# Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2014

Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

| Α          | For the       | 2014 calenda    | r year, or tax year beginning , 2014, and   | ending           |              |          | , 20                          |
|------------|---------------|-----------------|---|------------------|--------------|----------|-------------------------------|
| В          | Check if ap   | pplicable:      | C Name of organization  |                  | D Employ     | er ide   | ntification number            |
| Ц          | Address ch    | hange           | Barnabas Movement Inc   |                  | 45-          | 50186    | 63                            |
|            | Name char     | •               | Number and street (or P.O. box, if mail is not delivered to street address)         | Room/suite       | E Telepho    | ne nun   | nber                          |
| X          | Initial retur | rn              |   |                  |              |          |                               |
| Ц          | Final return  | n/terminated    | 1215 Garfield Ave   |                  | (78          | 5)806-   | -4999                         |
| Ц          | Amended r     | return          | City or town, state or province, country, and ZIP or foreign postal code            |                  | F Group E    | Exempti  | on                            |
| Ц          | Application   | n pending       | Topeka, KS 66604  |                  | Numbe        | _        |                               |
| G          | Accounti      | ing Method:     | X Cash  | _ H              | Check ▶      | X if th  | ne organization is <b>not</b> |
|            | Website       |                 |   |                  | required to  | attach S | Schedule B                    |
| _          |               | •               | check only one) -   501(c)(3)   | 527              | (Form 990,   | 990-EZ   | , or 990-PF).                 |
| K          | Form of       | organization:   |   |                  |              |          |                               |
| L          | Add lines     | s 5b, 6c, and 7 | b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, o | r if total asset | s            |          |                               |
| (Pa        | art II, colu  |                 |   |                  |              |          | 149,227                       |
| P          | art I         | Revenu          | e, Expenses, and Changes in Net Assets or Fund Balanc                               | es (see the      | e instructio | ns for I | Part I)                       |
|            |               | Check if t      | the organization used Schedule O to respond to any question in this                 | Part I           |              |          | x                             |
|            | 1             | Contributions   | s, gifts, grants, and similar amounts received                                      |                  |              | 1        | 30,915                        |
|            | 2             | Program serv    | vice revenue including government fees and contracts                                |                  |              | 2        |                               |
|            | 3             | Membership      | dues and assessments  |                  |              | 3        |                               |
|            | 4             | Investment in   | ncome   |                  |              | 4        | 2                             |
|            | 5a            | Gross amour     | nt from sale of assets other than inventory 5a                                      |                  |              |          |                               |
|            | b             | Less: cost or   | other basis and sales expenses  |                  |              |          |                               |
|            | С             | Gain or (loss)  | 5c  |                  |              |          |                               |
|            | 6             | Gaming and      |   |                  |              |          |                               |
|            | а             | Gross income    |   |                  |              |          |                               |
| ue         |               | \$15,000)       |   |                  |              |          |                               |
| Revenue    | b             | Gross income    |   |                  |              |          |                               |
| æ          |               | from fundrais   | ing events reported on line 1) (attach Schedule G if the                            |                  |              |          |                               |
|            |               | sum of such     | gross income and contributions exceeds \$15,000) 6b                                 |                  | 54,675       |          |                               |
|            | С             | Less: direct e  | expenses from gaming and fundraising events 6c                                      |                  | 53,311       |          |                               |
|            | d             | Net income of   | or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract      |                  |              |          |                               |
|            |               | line 6c) .      |   |                  |              | 6d       | 1,364                         |
|            | 7a            | Gross sales     | of inventory, less returns and allowances   |                  | 59,967       |          |                               |
|            | b             | Less: cost of   | goods sold  |                  | 36,855       |          |                               |
|            | С             | Gross profit of | or (loss) from sales of inventory (Subtract line 7b from line 7a)                   |                  |              | 7c       | 23,112                        |
|            | 8             | Other revenu    | e (describe in Schedule O)  |                  |              | 8        | 3,668                         |
|            | 9             | Total reven     | <b>ue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8                                  |                  |              | 9        | 59,061                        |
|            | 10            | Grants and s    | imilar amounts paid (list in Schedule O)  |                  |              | 10       | 600                           |
|            | 11            | Benefits paid   | to or for members $\dots \dots \dots \dots \dots \dots$                             |                  |              | 11       |                               |
| m          | 12            | Salaries, othe  | er compensation, and employee benefits  |                  |              | 12       | 4,650                         |
| se         | 13            | Professional    | fees and other payments to independent contractors                                  |                  |              | 13       | 660                           |
| Expenses   | 14            | Occupancy, r    | rent, utilities, and maintenance  |                  |              | 14       |                               |
| Ж          | 15            | Printing, publ  |   | 15               |              |          |                               |
|            | 16            | Other expens    | ses (describe in Schedule O)  |                  |              | 16       | 42,384                        |
|            | 17            | Total expen     | ses. Add lines 10 through 16  |                  |              | 17       | 48,294                        |
| -          | 18            | Excess or (de   | eficit) for the year (Subtract line 17 from line 9)                                 |                  |              | 18       | 10,767                        |
| èets       | 19            | Net assets or   | fund balances at beginning of year (from line 27, column (A)) (must agree with      |                  |              |          |                               |
| Ass        |               | end-of-year fi  | igure reported on prior year's return)  |                  |              | 19       | 7,487                         |
| Net Assets | 20            | Other change    | es in net assets or fund balances (explain in Schedule O)                           |                  |              | 20       |                               |
| _          | 21            | Net assets or   | fund balances at end of year. Combine lines 18 through 20                           |                  | <b>≻</b>     | 21       | 18,254                        |
|            |               |                 |   | · ·              |              |          |                               |

