

**BLANKENSHIP CPA GROUP, PLLC
109 WESTPARK DRIVE, SUITE 430
BRENTWOOD, TN 37027-5032
615-373-3771**

CONFIDENTIAL

Barefoot Republic, Inc
P O Box 40365
Nashville, TN 37204

Dear Tommy:

We have prepared the enclosed returns from information provided by you. Per IRS requirements, we are filing your return electronically. We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

IRS CIRCULAR 230 DISCLOSURE REQUIREMENT: IRS Circular 230 requires us to notify you that any tax advice contained in this communication (including attachments) is not intended or written to be used, and cannot be used, by any person for the purpose of avoiding tax penalties that may be imposed by law.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

BLANKENSHIP CPA GROUP, PLLC

CAROL S. CRICK, CPA

Filing Instructions
Barefoot Republic, Inc
Exempt Organization Tax Return
Taxable Year Ended September 30, 2012

Date Due: May 15, 2013

Remittance: None is required. Your Form 990 for the tax year ended 9/30/12 shows no balance due.

Signature: You are using a Personal Identification Number (PIN) for signing your return electronically. Sign the IRS e-file Authorization and mail it as soon as possible to:

BLANKENSHIP CPA GROUP, PLLC
109 WESTPARK DRIVE, SUITE 430
BRENTWOOD, TN 37027-5032

OR FAX TO (615) 658-9988

***Important:* Your return will not be filed with the IRS until the signed Form 8879-EO IRS e-file Signature Authorization Form has been received by this office.**

Other: Initial and date the copies of the IRS e-file Signature Authorization and the Form 990. Retain them for your records.

Your return is being filed electronically with the IRS and is not required to be mailed. Mailing a paper copy of your return to the IRS will delay the processing of your return.

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2011, or fiscal year beginning 10/01, 2011, and ending 9/30, 20 12▶ **Do not send to the IRS. Keep for your records.**▶ **See instructions on back.****2011**Department of the Treasury
Internal Revenue Service

Name of exempt organization

BAREFOOT REPUBLIC, INC

Employer identification number

62-1841336

Name and title of officer

THOMAS RHODES**EXECUTIVE DIRECTOR****Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>612,562</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b _____

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 2011 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

☒ I authorize BLANKENSHIP CPA GROUP, PLLC to enter my PIN 41336 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature }

Date } 05/15/13**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.

62701966906

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2011 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 }

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

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2011)

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)
The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2011**Open to Public
Inspection****A For the 2011 calendar year, or tax year beginning 10/01/11, and ending 09/30/12****B** Check if applicable:

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

C Name of organization**BAREFOOT REPUBLIC, INC**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

P O BOX 40365

Room/suite

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

NASHVILLE**TN 37204****D** Employer identification number**62-1841336****E** Telephone number**615-599-9683****G** Gross receipts \$ **637,953****F** Name and address of principal officer:**THOMAS RHODES****P O BOX 40365****NASHVILLE****TN 37064****H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () **t** (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.BAREFOOTREPUBLIC.ORG****H(c)** Group exemption number **u****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other **u****L** Year of formation: **2003****M** State of legal domicile: **TN****Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities:		
	TO FACILITATE CHRIST-CENTERED RELATIONSHIPS BETWEEN INDIVIDUALS FROM DIVERSE RACIAL, CULTURAL AND SOCIOECONOMIC BACKGROUNDS.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	7
	6 Total number of volunteers (estimate if necessary)	6	150
Revenue	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0
	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	246,933	371,328
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	78,386	118,424
Expenses	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	80
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	127,076	122,730
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	452,395	612,562
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	141,036	182,635
	b Total fundraising expenses (Part IX, column (D), line 25) u	0	0
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	49,071	219,059
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	219,059	311,804
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	360,095	494,439
	20 Total assets (Part X, line 16)	92,300	118,123
	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22 Net assets or fund balances. Subtract line 21 from line 20	1,130,449	1,320,466
		55,951	98,713
	1,074,498	1,221,753	

Part II Signature Block

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

Date

THOMAS RHODES**EXECUTIVE DIRECTOR**

Type or print name and title

Paid

Print/Type preparer's name

CAROL S. CRICK, CPA

Preparer's signature

Date

Check ☐ if PTIN
self-employed **P01366906****Preparer
Use Only**Firm's name } **BLANKENSHIP CPA GROUP, PLLC**Firm's EIN } **45-0491842**Firm's address } **109 WESTPARK DRIVE, SUITE 430****BRENTWOOD, TN 37027-5032**Phone no. **615-373-3771**

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No**For Paperwork Reduction Act Notice, see the separate instructions.**Form **990** (2011)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III ☐

