1	00,000 in repo	rtable compen	sation	from	the	
	organization ► 0								<del></del>			Yes	No	
_	Did the consideration link and former office			4_					hishaat a			163	140	
3	Did the organization list any former office employee on line 1a? If "Yes," complete S								e, or nignest d		3		1	
4	For any individual listed on line 1a, is the sthe organization and related organizations	sum of repo	ortabl	e c	omp	ens	sation	and	d other compe	nsation from				
5	individual				-				·		4		1	
	services rendered to the organization? If "	Yes," comp	lete	Sch	edu	le J	for s	uch	person	<del></del>	5		<b>✓</b>	
	ction B. Independent Contractors  Complete this table for your five highest or	omponesto	d ind	000	nde	nt c	contra	cto	e that receive	d more than \$1	100 00			
1	compensation from the organization.	Unipersate	u IIIu		1100	;;;;( C	Jonilla	CIO						
	(A) Name and business add	iress							(B) Description of s	ervices	Compe		n	
N/A									<del></del>					
								-				_		
								$\vdash$						
2	Total number of independent contractors		those	in	1) w	/ho	receiv	ved	more than \$10	00,000 in				

Par	VII	Statement of Re	venue			<del></del>		1
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e f	Federated campaigns Membership dues Fundraising events . Related organizations Government grants (contr All other contributions, gifts, g and similar amounts not include Noncash contributions include Total. Add lines 1a–1f	grants, ded above 1f	52,131	52,131			
		TOWN NOT THE T	<u> </u>	Business Code	02,101			
Program Service Revenue	2a b c d e f	All other program servi	ce revenue .					
		Total. Add lines 2a-2f						
	3 4 5	Investment income (incother similar amounts) Income from investment of Royalties		▶ d proceeds ▶			-	
	b	Gross Rents Less: rental expenses Rental income or (loss) Net rental income or (lo		•				
	7a	Gross amount from sales of assets other than inventory	(i) Secunties	(ii) Other				
		Less: cost or other basis and sales expenses .						
		Gain or (loss) Net gain or (loss)		•				
Other Revenue	l	Gross income from events (not including \$ of contributions reported See Part IV, line 18	d on line 1c).					
Othe		Less: direct expenses Net income or (loss) fro		vents >				
	9a	Gross income from garr See Part IV, line 19	ning activities.					
		Less: direct expenses. Net income or (loss) from		ities •				
	10a b	Gross sales of inverteums and allowances Less: cost of goods so Net income or (loss) from	entory, less	70,132 60,820	9,312	9,312		
	<u> </u>	Miscellaneous Rev		Business Code				
	b c	All other revenue						
	е	Total. Add lines 11a-1						
	12	Total Revenue. Add lings, 10c, and 11e	nes 1h, 2g, 3, 4,	5, 6d, 7d, 8c,	61,443	9,312	0	

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).

	All other organizations must complete colonot include amounts reported on lines 6b, 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	0			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the	0			
_	U.S. See Part IV, lines 15 and 16	<del></del>			
4	Benefits paid to or for members				<del></del>
5	Compensation of current officers, directors, trustees, and key employees	0			
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			
7	Other salaries and wages	13,626	10,802	2,824	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			<del></del> . , ,
9	Other employee benefits	0			
0	Payroll taxes	233		233	
1	Fees for services (non-employees):				
а	Management	4 000		4 200	
þ	Legal	1,222		1,222 250	
C	Accounting	230		250	
d	Lobbying			··	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	153		153	<del></del>
g	Other	1,490		1,490	
2	Advertising and promotion	2,769		2,758	
3	Office expenses	2,709		2,323	
‡ -	Information technology	333		333	
5	Royalties	17,057	12,457	4,600	
5 7	Occupancy	0		0	
	Payments of travel or entertainment expenses				
3	for any federal, state, or local public officials	o		o	
•	Conferences, conventions, and meetings .	5,554	5,554	5,554	
, )	Interest	839		839	· · · · · · · · · · · · · · · · · · ·
,	Payments to affiliates	0			
2	Depreciation, depletion, and amortization	0			
3	Insurance	714		714	
4	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
_	Banking Fees	1,902		1,902	
a b	Publishing Costs	1,440	1,440	.,,,,,,,	
D	Shipping	10,333	10,333		
d	Distributed Materials	5,460	5,460		
e	Store Move - Mexico	2,700	2,700		
f 5		73,952	48,746	25,206	
6	Joint Costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	. 5,554	13,7.10		Form <b>990</b> (20