45-5018663

| Pa   | rt V Other Information (Note the Schedule A and personal benefit contract statement requirements in the  |        |     |            |
|------|--|--------|-----|------------|
|      | instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V   |        |     | <u>. 🗆</u> |
|      |  |        | Yes | No         |
| 33   | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a  |        |     |            |
|      | detailed description of each activity in Schedule O  | 33     |     | X          |
| 34   | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed   |        |     |            |
|      | copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the  |        |     |            |
|      | change on Schedule O (see instructions)  | 34     |     | X          |
| 35 a | Did the organization have unrelated business gross income of \$1,000 or more during the year from business   |        |     |            |
|      | activities (such as those reported on lines 2, 6a, and 7a, among others)?  | 35a    |     | X          |
| b    | If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O   | 35b    |     |            |
| С    | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,  |        |     |            |
|      | reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III   | 35c    |     | X          |
| 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     |     | X          |
| 37 a | Enter amount of political expenditures, direct or indirect, as described in the instructions <b>\Delta 37a</b>   |        |     |            |
|      | Did the organization file Form 1120-POL for this year?   | 37b    |     | X          |
| 38 a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were   |        |     |            |
|      | any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?   | 38a    |     | X          |
| b    | If "Yes," complete Schedule L, Part II and enter the total amount involved   |        |     |            |
| 39   | Section 501(c)(7) organizations. Enter:  |        |     |            |
|      | Initiation fees and capital contributions included on line 9   |        |     |            |
|      | Gross receipts, included on line 9, for public use of club facilities  |        |     |            |
| 40 a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  |        |     |            |
| _    | section 4911 ; section 4912 ; section 4955 ; section 4955  |        |     |            |
| b    | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958  |        |     |            |
|      | excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year  | 401-   |     | v          |
| _    | that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  | 40b    |     | X          |
| С    | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed  |        |     |            |
|      | on organization managers or disqualified persons during the year under sections 4912,  |        |     |            |
|      | 4955, and 4958   |        |     |            |
| a    | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line  |        |     |            |
| _    | 40c reimbursed by the organization   |        |     |            |
| е    | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter   | 40-    |     | v          |
| 44   | transaction? If "Yes," complete Form 8886-T  | 40e    |     | X          |
| 41   | List the states with which a copy of this return is filed  The experimental backs are in care of the state of |        |     |            |
| 42 a | The organization's books are in care of Located at 1215 Garfield Ave, Topeka, KS  Telephone no. 785-80  ZIP+4 66604  | 70-495 | 99  |            |
| h    | At any time during the calendar year, did the organization have an interest in or a signature or other authority over  |        | Yes | No         |
| b    | a financial account in a foreign country (such as a bank account, securities account, or other financial account)?   | 42b    | 168 | No<br>X    |
|      | If "Yes," enter the name of the foreign country:   | 720    |     |            |
|      | See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and  |        |     |            |
|      | Financial Accounts (FBAR).   |        |     |            |
| r    | At any time during the calendar year, did the organization maintain an office outside the U.S.?  | 42c    |     | X          |
| ·    | If "Yes," enter the name of the foreign country:   |        |     |            |
| 43   | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041-</b> Check here  |        |     |            |
|      | and enter the amount of tax-exempt interest received or accrued during the tax year  |        |     |            |
|      | <u> </u>   |        | Yes | No         |
| 44 a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be  |        |     |            |
|      | completed instead of Form 990-EZ   | 44a    |     | Х          |
| b    | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be   |        |     |            |
|      | completed instead of Form 990-EZ   | 44b    |     | Х          |
| С    | Did the organization receive any payments for indoor tanning services during the year?   | 44c    |     | Х          |
|      | If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an   |        |     |            |
|      | explanation in Schedule O  | 44d    |     |            |
| 45 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 45a    |     | Х          |
|      | Did the organization receive any payment from or engage in any transaction with a controlled entity within the   |        |     |            |
|      | meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of   |        |     |            |
| _    | Form 990-EZ (see instructions)   | 45b    |     | Х          |

