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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

OMB No 1545-1150

2008**Open to Public
Inspection****A** For the 2008 calendar year, or tax year beginning **10/01**, 2008, and ending **9/30**, 20 **09****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization**BARNABAS ASSOCIATION/MEXICO, INC.**

Number and street (or P O box, if mail is not delivered to street address) Room/suite

P. O. BOX 5195

City or town, state or country, and ZIP + 4

YUMA, AZ 85366-3025**D** Employer identification number**86 : 0804399****E** Telephone number**(928) 726-9015****F** Group Exemption Number• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).****G** Accounting method: ☒ Cash ☐ Accrual
Other (specify) ►**I** Website: ► **barnabasmexico.org****H** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**J** Organization type (check only one) — ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ► \$ **149,332****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	149,332
	2	Program service revenue including government fees and contracts	2	0
	3	Membership dues and assessments	3	0
	4	Investment income	4	0
	5a	Gross amount from sale of assets other than inventory	5a	0
	b	Less: cost or other basis and sales expenses	5b	0
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	0
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ 149,332 of contributions reported on line 1)	6a	0
	b	Less: direct expenses other than fundraising expenses	6b	0
Expenses	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0
	7a	Gross sales of inventory, less returns and allowances	7a	0
	b	Less: cost of goods sold	7b	0
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
	8	Other revenue (describe ►)	8	0
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8.	9	149,332
	10	Grants and similar amounts paid (attach schedule)	10	131,847
	11	Benefits paid to or for members	11	0
	12	Salaries, other compensation, and employee benefits	12	22,656
	13	Professional fees and other payments to independent contractors	13	0
Net Assets or Fund Balances	14	Occupancy, rent, utilities, and maintenance	14	0
	15	Printing, publications, postage, and shipping	15	999
	16	Other expenses (describe ► D&O Liability Ins., Promo, Telephone, Office, Misc.)	16	8,763
	17	Total expenses. Add lines 10 through 16	17	164,265
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-14,933
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	78,774
	20	Other changes in net assets or fund balances (attach explanation)	20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	63,841

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	78,774	63,841
23 Land and buildings	0	0
24 Other assets (describe ►)	0	0
25 Total assets	78,774	63,841
26 Total liabilities (describe ►)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	78,774	63,841

For Privacy Act and Paperwork Reduction Act Notice, see the Instruction for Form 990.

Cat No 106421

Form **990-EZ** (2008)

1468

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		✓
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		
b	Did the organization file Form 1120-POL for this year?		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		✓
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0		
d	Enter amount of tax on line 40c reimbursed by the organization ▶ 0		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		✓
41	List the states with which a copy of this return is filed. ▶ Arizona		
42a	The books are in care of ▶ James N. Tucker Telephone no. ▶ (928) 726-9015 Located at ▶ 1623 E. 27th St.; Yuma, AZ ZIP + 4 ▶ 85365-3025		
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)? 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.	42b	✓
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶	42c	✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	✓
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	✓

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46–49 and complete the tables for lines 50 and 51.

- | | Yes | No |
|------------|-----|----|
| 46 | | ✓ |
| 47 | | ✓ |
| 48 | | ✓ |
| 49a | | ✓ |
| 49b | | |
- 46** 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
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48** Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a** Did the organization make any transfers to an exempt non-charitable related organization?
- b** If "Yes," was the related organization(s) a section 527 organization?
- 50** Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$100,000 ►				

- 51** Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		
Total number of other independent contractors each receiving over \$100,000 . . . ►		

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

Sign Here

Signature of officer *James N. Tucker*

Date *2/2/2010*

Dr. James N. Tucker, Director
Type or print name and title

Paid Preparer's Use Only

Preparer's signature

Date

Check if self-employed ☐

Preparer's Identifying Number (See instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4

EIN ()
Phone no ()

May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☐ No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

BARNABAS ASSOCIATION/MEXICO, INC.

Employer identification number

86 0804399

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 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: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization 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 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(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 notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	158,542	184,762	157,808	156,254	149,332	806,698
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 Total. Add lines 1-3	158,542	184,762	157,808	156,254	149,332	806,698
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)						313,500
6 Public support. Subtract line 5 from line 4.						493,198

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	158,542	184,762	157,808	156,254	149,332	806,698
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0	0	0	0
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
11 Total support. Add lines 7 through 10						806,698
12 Gross receipts from related activities, etc. (see instructions)					12	0
13 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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	61 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	62 %
16a 33 1/3 % support test—2008. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3 % support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
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 <input type="checkbox"/>		
b 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 <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(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 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5						
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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 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
9 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						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%
19a 33⅓ % support tests—2008. If the organization did not check the box on line 14, and line 15 is more than 33⅓ %, and line 17 is not more than 33⅓ %, check this box and stop here . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33⅓ % support tests—2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓ %, and line 18 is not more than 33⅓ %, check this box and stop here . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Operating Expenses—Fiscal Year to Date
10/1/2008 through 9/30/2009

10/16/2009

BARANABAS ASSOCIATION, MEXICO, INC.

