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Department of the Treasury Internal Revenue Service

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

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

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

2551 11/08/2010 3 43 PM OMB No 1545-0047

2009

Open to Public Inspection

	9 calendar year, or tax year beginning 07/01/09 , and ending 06/30/10			
B Check if application	Publicaciones Faro de Gracia		D Employ	ver identification numbe
Name change	label or print or Doing Business As		31-	1618052
= `		om/suite		ne number
Initial return	See P.O. Box 1043	ŀ		-845-9828
Termination	Specific City or town, state or country, and ZIP + 4		G Gross recen	ots \$ 159,10
Amended retur	1   0 1			
Application per	F Name and address of principal officer		H(a) Is this a	group return for
	, mg		affiliates	? Yes X
			H(b) Are all a included	
			If "No,"	attach a list. (see instructions)
I Tax-exempt	status X 501(c) ( 3 ) ♦ (Insert no.) 4947(a)(1) or 527			
	www.farodegracia.org			exemption number 🔷
K Type of organ	zation X Corporation Trust Association Other ♦ L Year of	of formation 19	998	M State of legal domicile 1
Part I	Summary			
1 Bne	ly describe the organization's mission or most significant activities:			
• T	he publication and distribution of sound reformed literate			
S S S S S S S S S S S S S S S S S S S	panish language, for the training of pastors, edification	n of bel:	ievers	and
E 0	hurches, and the salvation of the nations.			
6 2 Che	ck this box $lacktriangle$ if the organization discontinued its operations or disposed of more than 25% of i	its net assets.		
3 Nun	ber of voting members of the governing body (Part VI, line 1a)		3	6
Sel 3 Nun  5 Tota  6 Tota	ber of independent voting members of the governing body (Part VI, line 1b)		4	6
₹ 5 Tota	I number of employees (Part V, line 2a)		5	1
¥ 6 Tota	I number of volunteers (estimate if necessary)		6	4
7a Tota	f gross unrelated business revenue from Part VIII, column (C), line 12		7a	<del></del>
b Net	unrelated business taxable income from Form 990-T, line 34		7b	
		Prior Year		Current Year 25 , 1:
9 8 Cor	tributions and grants (Part VIII, line 1h)			25,1.
<b>O</b> I	ram service revenue (Part VIII, line 2g)		<del></del>	<del></del>
2 10 100	stment income (Part VIII, column (A), lines 3, 4, and 7d)			61,5
ľ	er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<del></del>		86,69
	I revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)  nts and similar amounts paid (Part IX, column (A), lines 1–3)		-+	00,0
	efits paid to or for members (Part IX, column (A), line 4)			
- 45 Cole	nes, other compensation, employee benefits (Part IX, column (A), lines 5–100 ECEIVED	-		19,52
16a Prot	essional fundraising fees (Part IX, column (A), line 11e)			
i loario		18		
×		lői		42,0
	er expenses (Part IX, column (A), lines 11a–11d, 11f–24f)  I expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	d		61,5
I	enue less expenses Subtract line 18 from line 12	<u>Jœ</u>		25,1
		eginding of Curr	ent Year	End of Year
SSE 20 Total SSE 20 Total SSE 21 Total SSE 21 Total SSE 22 Net	l assets (Part X, line 16)	111	.,716	138,7
21 Tota	I liabilities (Part X, line 26)	24	1,382	12,2
<sup>말</sup> 된 22 Net	assets or fund balances. Subtract line 21 from line 20	87	7,334	126,5
Part II	Signature Block			
	Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and st	tatements, and t	o the best of	my knowledge
	and belief it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information	on of which prep	arer has any	knowledge
Sign	Market K. Kary		///	10/10
Here	Signature of officer		Date	_
	Treasurer			
	Type or print name and title			
	Preparer's Date	Check if	- <del></del>	Preparer's identifying num
		1 0 self-	ed 🔷 🔲	(see instructions) P00294415
_		TO CHIDIOAE	_	
Preparer's	signature 11/08/	LU employe	FIN 🌢	56-15905
Preparer's	Firm's name (or yours Reavis and Parrish, PA	TO employe	EIN •	56-15905
Preparer's	Firm's name (or yours of self-employed),  Reavis and Parrish, PA  P.O. Box 5066		Phone	
Paid Preparer's Use Only	Firm's name (or yours if self-employed),  Proceedings of the self-employed in the self-employ	то етгрюуе	Phone	56-15905 336-226-70 Yes

