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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except 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 **10/1**, 2009, and ending **9/30**, 20 **10****B** Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ 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: ► **NONE****J** Tax-exempt status (check only one) — ☒ 501(c) (**3**) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**H** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**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. ► \$**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	126,766.89
	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)	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 \$ 126,766.89 of contributions reported on line 1)	6a	0
	b	Less: direct expenses other than fundraising expenses	6b	0
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	126,767	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	97,879
	11	Benefits paid to or for members	11	0
	12	Salaries, other compensation, and employee benefits	12	17,533
	13	Professional fees and other payments to independent contractors	13	0
	14	Occupancy, rent, utilities, and maintenance	14	0
	15	Printing, publications, postage, and shipping	15	1,207
	16	Other expenses (describe ► D&O LIAB. INS., PROMO, TEL, OFFICE, AUTO OTHERS, MISC.)	16	7,696
	17	Total expenses. Add lines 10 through 16	17	124,315
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	2,452
	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	63,841
	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	66,293

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.)

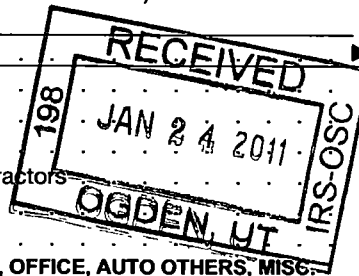
	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	63,841	66,293
23 Land and buildings	0	0
24 Other assets (describe ►)	0	0
25 Total assets	63,841	66,293
26 Total liabilities (describe ►)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	63,841	66,293

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2009)

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Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

28	IBCAR: A GROUP OF CONSERVATIVE BAPTIST CHURCHES IN MEXICO, KNOWN AS IGLESIAS BAUTISTAS CONSERVADORAS, ASOCIACION RELIGIOSA. ASSISTANCE TO PASTORS AND CHURCHES. (SEE ATTACHMENT) (Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a	38,030.
29	CONSTRUCTION: CONSTRUCTION AND REPAIR OF CHURCHES. PURCHASE PROPERTY FOR CHURCHES, ETC. (SEE ATTACHMENT) (Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a	25,130.57
30	IBCAR CAMP: CARETAKER AND CONSTRUCTION OF BUILDINGS, ETC. (SEE ATTACHMENT) (Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a	3,991.58
31	Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	31a	30,727.18
32	Total program service expenses (add lines 28a through 31a) ►	32	97,879.33

[illegible]

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

	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	33	✓
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	✓
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.		
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?	35a	✓
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
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	36	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b Did the organization file Form 1120-POL for this year?	37b	✓
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?	38a	✓
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 ▶ ; section 4912 ▶ ; section 4955 ▶		
b Section 501(c)(3) and 501(c)(4) organizations. 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	40b	✓
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶		
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.	40e	✓
41 List the states with which a copy of this return is filed. ▶		
42a The organization's books are in care of ▶ <u>James N. Tucker</u> Telephone no. ▶ <u>928-726-9015</u> Located at ▶ <u>1623 E. 27th St.; Yuma, AZ</u> ZIP + 4 ▶ <u>85365-3025</u>		
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)?	42b	✓
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 .		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	✓
If "Yes," enter the name of the foreign country: ▶		
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 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	46	<input checked="" type="checkbox"/>
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	<input checked="" type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?	49b	<input checked="" type="checkbox"/>

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				

f Total number of other employees paid over \$100,000 **NONE**

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		

d Total number of other independent contractors each receiving over \$100,000 **NONE**

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: 1/16/11

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

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

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

86 : 0804399

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) 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.")	184,762	157,808	156,254	149,332	126,767	774,923
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 through 3	184,762	157,808	156,254	149,332	126,767	774,923
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)						279,000
6 Public support. Subtract line 5 from line 4.						495,923

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	184,762	157,808	156,254	149,332	126,767	774,923
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						774,923
12 Gross receipts from related activities, etc. (see instructions)						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 2009 (line 6, column (f) divided by line 11, column (f))	14	64 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	61 %
16a 33⅓% support test—2009. If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33⅓% support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% 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—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	<input type="checkbox"/>	
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	<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"/>	