| Form    | 990-EZ (2   | 014) Barnabas Movement  | inc                                   |                  |                      |                | 45-50                      | 11866    | <u> </u> |         | age 4 |
|---------|-------------|---|---------------------------------------|------------------|----------------------|----------------|----------------------------|----------|----------|---------|-------|
| 46      | Did the     | o organization angaga, directly or indirectly, in r   | political compoign activities         | on bobolf of     | or in appositi       | n.             |                            | [        |          | Yes     | No    |
| 46      |             | e organization engage, directly or indirectly, in p   | a a duda O Dant I                     |                  |                      |                |                            |          | 40       |         | v     |
| Day     |             | didates for public office? If "Yes," complete Scl   | •                                     | • • • • • •      | • • • • •            | <u></u>        | • • • • •                  | • •      | 46       |         | X     |
| Pai     | t VI        | Section 501(c)(3) organizations   | -                                     | ono 17 10        | h and FO             | and ages       |                            | hlaa     | fau 1:   |         |       |
|         |             | All section 501(c)(3) organizations   | musi answer questi                    | ONS 47-49        | id and 52,           | and com        | olete the ta               | abies    | ior iir  | ies     |       |
|         |             | 50 and 51.  |                                       |                  |                      | eie Deut V     |                            |          |          |         |       |
|         |             | Check if the organization used Sch  | nedule O to respond                   | to any qu        | estion in t          | nis Part v     | <u> </u>                   | • • •    | • • •    |         |       |
|         |             |   |                                       |                  |                      |                |                            | ſ        |          | Yes     | No    |
| 47      |             | e organization engage in lobbying activities or h   | nave a section 501(h) electi          | ion in effect d  | luring the tax       |                |                            |          |          |         |       |
|         | year? I     | If "Yes," complete Schedule C, Part II  | • • • • • • • • • • •                 | • • • • •        | • • • • •            |                | • • • • • •                | • •      | 47       |         | X     |
| 48      | Is the o    | organization a school as described in section 1   | 70(b)(1)(A)(ii)? If "Yes," co         | mplete Sched     | dule E               |                |                            | • •      | 48       |         | X     |
| 49a     | Did the     | e organization make any transfers to an exemp   | t non-charitable related org          | ganization?      |                      |                |                            | ••       | 49a      |         | X     |
| b       | If "Yes     | ," was the related organization a section 527 or  | rganization?                          |                  |                      |                |                            |          | 49b      |         |       |
| 50      | Compl       | ete this table for the organization's five highest  | compensated employees                 | (other than of   | fficers, directo     | rs, trustees   | and key                    |          |          |         |       |
|         | employ      | yees) who each received more than \$100,000   | of compensation from the              | organization.    | If there is no       | ne, enter "No  | one."                      |          |          |         |       |
|         |             |   |                                       |                  |                      | (d) Health     |                            |          |          |         |       |
|         |             | (a) Name and title of each employee   | (b) Average<br>hours per week         |                  | oortable<br>ensation | contributions  | to employee                | · ' '    |          | d amou  |       |
|         |             | (a) Hame and the or each employee   | devoted to position                   | 1                | 2/1099-MISC)         |                | , and deferred<br>ensation |          | iner coi | mpensat | tion  |
|         |             |   |                                       | ,                |                      | ·              |                            |          |          |         |       |
|         | _           |   |                                       |                  |                      |                |                            |          |          |         |       |
| NON     | <u> </u>    |   |                                       |                  |                      |                |                            |          |          |         |       |
|         |             |   |                                       |                  |                      |                |                            |          |          |         |       |
|         |             |   |                                       |                  |                      |                |                            |          |          |         |       |
|         |             |   |                                       |                  |                      |                |                            |          |          |         |       |
|         |             |   |                                       |                  |                      |                |                            |          |          |         |       |
|         |             |   |                                       |                  |                      |                |                            |          |          |         |       |
|         |             |   |                                       |                  |                      |                |                            |          |          |         |       |
|         |             |   |                                       |                  |                      |                |                            |          |          |         |       |
|         |             |   |                                       |                  |                      |                |                            |          |          |         |       |
| f       | Total n     | number of other employees paid over \$100,000   | · · · · · · · · · · · · · · · · · · · |                  |                      |                |                            |          |          |         |       |
| 51      | Compl       | ete this table for the organization's five highest  | compensated independen                | t contractors    | who each red         | eived more     | than                       |          |          |         |       |
|         | \$100,0     | 000 of compensation from the organization. If t   | here is none, enter "None.'           | II .             |                      |                |                            |          |          |         |       |
|         | ,           |   |                                       |                  |                      |                | ,                          | ٠. ٥     |          |         |       |
|         | (a          | Name and business address of each independent continue.   | ractor                                | (D               | ) Type of service    | 9              | (                          | c) Comp  | ensatio  | n       |       |
|         |             |   |                                       |                  |                      |                |                            |          |          |         |       |
| NON     | E           |   |                                       |                  |                      |                |                            |          |          |         |       |
|         |             |   |                                       |                  |                      |                |                            |          |          |         |       |
|         |             |   |                                       |                  |                      |                |                            |          |          |         |       |
|         |             |   |                                       |                  |                      |                |                            |          |          |         |       |
|         |             |   |                                       |                  |                      |                |                            |          |          |         |       |
|         |             |   |                                       |                  |                      |                |                            |          |          |         |       |
|         |             |   |                                       |                  |                      |                |                            |          |          |         |       |
|         |             |   |                                       |                  |                      |                |                            |          |          |         |       |
|         |             |   |                                       |                  |                      |                |                            |          |          |         |       |
|         |             |   |                                       |                  |                      |                |                            |          |          |         |       |
|         |             | number of other independent contractors each  |                                       | • • •            | <b>'</b> —           |                |                            |          |          |         |       |
| 52      |             | e organization complete Schedule A? <b>Note.</b>  | All section 501(c)(3) orga            | anizations mu    | ust attach a         |                |                            |          |          |         |       |
|         | comple      | eted Schedule A   |                                       | • • • • •        | • • • • •            | • • • • • •    |                            | X        | Yes      |         | No    |
| Under   | penalties   | of perjury, I declare that I have examined this return, including the second $\boldsymbol{\boldsymbol{\boldsymbol{\boldsymbol{\boldsymbol{\boldsymbol{\boldsymbol{\boldsymbol{\boldsymbol{\boldsymbol{\boldsymbol{\boldsymbol{\boldsymbol{\boldsymbol{\boldsymbol{\boldsymbol{\boldsymbol{\boldsymbol{$ | uding accompanying schedules a        | nd statements, a | and to the best o    | f my knowledge | and belief, it is          |          |          |         |       |
| true, c | orrect, and | d complete. Declaration of preparer (other than officer) is   | based on all information of which     | h preparer has a | ny knowledge.        |                |                            |          |          |         |       |
|         |             | Kevin Christiansen  |                                       |                  |                      |                |                            |          |          |         |       |
| Sig     | n           | Signature of officer  |                                       |                  |                      | Date           |                            |          |          |         |       |
| Her     | e           | Kevin Christiansen, Execut  | ive director                          |                  |                      |                |                            |          |          |         |       |
|         |             | Type or print name and title  |                                       |                  |                      |                |                            |          |          |         |       |
|         |             | Print/Type preparer's name  | Preparer's signature                  |                  | Date                 | T.             | Check if                   | PTIN     | 1        |         |       |
| Paid    |             | Michael W Driver  | · •                                   |                  | 09-18-201            |                | self-employed              |          | 17851    | 2       |       |
|         |             |   | IIC                                   |                  | D9-10-201            |                |                            | £014     | .,051    |         |       |
| Prep    |             | Time name   | ппс                                   |                  |                      | Firm's         | LIN F                      |          |          |         |       |
| use     | Only        | Firm's address 1027 SW Gage Blvd  |                                       |                  |                      |                |                            |          |          |         |       |
|         |             | Topeka KS 66604   | 0.0 1 1 "                             |                  |                      | Phone          | no. 785–2                  | 228-19   |          |         |       |
| May     | the IRS     | discuss this return with the preparer shown ab  | ove? See instructions                 | • • • •          | • • • • •            | <u></u>        |                            | <u>X</u> | Yes      |         | No    |