om 990 (2009) Publicaciones			21.	-1018025	_			Page 2
Part III Statement of Program		plishments						
1 Briefly describe the organization's mission of the publication and of Spanish language, for churches, and the sal	listribution that it is the train	ing of pa	astors,	med lite edifica	erature tion of	in the	erș	and
· · · · · · · · · · · · · · · · · · ·		. ,		•		•	•	-
2 Did the organization undertake any signi	ficant program service	es during the year	which were not	listed on	- <u>-</u>			
the prior Form 990 or 990-EZ?						[	Yes	X No
If "Yes," describe these new services on								
3 Did the organization cease conducting, o	or make significant ch	anges in how it co	nducts, any pro	gram		-		
services?					•	Į.	Yes	X No
If "Yes," describe these changes on Sch 4 Describe the exempt purpose achievement		raanization's throa	lorgost assessed	b				
Section 501(c)(3) and 501(c)(4) organizations to others, the total expenses,	ations and section 49	47(a)(1) trusts are	required to repo	ort the amount o				
4a (Code: ) (Expenses \$	31,545	including grants	of \$		) (Revenue	\$		
Book Publishing & Dis	stribution	<b>g g</b>	•	• •• •	, (	<b>~</b> .		. ,
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	•	•	••			•	•	••••
4b (Code. ) (Expenses \$ Support of the Mexica	22,025 an Bookstor	including grants	of \$ can Dist	ributio	) (Revenue n <b>Expen</b> :	\$ ses	5	<b>,501</b> )
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·			•••	• •		• •••	•	•
4c (Code. ) (Expenses \$	2,437	including grants	of \$		) (Revenue	\$	_	)
Conference - Mission	Promotion							
							•	
						•		
•								
	•							
	•	•						
•••	•••		•				٠	•
		•	••				•	•• •• ••
	•	·					• •	•
4d Other program services. (Describe in Sci	hedule O.)			<u> </u>				-
(Expenses \$	including grants o		)	(Revenue \$	-	,	)	
4e Total program service expenses ◆	56,	007	_					
							Form §	990 (2009)

						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			L	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?			L	2		<u> </u>
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			L	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete						
•	Schedule C, Part II				4		<u> </u>
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		
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,"				- 1		
	complete Schedule D, Part I			L	6		<u> </u>
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		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"					- 1	
	complete Schedule D, Part III			L	8		<u> </u>
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part				ļ		
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			l	Ì		
	complete Schedule D, Part IV			.	9_		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			1		- 1	
	quasi-endowments? If "Yes," complete Schedule D, Part V			-	10		<u> </u>
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			ł			
	VII, VIII, IX, or X as applicable			.	11		X
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete						
	Schedule D, Part VI						
•	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.						
•	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.			ŀ			
•	Did the organization report an amount for other assets related 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.			1			
. •	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.  Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			1			
•	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.						
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete						
12	Schedule D, Parts XI, XII, and XIII.			ŀ	12		X
12Δ	Was the organization included in consolidated, independent audited financial statements for the tax year?	]	Yes	No	12	:	
120	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.	12A	res	X			
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	الجعنا			13	•	x
14a	Did the organization maintain an office, employees, or agents outside of the United States?			ŀ	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	•		t			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I			l	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	• •		ř	7.10		
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II				15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	••		•			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III			i	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	•••	•	··· [			_
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I				17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	•		ſ			
	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?	••	•	Γ			
	If "Yes," complete Schedule G, Part III				19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H				20		X
		_			Form	. 990	/2009)