Pa	rt X_	Balance Sheet								
			(A) Beginning of year		End c	B) of year				
	1	Cash—non-interest-bearing	14,114	1		4	,185			
	2	Savings and temporary cash investments		2						
	3	Pledges and grants receivable, net		3						
	4	Accounts receivable, net	6,047	4		7	,426			
	5	5								
	6	6								
2	7	Part II of Schedule L	·	7						
Assets	8	72 400 0								
Ã	9	Prepaid expenses and deferred charges		9						
	10a	Land, buildings, and equipment: cost basis 10a								
	b		_	10c						
	11	Investments—publicly traded securities		11						
	12	Investments—other securities. See Part IV, line 11		12						
	13	Investments—program-related. See Part IV, line 11		13						
	14	Intangible assets		14						
	15	Other assets. See Part IV, line 11		15						
	16	Total assets. Add lines 1 through 15 (must equal line 34)	93,267	16		111	,716			
	17	Accounts payable and accrued expenses	2,694	17		11	,885			
	18	Grants payable		18						
Liabilities	19	Deferred revenue	-	19						
	20	Tax-exempt bond liabilities		20						
	21	Escrow account liability. Complete Part IV of Schedule D		21		<del></del>				
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	:	22						
	23	Secured mortgages and notes payable to unrelated third parties		23						
	24	Unsecured notes and loans payable	16,858	24		12	,497			
	25	Other liabilities. Complete Part X of Schedule D		25						
	26	Total liabilities. Add lines 17 through 25	19,552	26		24	,382			
ces		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.								
a	27	Unrestricted net assets		27						
89	28	Temporarily restricted net assets		28						
뎔	29	Permanently restricted net assets		29						
Net Assets or Fund Balanc		Organizations that do not follow SFAS 117, check here ▶ ☑ and complete lines 30 through 34.								
ā	30	Capital stock or trust principal, or current funds		30						
586	31	Paid-in or capital surplus, or land, building, or equipment fund	· ·	31						
₹	32	Retained earnings, endowment, accumulated income, or other funds	_	32						
Š	33	Total net assets or fund balances	73,715				,334			
	34	Total liabilities and net assets/fund balances	93,267	34		<u> 111</u>	<u>,</u> 716			
Pa	rt XI	Financial Statements and Reporting	· · · · · · · · · · · · · · · · · · ·							
						Yes	No			
1		ounting method used to prepare the Form 990: 🗌 Cash 🛮 🗹 Accrual					,			
		e the organization's financial statements compiled or reviewed by an ind		?	2a	$\longmapsto$	<u>√</u>			
		e the organization's financial statements audited by an independent according			2b	$\vdash \vdash$	√			
C		'es" to lines 2a or 2b, does the organization have a committee that assumes								
_		audit, review, or compilation of its financial statements and selection of an in			2c	<del>├──</del>				
3a		a result of a federal award, was the organization required to undergo an a Single Audit Act and OMB Circular A-133?					1			
<b>5</b> .		Single Audit Act and OMB Circular A-133?  'es." did the organization undergo the required audit or audits?			3a 3b	╂──╂	4			
100	, 11 T	ED. UN TIP VINDERLEADING WINDERLY THE TEMPLIEU QUAL VI QUALDE			י שטיי					

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

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

2008

OMB No. 1545-0047

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

radiii.	9 01 6	ie organization										
Put	lica	ciones Faro	de Gracia						31		1618052	
Pa	rt I	Reason	for Public Ch	arity Status (All or	ganizatio	ons mus	t compl	ete this	part.) (se	e instru	ctions)	
The	orga	mization is no	ot a private foun	dation because it is:	(Please c	heck on	y <b>one</b> or	ganizatio	ո.)			
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).										
2		A school dea	scribed in <mark>sectio</mark>	on 170(b)(1)(A)(ii). (Att	tach Scho	edule E.)						
3				nospital service organ								
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:					er the					
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described section 170(b)(1)(A)(iv). (Complete Part II.)						ibed in				
6		A federal, sta	ate, or local gov	emment or governme	ental unit	describe	d in sect	ion 170(l	b)(1)(A)(v)	).		
7								public				
8				in section 170(b)(1)		Complete	Part II.)					
9		An organization that normally receives: (1) more than 33½ % 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 33½ % 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		An organizat	ion organized a	nd operated exclusive	ely to test	t for publ	ic safety.	. See sec	tion 509	(a)(4). (se	e instruction	ns)
11		purposes of	one or more pul	and operated exclusive blicly supported organ at describes the type of type of the type of type of the type of typ	nizations	describe	d in secti	on 509(a	)(1) or sec	ction 509	(a)(2). See se	
		a 🗌 Type		= :	□ Тур						Type III–C	ther
е		,,		<b>5</b> ·	• •		-	_				
e By checking this box, I certify that the organization is not controlled directly or indirectly leading persons other than foundation managers and other than one or more publicly supported organ 509(a)(1) or section 509(a)(2).												
f				a written determinati	on from	the IRS	that it is	a Type	l Type II	or Type	e III support	ina
•		_	, check this box									
g		_		the organization acce	pted any	gift or c	ontribution	on from a	iny of the	)		
3		following per		<b>3</b>	. ,	J			•		<u> </u>	
	(i) A person who directly or indirectly controls, either alone or together with persons described and (iii) below, the governing body of the supported organization?					oed in (ii)	11g(i)	No				
		• •	A family member of a person described in (i) above?								11g(ii)	
				of a person described		(ii) above	?				11g(iii)	<u> </u>
h		Provide the	following informa	ation about the organ	izations t	the organ	ization s	upports.				
		e of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) is the organization in col. (i) listed in your governing document? (v) Did you not the organization col. (i) of you support?		nization in of your	, , , ,		(vii) Amount of support		
		<del></del>			Yes	No	Yes	No	Yes	No		
						l	1	1				
			· 			<u> </u>	ļ					
									]	ŕ		
									<u> </u>			
					-						-	
					- '							