BARNABAS ASSOCIATION/MEXICO, INC.
EIN: 86-0804399
FORM 990ez (2009)
SCHEDULE ATTACHMENT

PART III, LINE 28

SPECIAL ASSISTANCE TO PASTORS AND CHURCHES:

IG BAUT "MARANATHA," TIJUANA	4,600.
IG BAUT "AGUA VIVA," EJ TABASCO	9,550.
IG BAUT "BEREA," GUADALAJARA	3,000.
IG BAUT "CALVARIO," SAN LUIS	4,000.
IG BAUT "BETANIA," TIJUANA	3,890.
IG BAUT "MONTE SINAI," MEXICALI	4,950.
IG BAUT "CONSERVADORA," 5 DE MAYO	5,040.
IG BAUT "MARANATHA," MORELOS	<u>3,000.</u>
TOTAL IBCAR CHURCHES	38,030. FOR PART I, LINE 10

PART III, LINE 29

CONSTRUCTION: BUILD, REPAIR, AND PURCHASE PROPERTY FOR IBCAR CHURCHES:

LABOR	2,657.84
MATERIALS	19,932.55
MISC	40.18
PURCHASE PROPERTY	<u>2,500.00</u>
TOTAL IBCAR CONSTRUCTION	25,130.57

PART III, LINE 30

IBCAR CAMP:

CARETAKER	3,991.58
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PART III, LINE 31

OTHER IBCAR EXPENSES:

CHARITY	3,728.23
GIFTS	4,633.69
EVANGELISM	6,632.85
IBCAR LEGAL	5,650.00
SCHOLARSHIPS	3,871.60
TRANSPORTATION BY OTHERS	5,265.22
MISCELLANEOUS	<u>945.49</u>
TOTAL OTHER EXPENSES	30,727.18

PART I, LINE 15
PRINTING, POSTAGE, AND SHIPPING
TOTAL **1,207.08**

PART I, LINE 16
OTHER EXPENSES:

D & O LIABILITY INSURANCE	1,186.82	
PROMOTION	791.41	
TELEPHONE	1,686.52	
OFFICE	2,121.28	EQUIPMENT, SUPPLIES, BANK FEE (103.33), L&P FEES (20.00)
AUTO OTHERS	1,600.05	
MISCELLANEOUS	<u>310.74</u>	
TOTAL	7,696.82	

Income/Expense by Category
10/1/2009 through 9/30/2010 (Cash Basis)

11/21/2010

Page 1

Category Description	10/1/2009- 9/30/2010
INCOME	
DESIGNATED INCOME	13,650.00
GENERAL FUND	113,116.89
TOTAL INCOME	126,766.89
EXPENSES	
Uncategorized	0.00
	0.00
AUTO CHRYSLER	3,346.56
AUTO INFINITI	717.00
AUTO OTHERS	1,600.05
Bank Charge	103.33
Gifts	4,633.69
IBCAR CAMP	3,991.58
IBCAR CHARITY	3,728.23
IBCAR CHURCHES	38,030.00
IBCAR CONSTRUCTION	25,130.57
IBCAR EVANGELISM	6,632.85
IBCAR LEGAL	5,650.00
IBCAR MISCELLANEOUS	945.49
IBCAR SCHOLARSHIPS	3,871.60
Insurance	1,186.82
L & P FEES	20.00
MISCELLANEOUS	310.74

Income/Expense by Category
10/1/2009 through 9/30/2010 (Cash Basis)

11/21/2010

Page 2

Category Description	10/1/2009- 9/30/2010
OFFICE	3,205.10
PROMOTION BARNABAS	791.41
REMUNERATION	12,733.35
TELEPHONE	1,686.52
TRANSPORTATION BY OTHERS	5,265.22
TRAVEL BY DIRECTOR	736.11
VOID	0.00
TOTAL EXPENSES	124,316.22
OVERALL TOTAL	2,450.67

BALANCE SHEET FISCAL YEAR - As of 9/30/2010
As of 9/30/2010

11/21/2010

Page 1

Account	9/30/2010 Balance
ASSETS	
Cash and Bank Accounts	
BARNABAS2009	66,292.54
TOTAL Cash and Bank Accounts	66,292.54
TOTAL ASSETS	66,292.54
LIABILITIES	
	0.00
OVERALL TOTAL	66,292.54