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Form **990-EZ**
 Department of the Treasury
 Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

OMB No 1545-1150
2009
Open to Public Inspection

Under 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 \$500,000 and total assets less than \$1,250,000 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.

A For the 2009 calendar year, or tax year beginning 01-01-2009, and ending 12-31-2009

| | | | |
|---|---|--|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | Please use IRS label or print or type. See Specific Instructions. | C Name of organization The Barnabas Network | D Employer identification number 20-4533345 |
| | | Number and street (or P O box, if mail is not delivered to street address) Room/suite 607 North Greene Street | E Telephone number (336) 370-4002 |
| | | City or town, state or country, and ZIP + 4 Greensboro, NC 27401 | F Group Exemption Number |

G Accounting method: Cash Accrual
 Other (specify):

I Website: www.thebarnabasnetwork.org
H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-Exempt status (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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 371,615

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

| Revenue | | Expenses | | Net Assets | |
|---------|--|----------|---|------------|--|
| 1 | Contributions, gifts, grants, and similar amounts received | 10 | Grants and similar amounts paid (attach schedule) | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) |
| 2 | Program service revenue including government fees and contracts | 11 | Benefits paid to or for members | 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) |
| 3 | Membership dues and assessments | 12 | Salaries, other compensation, and employee benefits | 20 | Other changes in net assets or fund balances (attach explanation) |
| 4 | Investment income | 13 | Professional fees and other payments to independent contractors | 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 |
| 5a | Gross amount from sale of assets other than inventory | 14 | Occupancy, rent, utilities, and maintenance | | |
| 5b | Less cost or other basis and sales expenses | 15 | Printing, publications, postage, and shipping | | |
| 5c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 16 | Other expenses (describe) | | |
| 6 | Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/> | 17 | Total expenses. Add lines 10 through 16 | | |
| 6a | Gross revenue (not including \$ of contributions reported on line 1) | | | | |
| 6b | Less direct expenses other than fundraising expenses | | | | |
| 6c | Net income or (loss) from special events and activities (Subtract line 6b from line 6a) | | | | |
| 7a | Gross sales of inventory, less returns and allowances | | | | |
| 7b | Less cost of goods sold | | | | |
| 7c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | | | | |
| 8 | Other revenue (describe) | | | | |
| 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 | | | | |

Part II Balance Sheets—If total assets on line 25, column (B) are \$1,250,000 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 | 112,705 | 144,143 |
| 23 Land and buildings | 6,518 | 4,513 |
| 24 Other assets (describe) | 25,945 | 74,162 |
| 25 Total assets | 145,168 | 222,818 |
| 26 Total liabilities (describe) | 2,880 | 4,995 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 142,288 | 217,823 |

| Part III Statement of Program Service Accomplishments (See the instructions for Part III) | | Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others) | |
|---|---|--|---------|
| What is the organization's primary exempt purpose? TO OFFER ENCOURAGEMENT, FURNITURE, JOB TRAINING, AND TRANSPORTATION TO FAMILIES TAKING STEPS TOWARD SELF-SUFFICIENCY | | | |
| Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. | | | |
| 28 BARNABAS NETWORK ACCEPTS DONATIONS OF NEW AND USED FURNITURE BASED ON REFERRALS FROM LOCAL CHURCHES AND SOCIAL SERVICE AGENCIES, IT PROVIDES THE DONATED FURNITURE TO INDIVIDUALS AND FAMILIES WITH NEEDS. BARNABAS PLACES A PARTICULAR EMPHASIS ON PROVIDING BEDDING FOR CHILDREN. (Grants \$ 28,989) | If this amount includes foreign grants, check here <input type="checkbox"/> | 28a | 121,053 |
| 29 BARNABAS JOBS PROVIDES TRAINING IN JOB SKILLS AND ASSISTS CLIENTS IN FINDING EMPLOYMENT. (Grants \$ 0) | If this amount includes foreign grants, check here <input type="checkbox"/> | 29a | 56,220 |
| 30 (Grants \$) | If this amount includes foreign grants, check here <input type="checkbox"/> | 30a | |
| 31 Other program services (attach schedule) (Grants \$) | If this amount includes foreign grants, check here <input type="checkbox"/> | 31a | |
| 32 Total program service expenses (add lines 28a through 31a) | | 32 | 177,273 |

| Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV) | | | | |
|--|--|--|---|--|
| (a) Name and address | (b) Title and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-.) | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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