#### **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.

OMB No. 1545-0047

2014

Open to Public

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization

Inspection Employer identification number

| Bar        | naba  | as Movement Inc   |                          |   |                    |               | 45-501866              | 3                                 |        |
|------------|-------|---|--------------------------|---|--------------------|---------------|------------------------|-----------------------------------|--------|
| Pa         | rt I  | Reason for Public Charity   | / Status (All or         | ganizations must co                                   | omplete            | this part     | .) See instruction     | S.                                |        |
| The        | orgar | nization is not a private foundation becau                                      | ise it is: (For lines 1  | through 11, check only or                             | ne box.)           |               |                        |                                   |        |
| 1          |       | A church, convention of churches, or  | association of chu       | rches described in <b>secti</b>                       | on 170(b)          | (1)(A)(i).    |                        |                                   |        |
| 2          |       | A school described in section 170(b)  | )(1)(A)(ii). (Attach     | Schedule E.)  |                    |               |                        |                                   |        |
| 3          | Ц     | A hospital or a cooperative hospital s  | ervice organization      | n described in section 1                              | 70(b)(1)(A         | )(iii).       |                        |                                   |        |
| 4          |       | A medical research organization ope   | rated in conjunctio      | n with a hospital describ                             | ed in <b>secti</b> | on 170(b)     | (1)(A)(iii). Enter the |                                   |        |
|            | _     | hospital's name, city, and state:   |                          |   |                    |               |                        |                                   |        |
| 5          |       | An organization operated for the benefit  | t of a college or uni    | versity owned or operated                             | by a gover         | rnmental u    | nit described in       |                                   |        |
|            | _     | section 170(b)(1)(A)(iv). (Complete   | Part II.)                |   |                    |               |                        |                                   |        |
| 6          |       | A federal, state, or local government   | or governmental u        | nit described in <b>section</b>                       | 170(b)(1)(         | A)(v).        |                        |                                   |        |
| 7          | X     | An organization that normally receives  | a substantial part of    | its support from a govern                             | mental unit        | t or from th  | e general public       |                                   |        |
|            | _     | described in section 170(b)(1)(A)(vi  | ). (Complete Part I      | l.)   |                    |               |                        |                                   |        |
| 8          |       | A community trust described in secti  | on 170(b)(1)(A)(vi       | ). (Complete Part II.)                                |                    |               |                        |                                   |        |
| 9          |       | An organization that normally receives:   | (1) more than 33 1.      | /3% of its support from co                            | ntributions,       | membersh      | nip fees, and gross    |                                   |        |
|            |       | receipts from activities related to its exe                                     | empt functions - sub     | ject to certain exceptions,                           | and (2) no         | more than     | 33 1/3% of its         |                                   |        |
|            |       | support from gross investment income  | and unrelated busir      | ness taxable income (less                             | section 51         | 1 tax) from   | businesses             |                                   |        |
|            |       | acquired by the organization after Ju   | ne 30, 1975.See <b>s</b> | section 509(a)(2). (Comp                              | olete Part         | III.)         |                        |                                   |        |
| 10         | Ц     | An organization organized and opera   | ted exclusively to       | test for public safety. See                           | e section          | 509(a)(4).    |                        |                                   |        |
| 11         | Ш     | An organization organized and operate   | d exclusively for the    | e benefit of, to perform the                          | functions of       | of, or to car | ry out the purposes of |                                   |        |
|            |       | one or more publicly supported organ  |                          |   |                    |               |                        | ). Check                          |        |
|            |       | the box in lines 11a through 11d that de  |                          |   |                    |               | •                      |                                   |        |
|            | а     |   |                          | •   |                    | •             |                        | ring                              |        |
|            |       | the supported organization(s) the p   |                          |   | f the direct       | ors or trust  | ees of the supporting  |                                   |        |
|            |       | organization. You must complet  |                          |   |                    |               |                        |                                   |        |
|            | b     | Type II. A supporting organizatio   |                          |   |                    |               |                        | 9                                 |        |
|            |       | control or management of the supp   |                          | •   | ns that con        | trol or man   | age the supported      |                                   |        |
|            |       | organization(s). You must comp  |                          |   |                    |               |                        |                                   |        |
|            | С     | Type III functionally integrated  |                          | ·   |                    |               |                        | vith,                             |        |
|            |       | its supported organization(s) (see  | •                        | ·-  |                    |               |                        |                                   |        |
|            | d     | Type III non-functionally integr  |                          |   |                    |               |                        | on(s)                             |        |
|            |       | that is not functionally integrated. T  |                          | •   |                    |               | id an attentiveness    |                                   |        |
|            |       | requirement (see instructions). Y   | •                        |   |                    |               | a II Tima III          |                                   |        |
|            | е     | Check this box if the organization r  |                          |   |                    | уре і, тур    | е п, туре ш            |                                   |        |
|            |       | functionally integrated, or Type III r<br>Enter the number of supported organiz | -                        | grated supporting organiza                            | auon.              |               |                        |                                   | $\neg$ |
|            | f     | Provide the following information about   |                          | nization(c)   |                    |               |                        | • • • • • •                       |        |
|            | g     |   | (ii) EIN                 | ( )   | (iv) lo the o      | rganization   | (v) Amount of monetary | (vi) Amount of                    | —      |
|            | (     | ) Name of supported organization  | (11) = 111               | (iii) Type of organization<br>(described on lines 1-9 | listed in you      |               | support (see           | (vi) Amount of other support (see |        |
|            |       |   |                          | above or IRC section                                  | docum              | ent?          | instructions)          | instructions)                     |        |
|            |       |   |                          | (see instructions))                                   | Yes                | No            | -                      |                                   |        |
|            |       |   |                          |   | 1.55               |               |                        |                                   |        |
| (A)        |       |   |                          |   |                    |               |                        |                                   |        |
|            |       |   |                          |   |                    |               |                        |                                   |        |
| (B)        |       |   |                          |   |                    |               |                        |                                   |        |
| <b></b>    |       |   |                          |   |                    |               |                        |                                   |        |
| (C)        |       |   |                          |   |                    |               |                        |                                   |        |
| <b>(B)</b> |       |   |                          |   |                    |               |                        |                                   |        |
| (D)        |       |   |                          |   |                    |               |                        |                                   |        |
| /E\        |       |   |                          |   |                    |               |                        |                                   |        |
| (E)        |       |   |                          |   |                    |               |                        |                                   | _      |
|            |       |   |                          |   |                    |               |                        |                                   |        |
| Tota       |       |   |                          |   |                    |               | I                      |                                   |        |