	Trib Chick of Mayanda Conductor (Continuou)			T	
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			Yes	No
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		21		x
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the	•			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	••			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			1	
-	employees? If "Yes," complete Schedule J		23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	•			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines		i		
•	24b through 24d and complete Schedule K. If "No," go to line 25		24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	• •			
•	to defease any tax-exempt bonds?		24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		24d		$\vdash$
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	•• ••			
LJG	with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	• •	200	i —	
D			ļ	į	
	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 Schedule L, Part I		25b	1	x
26	• • • • • • • • • • • • • • • • • • • •		250		<del></del>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or				x
07	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		26	$\vdash$	╇
27	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?			l	x
	If "Yes," complete Schedule L, Part III	••	27	-	<u> </u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,				
	Part IV instructions for applicable filing thresholds, conditions, and exceptions).			1	
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		28a	-	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete		l	ļ	
	Schedule L, Part IV		28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			İ	
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,		l	Ì	,,
-	Part IV		28c	-	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	-	29	<u> </u>	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			Į.	
•	conservation contributions? If "Yes," complete Schedule M		30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,				l
	Part I		31	-	X
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	<b>├</b>	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				l
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		33	ļ	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,				1
	III, IV, and V, line 1		34	<u> </u>	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete		1		1
	Schedule R, Part V, line 2		35	ļ	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related				
	organization? If "Yes," complete Schedule R, Part V, line 2		36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		1		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,				
	Part VI		37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and				
	19? Note. All Form 990 filers are required to complete Schedule O	•	38	<u>L_</u>	X
		-		000	

_Pa	rt 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	İ		
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	. 1		х
•	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.	ł		ĺ
L	Cate incited, most for the calcificative with or within the year covered by the rotative	26	x	İ
b	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)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, secunties account, or other financial	1		
	account)?	4a		X
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.	1		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?	7a		₩
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<del> </del>
Ċ	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		<del> </del>
đ	If "Yes," indicate the number of Forms 8282 filed during the year			
θ	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		<del> </del>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<del>                                     </del>
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		$\vdash$
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7.		
٥	required? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	7h		$\vdash$
8	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		ĺ
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		$\vdash$
10	Section 501(c)(7) organizations. Enter:			$\overline{}$
а	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  10b			
11	Section 501(c)(12) organizations. Enter:		Ē	
а	Gross income from members or shareholders		ŀ	1
b	Gross income from other sources (Do not net amounts due or paid to other sources against		Ì	
	amounts due or received from them.)		ļ	
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			
		Form	n <b>99</b> 0	(2009)

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.

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent 1b 6		ł	
2	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?	2		x
3	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
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		х
6	Does the organization have members or stockholders?	6		х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			-
	of the governing body?	7a		x
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following.			
а	The governing body?	8a	x	ĺ
b	Each committee with authority to act on behalf of the governing body?	8b	x	
9	Is there any officer, director, 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	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal			
	renue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Х
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		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11		x
11a	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		х
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	nse to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
-	describe in Schedule O how this is done	12c	1	
13	Does the organization have a written whistleblower policy?	13		х
14	Does the organization have a written document retention and destruction policy?	14		X
15	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?			
а	The organization's CEO, Executive Director, or top management official	15a	1	x
b	Other officers or key employees of the organization	15b		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 taxable entity during the year?	16a	1	х
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		f	
	the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure		•	•
17	List the states with which a copy of this Form 990 is required to be filed ◆ None			-
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)	•	• •	•
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website Upon request			
19	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.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ♦ R. Wayne Anderson 727 Kivett Street			
_Bı	urlington NC 27215	•	•••	•

#### 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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of "key employee."

 $|\mathbf{X}|$  Check this box if the organization did not compensate any current officer, director, or trustee.

- 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.

(A) Name and Title	(B) Average			chec	C) k all t	that ap	opły)	(D) Reportable	(E) Reportable	(F) 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. Greg Barkman	1.00	x		X				0	0	(
Mr. Michael Karns	1.00	x		X				0	0	(
Mr. Ligon Duncan	1.00	x						0	0	(
Dr. Joel Beeke	1.00	x						0	0	(
Mr. Wayne Mack	1.00	x						0	0	(
Mr. R. Wayne Ande	rson 10.00			x				0	0	(
										-