Yes No

| | | | |
|---|-------------------|----------------------|-----------|
| <p>33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity</p> | <p>33</p> | | <p>No</p> |
| <p>34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes</p> | <p>34</p> | | <p>No</p> |
| <p>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 why the organization did not report the income on Form 990-T</p> | | | |
| <p>a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?</p> | <p>35a</p> | | <p>No</p> |
| <p>b If "Yes," has it filed a tax return on Form 990-T for this year?</p> | <p>35b</p> | | |
| <p>36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N</p> | <p>36</p> | | <p>No</p> |
| <p>37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a _____ 0</p> | | | |
| <p>b Did the organization file Form 1120-POL for this year?</p> | <p>37b</p> | | |
| <p>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 outstanding at the end of the period covered by this return?</p> | <p>38a</p> | | <p>No</p> |
| <p>b If "Yes," complete Schedule L, Part II and enter the total amount involved</p> | <p>38b</p> | | |
| <p>39 <i>Section 501(c)(7) organizations.</i> Enter</p> | | | |
| <p>a Initiation fees and capital contributions included on line 9</p> | <p>39a</p> | | |
| <p>b Gross receipts, included on line 9, for public use of club facilities</p> | <p>39b</p> | | |
| <p>40a <i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____ 0, section 4912 ▶ _____ 0, section 4955 ▶ _____ 0</p> | | | |
| <p>b <i>Section 501(c)(3) and 501(c)(4) organizations.</i> Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I</p> | <p>40b</p> | | <p>No</p> |
| <p>c <i>Section 501(c)(3) and 501(c)(4) organizations</i> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0</p> | | | |
| <p>d <i>Section 501(c)(3) and 501(c)(4) organizations</i> Enter amount of tax on line 40c reimbursed by the organization 0</p> | | | |
| <p>e <i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T</p> | <p>40e</p> | | <p>No</p> |
| <p>41 List the states with which a copy of this return is filed ▶ _____</p> | | | |
| <p>42a The organization's books are in care of ▶ <u>The Organization</u> Telephone no ▶ <u>(336) 370-4002</u> 607 North Greene Street Located at ▶ <u>Greensboro, NC</u> ZIP + 4 ▶ <u>27401</u></p> | | | |
| <p>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)?</p> | <p>42b</p> | <p>Yes No</p> | <p>No</p> |
| <p>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.</p> | | | |
| <p>c At any time during the calendar year, did the organization maintain an office outside of the U S ?</p> | <p>42c</p> | | <p>No</p> |
| <p>If "Yes," enter the name of the foreign country ▶ _____</p> | | | |
| <p>43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year 43 _____</p> | <p>43</p> | | |
| <p>44 Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.</p> | <p>44</p> | <p>Yes No</p> | <p>No</p> |
| <p>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.</p> | <p>45</p> | <p>Yes No</p> | <p>No</p> |

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

| | Yes | No |
|--|-----|----|
| 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 | | No |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | | No |
| 48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | No |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | | No |
| 49b If "Yes," was the related organization a section 527 organization? | | |

50 Complete this table for the organization's 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 | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

50(f) Total number of other employees paid over \$100,000

51 Complete this table for the organization's 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 | | |
| | | |
| | | |
| | | |
| | | |

51(d) Total number of other independent contractors each receiving over \$100,000

Please Sign Here

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.

Signature of officer: ***** Date: 2010-08-16

Erin Stratford Executive Director
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: Daniel G Hayes Date: 2010-07-15 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: BERNARD ROBINSON & COMPANY LLP, PO BOX 19608, GREENSBORO, NC 274199608

Preparer's identifying number (See instructions): EIN: Phone no: (336) 294-4494

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

Part II Support Schedule for Organizations Described in IRC 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) 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.") | | | | | | |
| 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 through 3 | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public Support. Subtract line 5 from line 4 | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets | | | | | | |
| 11 Total support (Add lines 7 through 10) | | | | | | |

12 Gross receipts from related activities, etc (See instructions) 12

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) 14

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 15

16a 33 1/3% support test—2009. 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

b 33 1/3% support test—2008. If the organization did not check the 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