Schedule A (Form 990 or 990-EZ) 2014 Barnabas Movement Inc 45-5018663

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Sec      | tion A. Public Support  |                 |                 |          |                 |                 |           |
|----------|---|-----------------|-----------------|----------|-----------------|-----------------|-----------|
| Caler    | ndar year (or fiscal year beginning in)   | <b>(a)</b> 2010 | <b>(b)</b> 2011 | (c) 2012 | (d) 2013        | <b>(e)</b> 2014 | (f) Total |
| 1        | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")      |                 |                 |          |                 | 85,590          | 85,590    |
| 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        | <b>Total.</b> Add lines 1 through 3   |                 |                 |          |                 | 85,590          | 85,590    |
| 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   |                 |                 |          |                 |                 | 85,590    |
|          | tion B. Total Support   | ( ) 00/0        | 42.0044         | ( ) 0040 | ( D 0040        | () 0044         | (0 T      |
|          | ndar year (or fiscal year beginning in)   | (a) 2010        | <b>(b)</b> 2011 | (c) 2012 | (d) 2013        | (e) 2014        | (f) Total |
| 7<br>8   | Amounts from line 4   |                 |                 |          |                 | 85,590          | 85,590    |
|          | sources   |                 |                 |          |                 | 2               | 2         |
| 9        | Net income from unrelated business activities, whether or not the business is regularly carried on      |                 |                 |          |                 |                 |           |
| 10       | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)         |                 |                 |          |                 | 59,697          | 59,697    |
| 11       | Total support. Add lines 7 through 10 .   |                 |                 |          |                 |                 | 145,289   |
| 12       | Gross receipts from related activities, etc. (see   | e instructions) |                 |          |                 | 12              |           |
| 13       | First five years. If the Form 990 is for the organization, check this box and stop here                 |                 |                 |          |                 |                 | ▶□        |
|          | tion C. Computation of Public Su  | • •             |                 |          |                 | T T             |           |
| 14       | Public support percentage for 2014 (line 6, co  | .,              |                 |          | • • • • • • • • |                 | 58.91 %   |
| 15       | Public support percentage from 2013 Schedu  | , ,             |                 |          | 0.4/00/         | 15              | <u></u> % |
| Iba      | 33 1/3% support test - 2014. If the organization multi-   |                 |                 |          |                 |                 | ▶ ☒       |
| <b>L</b> | box and <b>stop here</b> . The organization qualif  |                 |                 |          |                 |                 | 🗸 🔼       |
| b        | 33 1/3% support test - 2013. If the organize check this box and stop here. The organize                 |                 |                 |          |                 |                 | ▶ □       |
| 170      |   |                 |                 | -        |                 |                 | ••••      |
| 17a      | 10% or more and if the organization most  | -               |                 |          |                 |                 |           |
|          | 10% or more, and if the organization meets  |                 |                 |          |                 | 111 111         |           |
|          | Part VI how the organization meets the "facts organization  |                 | _               |          |                 |                 | ▶ □       |
| b        | 10%-facts-and-circumstances test - 2013   |                 |                 |          |                 |                 | ••• ,     |
| b        | 15 is 10% or more, and if the organization  | •               |                 | •        |                 |                 |           |
|          | Explain in Part VI how the organization meets   |                 |                 |          |                 |                 |           |
|          |   |                 |                 | -        |                 |                 | ▶ □       |
| 18       | Private foundation. If the organization did   |                 |                 |          |                 |                 |           |
| . •      | instructions  |                 | ,               |          |                 |                 | ▶ □       |