31	-1	61	8	0	5	2
	_	~-	. •	•	•	_

Pa	rt VII Section A. Officers,	Directors, Trus	tees	, Ke	y Em	plo	yees	and	Highest Compensated E	mployees (continued)		<u> </u>
	(A) Name and Title	(B) Average hours per	Pos	ition (	chec	C) k all t	hat a		(D) Reportable	(E) Reportable	(F) Estimated	
		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	
-										· - · · · · · · ·		
•												
												·
1b	Total							<b>♦</b>				
2	Total number of individuals (inc				ose	listed	d abo	ve)	who received more than \$10	00,000 in		
•	reportable compensation from t	the organization	<u> </u>	0								
3 4 5	Did the organization list any for employee on line 1a? If "Yes," of For any individual listed on line the organization and related organization and related organization listed on line 1a services rendered to the organization listed on line 1a services rendered to the organization listed on line 1a services rendered to the organization listed on line 1a services rendered to the organization list any for employee and listed on line 1a services rendered to the organization list any for employee on line 1a?	complete Schedu 1a, is the sum of ganizations great  i receive or accru	ile J f repo er th ue co	for si ortab an \$ ompe	uch i le co 150,0 nsati	ndivi impe 000?	idual ensat If "Y rom a	ion a 'es," any u	and other compensation from complete Schedule J for su  unrelated organization for	m	4	X X
Sec	tion B. Independent Contracto	ors										
1	Complete this table for your five compensation from the organiz	ation.	nsate	ed inc	depe	nder	nt cor	ntrac				
	Name and	(A) business address							Descrip	(B) tion of services	(C) Compensation	n
	<del></del>											
								-				
		·						-	·			
2	Total number of independent co	ontractors (includ	ling t	out n	ot lin	nited	to th	ose	listed above) who received			
DAA	more than \$100,000 in compen	sation from the c	organ	izatı	on <b>4</b>	<u> </u>					0 Form <b>990</b> (2	2009

		(2009) Publicacion		o de Gra	cla	31-1618052		Page <b>9</b>
Pa	<u>rt V</u>	III Statement of Reve	nue				<del></del>	
					(A) 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	1a					
Contributions; gifts, grants and other similar amounts	b	Membership dues	1b					
s, g	С	Fundraising events	1c	_				
gift.		Related organizations	1d					
S E		Government grants (contributions)	1e					
tior		All other contributions, gifts, grants,						
E E		and similar amounts not included above	1f	25,133				
E D	a	Noncash contributions included in lines 1a-1						
ပိုင်္ခ	_	Total. Add lines 1a-1f	•	•	25,133			
				Busn. Code			<del></del>	<b>†</b>
Program Service Revenue	2a			Busin Gode				
ě	 b		•					<del>                                     </del>
<u>.</u>	-		•				-	<del> </del>
ē	d							
E	_	•						<del>                                     </del>
gra	f	All other program service reven	III A					+
윤		Total. Add lines 2a-2f	iu <del>c</del>					
	3	Investment income (including d	ividends inte	erest and				+
	•	other similar amounts)	mocnes, ma	. rest, and				
	4	Income from investment of tax-	 evemnt hond	Inroceeds 🌩				<del> </del>
	5	Royalties	exempt bone	proceeds •				+
	•	(i) Real	1 "	(II) Personal		· · · · ·	<del></del> -	1
	6a	Gross Rents		(ii) i Gidonar				
		Less rental exps		<del></del>				
		Rental inc or (loss)  Net rental income or (loss)						
- 1		Gross amount from (i) Securities	<del></del>	(II) Other			·	-
İ		sales of assets	<u>'</u>	(ii) Other				
j		other than inventory						
	U	Less cost or other						
-	_	basis & sales exps		-				
		Gain or (loss)				i		İ
		Net gain or (loss)						<del></del>
9	oa	Gross income from fundraising even	us					
F		(not including \$						
æ		of contributions reported on line 1c) See Part IV, line 18						
Other Revenue	_	•	a					
ᅙ		Less: direct expenses	d					
- 1		Net income or (loss) from funds		<b>→</b>	-		<u> </u>	<del> </del>
[	эa	Gross income from gaming activities See Part IV, line 19						
	_	•	a	- 1				
		Less: direct expenses	b					<u> </u>
		Net income or (loss) from gamii	ng activities					
	ıva	Gross sales of inventory, less		122 070				
		returns and allowances	a	133,970				
		Less: cost of goods sold	b[	72,413				
ŀ	<u> </u>	Net income or (loss) from sales			61,557	61,557		<del> </del>
}		Miscellaneous Revenue		Busn. Code	1			
- 1	11a						<del>.</del>	<del>                                     </del>
- 1	b		•	<u> </u>			<del></del>	
}	C							
	d	All other revenue		L				ļ
		Total. Add lines 11a-11d		◆				1
	12	Total Revenue. See instruction	s.		86,690	61,557		0 0