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

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

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

Part III Support Schedule for Organizations Described in IRC 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) 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.") | | | 229,413 | 187,197 | 334,543 | 751,153 |
| 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 | | | 5,294 | 18,386 | | 23,680 |
| 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 through 5 | | | 234,707 | 205,583 | 334,543 | 774,833 |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | 0 |
| 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 | | | | | | 0 |
| c Add lines 7a and 7b | | | | | | 0 |
| 8 Public Support (Subtract line 7c from line 6) | | | | | | 774,833 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | 234,707 | 205,583 | 334,543 | 774,833 |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | 629 | 261 | 890 |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | 629 | 261 | 890 |
| 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) | | | | 16,915 | 37,072 | 53,987 |
| 13 Total support (Add lines 9, 10c, 11 and 12) | | | 234,707 | 223,127 | 371,876 | 829,710 |
| 14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input checked="" type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|--|
| 15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f)) | 15 | |
| 16 Public support percentage from 2008 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|--|
| 17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f)) | 17 | |
| 18 Investment income percentage from 2008 Schedule A, Part III, line 17 | 18 | |
| 19a 33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| b 33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and 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"/> | | |

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Explanation

Schedule A, Part IV, Supplemental Information Agency Fees - \$12,713 Other Income - \$24,359

Additional Data

Software ID:
Software Version:
EIN: 20-4533345
Name: The Barnabas Network

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

| (A) Name and address | (B) Title and average hours per week devoted to position | (C) Compensation (If not paid, enter -0-.) | (D) Contributions to employee benefit plans & deferred compensation | (E) Expense account and other allowances |
|---|---|---|--|---|
| Carole Lesley 607 North Greene Street Greensboro, NC 27401 | Chair 20 00 | 0 | 0 | 0 |
| Rick Vaughn 607 North Greene Street Greensboro, NC 27401 | Vice Chair 20 00 | 0 | 0 | 0 |
| Jackie Wilson 607 North Greene Street Greensboro, NC 27401 | Secretary 0 00 | 0 | 0 | 0 |
| Libby Brewington 607 North Greene Street Greensboro, NC 27401 | Treasurer 0 00 | 0 | 0 | 0 |
| Erin Stratford 607 North Greene Street Greensboro, NC 27401 | Executive Director 50 00 | 4,977 | 0 | 0 |
| Geoff A tack 607 North Greene Street Greensboro, NC 27401 | Board Member 0 00 | 0 | 0 | 0 |
| Russ Dunn 607 North Greene Street Greensboro, NC 27401 | Board Member 0 00 | 0 | 0 | 0 |
| CP Eldred 607 North Greene Street Greensboro, NC 27401 | Board Member 0 00 | 0 | 0 | 0 |
| Betty Hilliard 607 North Greene Street Greensboro, NC 27401 | Board Member 0 00 | 0 | 0 | 0 |
| Kathryn Long 607 North Greene Street Greensboro, NC 27401 | Board Member 0 00 | 0 | 0 | 0 |
| Robin Tyler 607 North Greene Street Greensboro, NC 27401 | Board Member 0 00 | 0 | 0 | 0 |
| Neil Dunnivant 607 North Greene Street Greensboro, NC 27401 | EX-Officio 0 00 | 0 | 0 | 0 |
| Tim Patterson 607 North Greene Street Greensboro, NC 27401 | EX-Officio 0 00 | 0 | 0 | 0 |

Form **4562**

**Depreciation and Amortization
(Including Information on Listed Property)**

OMB No 1545-0172

2009

Attachment
Sequence No **67**

▶ See separate instructions. ▶ Attach to your tax return.

| | | |
|---|---|----------------------------------|
| Name(s) shown on return The Barnabas Network | Business or activity to which this form relates Form 990-EZ Page 1 | Identifying number 20-4533345 |
|---|---|----------------------------------|

Part I Election To Expense Certain Property Under Section 179
Note: If you have any listed property, complete Part V before you complete Part I.

| | | |
|--|----------|---------|
| 1 Maximum amount See the instructions for a higher limit for certain businesses | 1 | 250,000 |
| 2 Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 Threshold cost of section 179 property before reduction in limitation (see instructions) | 3 | 800,000 |
| 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- | 4 | |
| 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions | 5 | |

| 6 (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
|--|------------------------------|------------------|
| 7 Listed property Enter the amount from line 29 | 7 | |
| 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 | | 8 |
| 9 Tentative deduction Enter the smaller of line 5 or line 8 | | 9 |
| 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 | | 10 |
| 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) | | 11 |
| 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 | | 12 |
| 13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 .▶ | 13 | |