 Schedule A (Form 990 or 990-EZ) 2014
 Barnabas Movement Inc
 45-5018663
 Page 3

## 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Sec  | ction A. Public Support  |                       |                     | , <b>,</b>          | •                  | ,               |           |
|------|--|-----------------------|---------------------|---------------------|--------------------|-----------------|-----------|
| Cale | endar year (or fiscal year beginning in)   | (a) 2010              | <b>(b)</b> 2011     | (c) 2012            | (d) 2013           | <b>(e)</b> 2014 | (f) Total |
| 1    | Gifts, grants, contributions, and membership fees  |                       |                     |                     |                    |                 |           |
|      | received. (Do not include any "unusual grants.")   | <u> </u>              |                     |                     |                    |                 |           |
| 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 bus. under sec 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    | <b>Total.</b> Add lines 1 through 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 \$5,000 or 1% of the amount on line 13 for the year • •       |                       |                     |                     |                    |                 |           |
| С    | Add lines 7a and 7b  |                       |                     |                     |                    |                 |           |
| 8    | Public support (Subtract line 7c from line 6.)   |                       |                     |                     |                    |                 |           |
| Sec  | etion B. Total Support   |                       |                     |                     |                    |                 |           |
|      | endar year (or fiscal year beginning in)   | (a) 2010              | <b>(b)</b> 2011     | (c) 2012            | (d) 2013           | <b>(e)</b> 2014 | (f) Total |
| 9    | Amounts from line 6  |                       | (2) 2011            | (0) = 0.1           | (4) 2010           | (0) 20 1 1      | (1) 1010. |
| 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  |                       |                     |                     |                    |                 |           |
| С    | 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 VI.)  |                       |                     |                     |                    |                 |           |
| 13   | <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)  |                       |                     |                     |                    |                 |           |
| 14   | First five years. If the Form 990 is for the o organization, check this box and stop here  |                       |                     |                     |                    |                 | ▶□        |
| Sec  | tion C. Computation of Public Su   |                       |                     |                     |                    |                 |           |
| 15   | Public support percentage for 2014 (line 8, colu   | umn (f) divided by li | ine 13, column (f)) |                     |                    | 15              | %         |
| 16   | Public support percentage from 2013 Schedule   |                       |                     |                     |                    | 16              | %         |
| Sec  | ction D. Computation of Investmer  | nt Income Per         | centage             |                     |                    |                 |           |
| 17   | Investment income percentage for 2014 (line  | e 10c, column (f) o   | divided by line 13, | column (f))         |                    | 17              | %         |
| 18   | Investment income percentage from 2013 S   | chedule A, Part III   | I, line 17          |                     |                    | 18              | %         |
| 19a  | 33 1/3% support tests - 2014. If the organiz   |                       |                     |                     |                    |                 | ▶ □       |
| b    | 33 1/3% support tests - 2013. If the organization line 18 is not more than 33 1/3%, check this   | zation did not ched   | ck a box on line 14 | or line 19a, and li | ne 16 is more than | 33 1/3%, and    | ▶□        |
| 20   | <b>Private foundation.</b> If the organization did r   |                       | -                   |                     |                    |                 | ▶ □       |

#### **SCHEDULE G** (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

2014 Open to Public

OMB No. 1545-0047

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection Employer identification number

Barnabas Movement Inc 45-5018663 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants а Solicitation of government grants b Internet and email solicitations Phone solicitations ☐ Special fundraising events **d** In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees Yes No or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (vi) Amount paid to (iii) Did fundraiser have (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in contributions? organization col. (i) Yes No 1 2 3 5 6 7 8 9 10 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

45-5018663

|                                  |                         | gross receipts greater than  | (a) Event #1   | <b>(b)</b> Event #2  | (c) Other events                                      | (d) Total events<br>(add col. (a) through        |
|----------------------------------|-------------------------|--|--|--|---|--|
|                                  |                         |  | Fundraiser (event type)  | (event type)   | None (total number)                                   | col. <b>(c)</b> )                                |
| Revenue                          | 1                       | Gross receipts   | 54,675   |  |   | 54,675   |
|                                  | 2<br>3                  | Less: Contributions  |  |  |   |  |
|                                  |                         | line 2)  | 54,675   |  |   | 54,675   |
|                                  | 4                       | Cash prizes  |  |  |   |  |
|                                  | 5                       | Noncash prizes   |  |  |   |  |
| sesuec                           | 6                       | Rent/facility costs  |  |  |   |  |
| Direct Expenses                  | 7<br>8                  | Food and beverages   |  |  |   |  |
|                                  | 9                       | Other direct expenses  | 53,311   |  |   | 53,311   |
|                                  | 3                       | Other direct expenses  | 53,311   |  |   | 33,311   |
|                                  | 10                      | Direct expense summary. Add lines 4  | -  | • • • • • • • • • • • • •  |   | 53,311<br>1,364                                  |
|                                  | 11                      |  |  |  |   |  |
| Pa                               | 11<br>rt II             |  | rganization answered "   | Yes" to Form 990, Part IV  |   |  |
| Pa                               |                         |  | rganization answered "   | Yes" to Form 990, Part IV  |   | nore   |
|                                  |                         | Gaming. Complete if the o  | rganization answered "   |  |   | more (d) Total gaming (add                       |
| ī                                |                         | Gaming. Complete if the o  | rganization answered "<br>-EZ, line 6a.  | Yes" to Form 990, Part IV  | /, line 19, or reported r                             | more (d) Total gaming (add                       |
| Revenue                          | rt II                   | Gaming. Complete if the o than \$15,000 on Form 990  | rganization answered "<br>-EZ, line 6a.  | Yes" to Form 990, Part IV  | /, line 19, or reported r                             | more (d) Total gaming (add                       |
| Revenue                          | rt II                   | Gaming. Complete if the o than \$15,000 on Form 990  | rganization answered "<br>-EZ, line 6a.  | Yes" to Form 990, Part IV  | /, line 19, or reported r                             | more (d) Total gaming (add                       |
| Direct Expenses Revenue          | 1<br>2                  | Gaming. Complete if the o than \$15,000 on Form 990  Gross revenue   | rganization answered "<br>-EZ, line 6a.  | Yes" to Form 990, Part IV  | /, line 19, or reported r                             | nore   |
| ect Expenses Revenue             | 1<br>2<br>3             | Gross revenue  Cash prizes  Noncash prizes   | rganization answered "<br>-EZ, line 6a.  | Yes" to Form 990, Part IV  | /, line 19, or reported r                             | more (d) Total gaming (add                       |
| ect Expenses Revenue             | 1<br>2<br>3<br>4        | Gaming. Complete if the o than \$15,000 on Form 990  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs   | rganization answered "<br>-EZ, line 6a.  | Yes" to Form 990, Part IV  | /, line 19, or reported r                             | more (d) Total gaming (add                       |
| ect Expenses Revenue             | 1<br>2<br>3<br>4<br>5   | Gaming. Complete if the on than \$15,000 on Form 990  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses   | rganization answered " -EZ, line 6a.  (a) Bingo  Yes% No   | Yes" to Form 990, Part IV  (b) Pull tabs/instant bingo/progressive bingo  Yes%             | /, line 19, or reported r                             | more (d) Total gaming (add                       |
| ect Expenses Revenue             | 1 2 3 4 5 6             | Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  | rganization answered " -EZ, line 6a.  (a) Bingo  Yes%  No  2 through 5 in column (d)                                 | Yes" to Form 990, Part IV  (b) Pull tabs/instant bingo/progressive bingo  Yes % No         | /, line 19, or reported r  (c) Other gaming  Yes%  No | more (d) Total gaming (add                       |
| Direct Expenses Revenue          | 1 2 3 4 5 6 7 8         | Gaming. Complete if the of than \$15,000 on Form 990  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2  Net gaming income summary. Subtra  | rganization answered " -EZ, line 6a.  (a) Bingo  Yes %  No  2 through 5 in column (d)                                | Yes" to Form 990, Part IV  (b) Pull tabs/instant bingo/progressive bingo  Yes              | /, line 19, or reported r  (c) Other gaming  Yes%  No | more (d) Total gaming (add                       |
| ect Expenses Revenue             | 1 2 3 4 5 6 7 8 En ls 1 | Gross revenue  Cash prizes  Noncash prizes  Nother direct expenses  Volunteer labor  Direct expense summary. Add lines 2  Net gaming income summary. Subtrater the state(s) in which the organization the organization licensed to conduct gas   | rganization answered " -EZ, line 6a.  (a) Bingo  Yes%  No  Pathrough 5 in column (d)  act line 7 from line 1, column | Yes" to Form 990, Part IV  (b) Pull tabs/instant bingo/progressive bingo  Yes %  No  1 (d) | /, line 19, or reported r  (c) Other gaming  Yes%  No | (d) Total gaming (add col. (a) through col. (c)) |
| <b>6</b> Direct Expenses Revenue | 1 2 3 4 5 6 7 8 En ls 1 | Gross revenue  Cash prizes  Noncash prizes  Nontash prizes  Noter direct expenses  Volunteer labor  Direct expense summary. Add lines 2  Net gaming income summary. Subtrater the state(s) in which the organization the organization licensed to conduct gas the state of the organization licensed to conduct gas the state or the sta | rganization answered " -EZ, line 6a.  (a) Bingo  Yes%  No  Pathrough 5 in column (d)  act line 7 from line 1, column | Yes" to Form 990, Part IV  (b) Pull tabs/instant bingo/progressive bingo  Yes              | /, line 19, or reported r  (c) Other gaming  Yes%  No | (d) Total gaming (add col. (a) through col. (c)) |
| a Direct Expenses Revenue        | 1 2 3 4 5 6 7 8 En lst  | Gross revenue  Cash prizes  Noncash prizes  Nother direct expenses  Volunteer labor  Direct expense summary. Add lines 2  Net gaming income summary. Subtrater the state(s) in which the organization the organization licensed to conduct gas   | rganization answered " -EZ, line 6a.  (a) Bingo  Yes   | Yes" to Form 990, Part IV  (b) Pull tabs/instant bingo/progressive bingo  Yes              | /, line 19, or reported r  (c) Other gaming  Yes%  No | (d) Total gaming (add col. (a) through col. (c)) |