**Total** 

Sched	dule A (Form 990 or 990-EZ) 2008					·	Page 2	
	Support Schedule for Org (Complete only if you chec	janizations l ked the box	Described in on line 5, 7,	Sections 17 or 8 of Part I.	0(b)(1)(A)(iv) .)	and 170(b)(	1)(A)(vi)	
	tion A. Public Support							
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Tax revenues levied for the organization's benefit and either paid to 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 1-3					-		
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	Public support. Subtract line 5 from line 4.		=	<u> </u>	L	<del> </del>	<u> </u>	
	tion B. Total Support lendar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total	
_		(4) 2004	(6) 2000	(0) 2000	(4) 2001	(0, 2000	(1) 1012	
7 8	Amounts from line 4							
9	Net income from unrelated business activities, whether or not the business is regularly carried on					1		
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 .		<u> </u>					
12	Gross receipts from related activities, etc	. (see instruction	ons)			12		
13	First five years. If the Form 990 is for organization, check this box and stop he	re	<u> </u>	nd, third, fourth	-		· · · · · · · · · · · · · · · · · · ·	
	tion C. Computation of Public Su							
14	Public support percentage for 2008 (line	-				14	<u> </u>	
15	Table support personage from 2007 conceded 71,1 at 17 74 mile 201							
16a	33½ % support test—2008. If the organization did not check the box on line 13, and line 14 is 33½ % or more, check this box and stop here. The organization qualifies as a publicly supported organization							
b	33% % support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33% % or more, check this box and stop here. The organization qualifies as a publicly supported organization							
17a	10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
b 18	10%-facts-and-circumstances test −2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ □  Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ □							

#### Schedule A (Form 990 or 990-EZ) 2008 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Gifts. grants. contributions. and membership fees received. (Do not include 69,274 61,185 79,278 29,768 52,131 291,636 any "unusual grants.") . . . . . . Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 14,290 7.870 10,663 28,720 9,312 70.855 organization's tax-exempt purpose . Gross receipts from activities that are not an 2,368 1,316 3,374 0 0 7,058 unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge . . . 85,932 70,371 93,315 58,488 61,443 369,549 Total. Add lines 1-5 . . . . . 7a Amounts included on lines 1, 2, and 3 0 0 0 0 0 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 . . . . . . . . . c Add lines 7a and 7b . . . . . Public support (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 85,932 70,371 93,315 58,488 61,443 369,549 Amounts from line 6 . . . 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . c Add lines 10a and 10b Net income from unrelated business 11 activities not included in line 10b, whether or not the business is regularly carried on . . . . . . . . Other income. Do not include gain or loss from the sale of capital assets 16,658 9,186 14,037 28,720 9.312 77,913 (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, 13 and 12.) . First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) .▶ 🔲 organization, check this box and stop here Section C. Computation of Public Support Percentage 78.9 % Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f) . . . 15 Public support percentage from 2007 Schedule A, Part IV-A, line 27g . 73.7 16 %

Section D. Computation of Investment Income Percentage 0 % 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)). 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 19a 33% % support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33% %, and line 17 is not more than 331/3 %, check this box and stop here. The organization qualifies as a publicly supported organization > b 331/3 % support tests-2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33/3 %, and line 18 is not more than 331/6 %, check this box and stop here. The organization qualifies as a publicly supported organization 🕨 🔲 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ □ Schedule A (Form 990 or 990-EZ) 2008

Schedule A (F	Form 990 or 990-EZ) 2008 Pa	ige 4
Part IV		10;
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