# Part IX Statement of Functional Expenses

Form 990 (2009)

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).

D.	not include amounts reported on lines 6b.	(A) (A)	(B)	(C)	(D)
	, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
<u>/D</u> 1	Grants and other assistance to governments and		expenses	Selicial exhelises	evhelises
'			+		
•	organizations in the U.S. See Part IV, line 21				
. 2	Grants and other assistance to individuals in		-		
•	the U.S. See Part IV, line 22				
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				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	15 077	14 200	1 500	
7	Other salanes and wages	15,877	14,289	1,588	
8	Pension plan contributions (include section 401(k)				
_	and section 403(b) employer contributions)		+		
9	Other employee benefits	3 644	3 200	364	
10	Payroll taxes	3,644	3,280	364	
11	Fees for services (non-employees):	E00		E00	
a	Management	500		500	
b	Legal .				
C	Accounting				
d	Lobbying				
8	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	1 010	1 010	-	
12	Advertising and promotion	1,812	1,812	0 504	
13	Office expenses	5,750	3,156	2,594	
14	Information technology	1 505	1 705		<del>_</del>
15	Royalties	1,725	1,725		
16	Occupancy	5,115	5,115		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0 055	0.055		<del></del>
19	Conferences, conventions, and meetings	2,955	2,955		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4 11 1		480	<del> </del>
23	Insurance	178		178	
				1	
24	Other expenses Itemize expenses not				
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed	1			
	5% of total expenses shown on line 25 below.)	10 010	10 010		
а	Labor	12,219	12,219		
b	Administrative Expenses	8,849	8,849		
C	Internet commissions	2,607	2,607	050	
d	Dues & Subscriptions	250		250	
0	Telephone	79		79	
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	61,560	56,007	5,553	
26	Joint costs. Check here ◆ if following				
	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs			Ì	
	from a combined educational campaign and				
	fundraising solicitation				Form 990 (200

Part 2	( Balance Sheet	GIACIA 31	-1618052		Page 11
			(A) Beginning of year		(B) End of year
1	Cash—non-interest bearing		4,185	1	22,287
2	Savings and temporary cash investments			2	
3	Pledges and grants receivable, net			3	
4	Accounts receivable, net		7,426	4	2,959
5	Receivables from current and former officers, directors, tr	ustees, key			
·	employees, and highest compensated employees. Compl	ete Part II of			
	Schedule L	_		5	
6	Receivables from other disqualified persons (as defined u	inder section			
	4958(f)(1)) and persons described in section 4958(c)(3)(E	3). Complete			
,,	Part II of Schedule L			6	
7   6	Notes and loans receivable, net			7	
ASSets	Inventones for sale or use		100,105	8	113,536
<b>₹</b>   9	Prepaid expenses and deferred charges			9	
10a	Land, buildings, and equipment, cost or				
	other basis. Complete Part VI of Schedule D	10a			
b	Less: accumulated depreciation	10b		10c	
11	Investments—publicly traded securities			11	
12	Investments—other secunties 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)		111,716	16	138,782
17	Accounts payable and accrued expenses		11,885	17	5,172
18	Grants payable			18	
19	Deferred revenue			19	
20	Tax-exempt bond liabilities			20	
တ္တ 21	Escrow or custodial account liability Complete Part IV of	Schedule D		21	<del></del>
21 22 22 22 22 22 22 22 22 22 22 22 22 2	Payables to current and former officers, directors, trustee	s, key			
	employees, highest compensated employees, and disqua	lified			
ן בֿ	persons. Complete Part II of Schedule L			22	
. 23	Secured mortgages and notes payable to unrelated third	parties		23	
24	Unsecured notes and loans payable to unrelated third par	ties <sub>.</sub>	12,497	24	7,053
25	Other liabilities. Complete Part X of Schedule D			25	
· 26	Total liabilities. Add lines 17 through 25		24,382	26	12,225
န္မ	Organizations that follow SFAS 117, check here ◆	and			
2	complete lines 27 through 29, and lines 33 and 34.				
<u>rg</u>   27	Unrestricted net assets		87,334	27	126,557
n   28	Temporanly restricted net assets			28	
본   29	Permanently restricted net assets	• ويسلم		29	
[ ]	Organizations that do not follow SFAS 117, check her	re ◆			
<u></u>	and complete lines 30 through 34.				
ပ္ည 30	Capital stock or trust principal, or current funds			30	
ည္ဟု 31	Paid-in or capital surplus, or land, building, or equipment	fund		31	
<b>8</b> 32	Retained earnings, endowment, accumulated income, or	other funds		32	
Net Assets of Fund Balances 22 28 29 30 31 32 33 34	Total net assets or fund balances		87,334	33	126,557
Z   34	Total liabilities and net assets/fund balances		111,716	34	138,782