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more

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

Department of the Treasury

Internal Revenue Service

Name of the organization

### Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Employer identification number

Barnabas Movement Inc 45-5018663 01. Description of other revenue (Part I, line 8) Description Amount 3,394 Miscellaneous income Other income 274 02. List of grants and similar amounts paid (Part I, line 10) Covenant Baptist Church Activity Grantee Scholarship Amount 600 03. Description of other expenses (Part I, line 16) Description Amount Depreciation from 4562 2,115 Advertising & Marketing 2,398 Bank service charges 892 Cafe supplies 1,989 Computer & internet 1,226 Community development 1,229 Concert expense 3,241 Donor development 84 92 Gifts Music & entertainment 64 Fundraising exp 12

1,805

Insurance expense

| Schedule O (Form 990 or 990-EZ) (2014)   |        | Page 2                         |
|--|--------|--------------------------------|
| Name of the organization   |        | Employer identification number |
| Barnabas Movement Inc  |        | 45-5018663                     |
|  |        | ·                              |
| Lease expense  | 12,801 |                                |
|  | ·      |                                |
| Maintenance  | 450    |                                |
|  |        |                                |
| Meals & entertainment  | 107    |                                |
|  |        |                                |
| Research & development   | 181    |                                |
| •  |        |                                |
| Travel   | 2,071  |                                |
|  |        |                                |
| Volunteer Meals & Beverage   | 1,247  |                                |
|  | =,==:  |                                |
| Miscellaneous expense  | 2,445  |                                |
|  | _,     |                                |
| Mobile Supplies  | 434    |                                |
| NODIIC SUPPLIES  | 101    |                                |
| Recruiting   | 1,559  |                                |
| Rectuting  | 1,333  |                                |
| Repairs and maintenance  | 120    |                                |
| Repairs and maintenance  | 120    |                                |
| Shipping   | 85     |                                |
| biipping   |        |                                |
| Staff development  | 1,302  |                                |
| Stall development  | 1,302  |                                |
| T shirts   | 783    |                                |
| T SHIFTS   | 763    |                                |
| Fuel   | 577    |                                |
| ruei   | 5//    |                                |
| Pudda and  | 601    |                                |
| Build out  | 691    |                                |
| Constitution of the consti | 1 242  |                                |
| Small tools & kitchen items  | 1,240  |                                |
| Paris 11   1   1   1   1   1   1   1   1   1   | 21.5   |                                |
| Payroll tax expense  | 916    |                                |
|  |        |                                |
| Sales tax paid   | 228    |                                |
|  |        |                                |
|  |        |                                |

# 04. Description of total liabilities (Part II, line 26)

| Category     | Beginning of Year | End of Year |  |
|--------------|-------------------|-------------|--|
| Credit cards | 0                 | 86          |  |
|              |                   |             |  |
|              |                   |             |  |
|              |                   |             |  |
|              |                   |             |  |
|              |                   |             |  |

Form 4562

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

Attach to your tax return.