10/1/2008-
9/30/2009

Page 1

Category Description	
INFLOWS	
Uncategorized	0.00
ESTHER'S HOUSE	1,050.00
GENERAL FUND	132,837.25
In Memory Of Dr.Mario	155.00
OTHER INCOME	
Agua Viva	1,100.00
Calvario	600.00
Camp Caretaker	540.00
Conservadora	5,100.00
Monte Sinai	4,800.00
Tabasco New Building	3,150.00
TOTAL OTHER INCOME	15,290.00
TOTAL INFLOWS	149,332.25

OUTFLOWS

Auto	
Gas	384.93
Insurance	869.00
Mexico Vehicle Insurance	159.95
Mileage	3,330.26
Registration	71.00
Registration (Non-taxable)	101.00
Up-keep	705.67
TOTAL Auto	5,621.81
Bank Charge	84.33
ESTHER'S HOUSE EXPENSE	
House Payment	1,950.00
TOTAL ESTHER'S HOUSE EXPENSE	1,950.00
Gifts	3,135.87
IB IG CONSERVADORA SAN LUIS	1,200.00
IBCAR CAMP	
Caretaker	4,110.00
Construction	11,718.00
TOTAL IBCAR CAMP	15,828.00
IBCAR CHARITY	

Operating Expenses--Fiscal Year to Date
10/1/2008 through 9/30/2009

10/16/2009

Page 2

Category Description	10/1/2008- 9/30/2009
Emergency	4,638.00
Medical	500.00
TOTAL IBCAR CHARITY	5,138.00
IBCAR CHURCHES	
AGUA VIVA, IG. BAUT	4,850.00
BEREA, IG. BAUT	2,705.00
BETANIA , IG. BAUT	3,775.00
BETHAL,IG. BAUT	4,200.00
CALVARIO, IG. BAUT	4,200.00
CONSERVADORA, IG. BAUT	5,570.00
EL ROBLE, IG BAUT	605.00
MARANATHA, IG. BAUT.	4,800.00
MISSION BETANIA,IG,BAUT	2,960.00
MONTE SINAI, IG. BAUT.	5,150.00
TABASCO,IG.BAUT	3,150.00
TOTAL IBCAR CHURCHES	41,965.00
IBCAR COMPUTERS, ETC.	
Repair and Parts	700.00
Other IBCAR COMPUTERS, ETC.	100.00
TOTAL IBCAR COMPUTERS, ETC.	800.00
IBCAR CONSTRUCTION	
LABOR	750.00
Materials	19,921.55
Miscellaneous	750.00
TOTAL IBCAR CONSTRUCTION	21,421.55
IBCAR EVANGELISM	
Bibles	541.71
Literature	173.99
Videos, DVD's	124.37
Workers	686.49
TOTAL IBCAR EVANGELISM	1,526.56
IBCAR LEGAL	19,757.00
IBCAR MISCELLANEOUS	2,432.71
IBCAR SCHOLARSHIPS	
Grades 1-12	900.00
Seminary	3,170.32
University	600.00

Operating Expenses--Fiscal Year to Date
10/1/2008 through 9/30/2009

10/16/2009

Page 3

Category Description	10/1/2008- 9/30/2009
Other IBCAR SCHOLARSHIPS	1,000.00
TOTAL IBCAR SCHOLARSHIPS	5,670.32
IBCAR TRANSPORTATION BY OTHERS	
Air Fare	1,700.00
Gas for pastors	2,569.74
Gas Others	50.00
Importation of vehicles	2,794.28
Repair Vehicles	3,407.96
Vehicle Purchase	500.00
TOTAL IBCAR TRANSPORTATION BY O...	11,021.98
Insurance	
D & O Liability	608.40
Other Insurance	4,591.00
TOTAL Insurance	5,199.40
Misc.	147.87
OFFICE	
Equipment	4,018.90
Postage and Delivery	999.40
Supplies	1,213.50
TOTAL OFFICE	6,231.80
PROMOTION BARNABAS	
Entertainment	725.36
Materials	199.04
Miscellaneous	121.52
TOTAL PROMOTION BARNABAS	1,045.92
REMUNERATION	
Monthly Remuneration	2,280.00
Supplemental Health Insurance	1,362.02
Other REMUNERATION	7,600.00
TOTAL REMUNERATION	11,242.02
TELEPHONE	1,643.80
TRAVEL BY DIRECTOR	
Food	941.77
Lodging	232.89
Other TRAVEL BY DIRECTOR	26.37
TOTAL TRAVEL BY DIRECTOR	1,201.03
VOID	0.00

Operating Expenses--Fiscal Year to Date
10/1/2008 through 9/30/2009

10/16/2009

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Category Description	10/1/2008- 9/30/2009
TOTAL OUTFLOWS	164,264.97
OVERALL TOTAL	-14,932.72

BARNABAS ASSOCIATION/MEXICO, INC.
EIN: 86-0804399
Form 990ez (2008) Schedule Attachment

Part III, Line 28

Special Assistance to Pastors of the CB Churches of Mexico:

Ig. Baut. "Maranatha," Tijuana	4,800.
Ig. Baut. "Agua Viva," Tabasco	8,000.
Ig. Baut. "Berea," Guadalajara	2,705.
Ig. Baut. "Calvario," San Luis	4,200.
Ig. Baut. "Betania," Tijuana	3,775.
Ig. Baut. "Mission Betania," Tijuana	2,960.
Ig. Baut. "Monte Sinai," Mexicali	5,150.
Ig. Baut. "El Roble," Mexicali	605.
Ig. Baut. "Conservadora," 5 de Mayo	5,570.
Ig. Baut. "Bethel," for Morelos	<u>4,200.</u>
TOTAL	41,965.

Part III, Line 29

CONSTRUCTION: repair and purchase property for IBCAR churches: **21,422.**

Part III, Line 30

IBCAR CAMP **15,828.**

Caretaker and camp construction

Part III, Line 31

IBCAR OTHER EXPENSES

ESTHER'S HOUSE EXPENSE	1,950.00
GIFTS	3,135.87
IB IG CONSERVADORA, SAN LUIS	1,200.00
CHARITY	5,138.00
COMPUTERS	800.00
EVANGELISM	1,526.56
LEGAL	19,757.00
MISCELLANEOUS	2,432.71
SCHOLARSHIPS	5,670.32
TRANSPORTATION BY OTHERS	<u>11,021.98</u>
TOTAL IBCAR OTHER SERVICES	52,632.44