Form **990** (2009)

Form **990** (2009)

Fom	990 (2009) Publicaciones Faro de Gracia 31-1618052		Pag	ge <b>12</b>
Pá	art XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		:	
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
•	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	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			
	issued on a consolidated basis, separate basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	26		

# SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Publicaciones Faro de Gracia

Employer identification number 31–1618052

Pa	art I	Reas	on for Public Charity	Status (All organizations	must co	omplete	this p	art.) S	ee ins	tructio	ns.		
The	orgar	nization is not a	private foundation because	it is: (For lines 1 through 11, che	ck only or	ne box )							
· 1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).											
2		A school desc	cnbed in section 170(b)(1)(A)(ii). (Attach Schedule E)										
3	П			e organization described in secti	on 170(b)	(1)(A)(iii).							
4	П	A medical res	earch organization operated	in conjunction with a hospital de-	scribed in	section 1	70(b)(1)	(A)(iii).	Enter th	e hospita	al's name,		
		city, and state.											
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
		_	)(1)(A)(iv). (Complete Part II.)										
6					tion 170(	b)(1)(A)(v	).						
7	П		eral, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b> ganization that normally receives a substantial part of its support from a governmental unit or from the general public										
-		described in section 170(b)(1)(A)(vi). (Complete Part II.)											
8				0(b)(1)(A)(vi). (Complete Part II	.)								
9	X	=		more than 33 1/3 % of its suppo	•	ntribution	s. memb	ership fe	es, and	l gross			
	ш	_	• , ,	ot functions—subject to certain e				-		-			
		•	·	unrelated business taxable inco									
			_	, 1975. See section 509(a)(2). (	_ `.		,						
10			•	clusively to test for public safety	•	•	a)(4).						
11	П	•	•	clusively for the benefit of, to pe		-		carry ou	t the				
		•	•	d organizations described in sec				-		tion			
		509(a)(3). Ch	eck the box that describes the	e type of supporting organization	and com	plete lines	11e thr	ough 11	h.				
		a Type		c Type III–Functiona			d		e III-Ott	ner			
0		By checking to	his box, I certify that the orga	nization is not controlled directly	or indirect	tly by one	or more	dısqualı	fied				
		persons other	than foundation managers a	nd other than one or more public	cly suppor	ted organ	zations	describe	d in sec	tion			
		509(a)(1) or s	ection 509(a)(2).										
f		If the organiza	ation received a written deten	mination from the IRS that it is a	Type I, Ty	pe II, or T	ype III s	upportin	g				
		organization,	check this box										
g		Since August	17, 2006, has the organization	on accepted any gift or contributi	on from a	ny of the	•		•	•	·		_
٠		following per	sons?										
		(i) A persor	who directly or indirectly cor	ntrols, either alone or together wi	th persons	s describe	d in (II)					Yes	No
		and (III) b	pelow, the governing body of	the supported organization?									
		(ii) A family	member of a person describe	ed in (i) above?	11g(ii)								
		(iii) A 35% c	ontrolled entity of a person de	escribed in (i) or (ii) above?	?								
h		Provide the f	ollowing information about the	e supported organization(s).									
(i)	Nam	e of supported	(iii) Type of organization	(iv) Is the	organization		ou notify		s the	(vii) Am	ount of		
	org	anization	on (described on lines 1–9			in col (i) listed in your		the organization in col (i) of your		on in col zed in the	supp	oort	
				above or IRC section (see instructions))	governing document?		support?			S ?			
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes	No	Yes	No	Yes	No			
									<u> </u>				
									]				
						<u> </u>							
					ļ				<u> </u>				
							<b></b>	<u> </u>	ļ	<b>└</b> ↓			
								1					
Tota	1		E	1	I	1		1	i	1 1			