OMB No. 1545-0172 2014

Department of the Treasury Internal Revenue Service (99)

Attachment 179 Sequence No.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562. Business or activity to which this form relates Identifying number 45-5018663 Barnabas Movement Inc FORM 990EZ - 1 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 instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 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 5 6 (a) Description of property (b) Cost (business use only) Listed property. Enter the amount from line 29 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 2013 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12 13 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) 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 Other depreciation (including ACRS) Part III MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 876 MACRS deductions for assets placed in service in tax years beginning before 2014 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 Section B - Assets Placed in Service During 2014 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation placed in (business/investment use (g) Depreciation deduction (a) Classification of property (e) Convention (f) Method only-see instructions) service 19 a 3-year property 782 Statement #50 5-year property 3,200 7 HY 200 DB 457 7-year property С d 10-year property e 15-year property 20-year property 25-year property 25 yrs. S/I h Residential rental 27.5 yrs. MM S/L 27.5 yrs. MM S/L property MM Nonresidential real 39 yrs. S/L property MM S/L Section C - Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System 20 a Class life S/L 12-year 12 yrs. 40-y<u>ear</u> MM S/L 40 yrs. Part IV **Summary** (See instructions.) 21 Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 2,115 here and on the appropriate lines of your return. Partnerships and S corporations - see instructions 22 23 For assets shown above and placed in service during the current year, enter the

23

#### Earm 8879-FC

# IRS e-file Signature Authorization for an Exempt Organization

|                        |                      | -    | _ |              |
|------------------------|----------------------|------|---|--------------|
| or calendar vear 2014. | or fiscal year begin | nina |   | . and ending |

▶ Do not send to the IRS. Keep for your records.

▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

2014

OMB No. 1545-1878

Department of the Treasury
Internal Revenue Service
Name of exempt organization

Name and title of officer

Barnabas Movement Inc

Employer identification number

45-5018663

#### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

| X | lauthorize Driver & Holloman LLC  | to enter my PIN    | 18663  | as my signature |
|---|---|--------------------|--|-----------------|
|   | ERO firm name   |                    | Enter five numbers, but do not enter all zeros |                 |
|   | on the organization's tax year 2014 electronically filed return. If I have i being filed with a state agency(ies) regulating charities as part of the IF ERO to enter my PIN on the return's disclosure consent screen.             |                    | 1,7  |                 |
|   | As an officer of the organization, I will enter my PIN as my signature or If I have indicated within this return that a copy of the return is being file the IRS Fed/State program. I will enter my PIN on the return's disclosure. | ed with a state ag | ency(ies) regulating ch                        | •               |

Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

484509 66604

I certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature Date Date 09-18-2015

ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

Officer's signature

|                            |      | Fe | deral Suppor | ting Statements |  | <b>2014</b> PG01 |
|----------------------------|------|----|--------------|-----------------|--|------------------|
| Name(s) as shown on return | FEIN |    |              |                 |  |                  |
| Barnabas Movement Inc      |      |    |              |                 |  | 45-5018663       |
|                            |      | F  | ORM 4562 -   | LINE 19B        |  | Statement #50    |
| BASIS                      | RP   | CV | METHOD       | DEDUCTION       |  |                  |
| 1,300                      | 5    | HY | 200 DB       | 260             |  |                  |
| 671                        | 5    | HY | 200 DB       | 134             |  |                  |
| 1,690                      | 5    | HY | 200 DB       | 338             |  |                  |
| 250                        | 5    | HY | 200 DB       | 50_             |  |                  |
| TOTAL                      |      |    |              | 782             |  |                  |

| 4                           | PAGE 1                       |                            |                       | AMT<br>Current              | 698<br>195<br>101<br>254<br>343<br>383<br>38  | 1,629  |
|-----------------------------|------------------------------|----------------------------|-----------------------|-----------------------------|---|--------|
| 2014                        |                              | Social security number/EIN | 45-5018663            | Bonus<br>depreciation       |   |        |
| Depreciation Detail Listing |                              | Social                     | 4                     | Prior<br>expense            |   |        |
|                             | 990 EZ For your records only |                            |                       | Accumulated<br>Depreciation | 260<br>134<br>457<br>50<br>50   | 2,115  |
|                             |                              |                            |                       | Current<br>depr.            | 9 0 4 8 7 0   | 2,115  |
|                             |                              |                            |                       | Rate                        | 32<br>20<br>20<br>14.29<br>20 .29   |        |
|                             |                              |                            |                       | Method                      | 200 DB HY   |        |
|                             |                              |                            | ľ                     | Life                        | 2 2 2 2 2 2 2   |        |
|                             |                              |                            |                       | Depreciation<br>Basis       | 250<br>250<br>250   | 9,850  |
| ۵                           |                              |                            |                       | Section<br>179              |   |        |
|                             |                              |                            |                       | Business<br>percentage      | 100.00<br>100.00<br>100.00<br>100.00  |        |
|                             |                              |                            |                       | Salvage                     |   |        |
|                             |                              |                            |                       | Cost                        | 2,739<br>1,300<br>671<br>1,690<br>3,200<br>250  | 9,850  |
|                             | of during current year.      |                            |                       | Date                        | 01012013<br>03072014<br>06042014<br>08282014<br>12122014<br>12122014  |        |
| * Item was disposed         |                              | Name(s) as shown on return | Barnabas Movement Inc | o. Description              | Dishware, pitchers, o  Mac Book Pro  Fetco TOD 2 15 amp  Trussing for mobile b  Trailer  6 Red Ford 15 Pass Van | Totals |
| *                           | ð                            | I S                        |                       | Š.                          |   |        |

ST ADJ:

9,850

Land Amount Net Depreciable Cost