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

| | | |
|--|-----------|--|
| 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) | 14 | |
| 15 Property subject to section 168(f)(1) election | 15 | |
| 16 Other depreciation (including ACRS) | 16 | |

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

| | | |
|--|-----------|-------|
| 17 MACRS deductions for assets placed in service in tax years beginning before 2009 | 17 | 2,006 |
| 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here .▶ <input type="checkbox"/> | | |

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only—see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|---------------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a 3-year property | | | | | | |
| b 5-year property | | | | | | |
| c 7-year property | | | | | | |
| d 10-year property | | | | | | |
| e 15-year property | | | | | | |
| f 20-year property | | | | | | |
| g 25-year property | | | 25 yrs | | S/L | |
| h Residential rental property | | | 27 5 yrs | MM | S/L | |
| | | | 27 5 yrs | MM | S/L | |
| i Nonresidential real property | | | 39 yrs | MM | S/L | |
| | | | | MM | S/L | |

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

| | | | | | | |
|-----------------------|--|--|--------|----|-----|--|
| 20a Class life | | | | | S/L | |
| b 12-year | | | 12 yrs | | S/L | |
| c 40-year | | | 40 yrs | MM | S/L | |

Part IV Summary (see instructions)

| | | |
|--|-----------|-------|
| 21 Listed property Enter amount from line 28 | 21 | |
| 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions | 22 | 2,006 |
| 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation/deduction, (i) Elected section 179 cost. Includes rows 25-29 for special depreciation and business use percentages.

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with columns (a) through (f) for Vehicle 1 through Vehicle 6. Rows 30-36 cover total miles driven, commuting miles, other personal miles, and availability for personal use.

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

Table for Section C with columns Yes/No. Rows 37-41 cover policy statements and requirements for vehicle use by employees.

Part VI Amortization

Table for Section C with columns (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44 for amortization of costs.

TY 2009 Grants and Similar Amounts Paid Schedule

Name: The Barnabas Network

EIN: 20-4533345

| | |
|--|---|
| Item No. | 1 |
| Class of Activity | |
| Donee's Name | Food Shelter and clothing for Indigents Etc |
| Donee's Address | |
| Amount (FMV) | 28,989 |
| Purpose of Payment to Affiliate | |
| Relationship | |
| Description | |
| Book Value | |
| How BV Determined | |
| How FMV Determined | |
| Date of Gift | |

TY 2009 Other Assets Schedule

Name: The Barnabas Network

EIN: 20-4533345

| Description | Beginning of Year Amount | End of Year Amount |
|--------------------------------|--------------------------|--------------------|
| Donated Furniture Inventories | 24,825 | 47,846 |
| Sales Tax Receivable | 1,120 | 1,110 |
| Accounts and Grants Receivable | 0 | 25,206 |

TY 2009 Other Changes in Net Assets Schedule

Name: The Barnabas Network

EIN: 20-4533345

| Description | Amount |
|-------------------------|---------|
| Prior period adjustment | 30,000 |
| In-Kind Revenue | 96,000 |
| In-Kind Expenses | -96,000 |

TY 2009 Other Expenses Schedule**Name:** The Barnabas Network**EIN:** 20-4533345

| Description | Amount |
|--------------------|---------------|
| Insurance | 9,378 |
| Misc Expenses | 111,481 |
| Repairs | 180 |
| Supplies | 3,695 |
| Telephone | 4,672 |
| Truck Expenses | 6,494 |
| Utilities | 4,474 |

TY 2009 Other Liabilities Schedule

Name: The Barnabas Network

EIN: 20-4533345

| Description | Beginning of Year Amount | End of Year Amount |
|---------------------------------|--------------------------|--------------------|
| Accrued Payroll & Payroll Taxes | 2,880 | 4,995 |

TY 2009 Other Revenues Schedule

Name: The Barnabas Network

EIN: 20-4533345

| Description | Amount |
|------------------|--------|
| Agency Fees | 12,713 |
| Misc Income | 4,339 |
| Consignment Fees | 19,759 |

**TY 2009 Transfers Personal Benefits
Contracts Declaration**

Name: The Barnabas Network

EIN: 20-4533345

Declaration: The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract. The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.