box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2009. 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

10%-facts-and-circumstances test—2008. 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

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A	(Form	990 o	r 990-EZ)	2009

Page 3

Schedule A (Form 990 or 990-EZ) 2009 Publicaciones Faro de Gracia
Part III Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you che	cked the box or	<u>n line 9 of Part</u>	<u>l.)</u>			
Sec	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) ◆	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	61,185	79,278	29,768	52,131	25,133	247,495
	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	7,870	10,663	28,720	9,312	133,970	190,535
•3	Gross receipts from activities that are not an unrelated trade or business under section 513	1,316	3,374				4,690
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						
6	Total. Add lines 1 through 5	70,371	93,315	58,488	61,443	159,103	442,720
7a	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 Add lines 7a and 7b						
8 	Public support (Subtract line 7c from line 6)						442,720
	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) ◆	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	70,371	93,315	58,488	61,443	159,103	442,720
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						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	9,186	14,037	28,720	9,312		61,25
13	Total support. (Add lines 9, 10c, 11,						
14	and 12.)  First five years. If the Form 990 is for the c	79,557	107,352	87,208	70,755	159,103	503,975
14	organization, check this box and stop here	-	econa, ama, naran	, or murtax year as	a section son(c)(s	,	▶ [
Sec	tion C. Computation of Public Su		ge	· · · · · · · · · · · · · · · · · · ·	<u> </u>	• •	
15	Public support percentage for 2009 (line 8,			<u>,,                                   </u>		15	87.85%
16	Public support percentage from 2008 Sche	• • • • • • • • • • • • • • • • • • • •	•	"	••	16	78.90%
	tion D. Computation of Investme			<u> </u>	<del></del>	. , , , , ,	70.50 70
17	Investment income percentage for 2009 (lin			lumn (fl)		17	%
18	Investment income percentage from 2008 S	• • • • • • • • • • • • • • • • • • • •	•		••••	18	%
19a	33 1/3 % support tests—2009. If the organ 17 is not more than 33 1/3 %, check this bo	nization did not chec	k the box on line 14				<b>▶</b> [2
b	33 1/3 % support tests—2008. If the organ				_		•
	line 18 is not more than 33 1/3 %, check the						▶ [
20	Private foundation. If the organization did	not check a box on l	ine 14. 19a. or 19b	. check this box an	d see instructions	• •	▶ [

Part IV Supplemental Info Part II, line 17a or 1	rmation. C	Complete th	nis part to p		explanation		art II, line 10;	Page 4
Part III, Line 12 -	Other	Income	Detail					
·			\$	61	,255			
				-	-			
•			•	٠	•		•	
·				•	•			
				٠	•	•		•
							٠	
						••••	•	
					••			٠
	•		٠				٠	
			•••		•			•
					•			
	•							

#### **SCHEDULE O**

(Form 990)

Department of the Treasury Internal Revenue Service

### Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Open to Public

OMB No 1545-0047

♦ Attach to Form 990.

Inspection Name of the organization **Employer identification number** Publicaciones Faro de Gracia 31-1618052 Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 No review was or will be conducted. Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public