1 Briefly describe the organization's mission:

TO FACILITATE CHRIST-CENTERED RELATIONSHIPS BETWEEN INDIVIDUALS FROM DIVERSE RACIAL, CULTURAL AND SOCIOECONOMIC BACKGROUNDS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **357,998** including grants of \$) (Revenue \$ **118,424**)

SUMMER CAMP - THE ORGANIZATION PROVIDES OVERNIGHT AND DAY CAMP PROGRAMS WHICH EXIST TO INTENTIONALLY UNITE YOUTH AGES 6-18 FROM DIVERSE RACIAL, CULTURAL AND SOCIOECONOMIC BACKGROUNDS. IN 2012, APPROXIMATELY 60% OF OUR 671 CAMPERS RECEIVED FINANCIAL ASSISTANCE TO ATTEND SUMMER CAMP.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

BAREFOOT CLUB - THIS PROGRAM WAS INITIATED TO SERVE AS A PLATFORM FOR RE-UNITING CAMPERS TO FURTHER THEIR RELATIONSHIPS. CAMPERS MEET MONTHLY AT A LOCAL CHURCH AND GO OUT INTO THE COMMUNITY TO SERVE OTHER NON-PROFITS INCLUDING NURSING HOMES, COMMUNITY GARDENS, FOOD BANKS, ETC

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses u 357,998

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 11		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 7		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country: u See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 15 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b Enter the number of voting members included in line 1a, above, who are independent 1b 14		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6 Did the organization have members or stockholders? 6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8a	X	
b Each committee with authority to act on behalf of the governing body? 8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates? 10a		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 11b		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c	X	
13 Did the organization have a written whistleblower policy? 13		X
14 Did the organization have a written document retention and destruction policy? 14		X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official 15a	X	
b Other officers or key employees of the organization 15b	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **u** **TN**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☒ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **u** **THOMAS RHODES**
1226 LAKEVIEW DRIVE
FRANKLIN TN 37064

615-429-2531

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TOMMY RHODES EXECUTIVE DIRECTOR	50.00	X		X				74,724	0	0
(2) BETH BARCUS DIRECTOR	5.00	X						0	0	0
(3) JAN BUTLER DIRECTOR	5.00	X						0	0	0
(4) CHRIS MCCALL DIRECTOR	5.00	X						0	0	0
(5) SCOOTER CLIPPARD DIRECTOR	5.00	X						0	0	0
(6) IRIS GORDON DIRECTOR	5.00	X						0	0	0
(7) STEVE KUHN DIRECTOR	5.00	X						0	0	0
(8) TRACY HACKNEY SECRETARY	5.00	X		X				0	0	0
(9) ED MCFADDEN CHAIRMAN	5.00	X		X				0	0	0
(10) LESLIE MCGILBERRY TREASURER	5.00	X		X				0	0	0
(11) RYAN MCWATERS VICE CHAIRMAN	5.00	X		X				0	0	0
(12) TROY NUNN DIRECTOR	5.00	X						0	0	0
(13) JEFF YOUNG DIRECTOR	5.00	X						0	0	0
(14) RAYNA STEWART DIRECTOR	5.00	X						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) ALLEN WEBB DIRECTOR	5.00	X						0	0	0
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total								74,724		
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								74,724		

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **u 0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **u 0**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	60,119				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	311,209				
	g Noncash contributions included in lines 1a-1f: \$		29,241				
	h Total. Add lines 1a-1f	u	371,328				
Program Service Revenue	2a CAMP TUITION	Busn. Code	110,223	110,223			
	b OTHER PROGRAM SERVICE REVENUE		8,201	8,201			
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f	u	118,424				
	3 Investment income (including dividends, interest, and other similar amounts)	u	80	80			
4 Income from investment of tax-exempt bond proceeds	u						
5 Royalties	u						
Other Revenue	6a Gross rents	(i) Real	91,841				
	b Less: rental exps.	(ii) Personal					
	c Rental inc. or (loss)		91,841				
	d Net rental income or (loss)		91,841	91,841			
	7a Gross amount from sales of assets other than inventory	(i) Securities					
	b Less: cost or other basis & sales exps.	(ii) Other					
	c Gain or (loss)						
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ 60,119 of contributions reported on line 1c). See Part IV, line 18	a	53,539				
	b Less: direct expenses	b	23,451				
	c Net income or (loss) from fundraising events	u	30,088			30,088	
	9a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities	u					
	10a Gross sales of inventory, less returns and allowances	a	2,741				
	b Less: cost of goods sold	b	1,940				
	c Net income or (loss) from sales of inventory	u	801	801			
	Miscellaneous Revenue		Busn. Code				
	11a						
	b						
c							
d All other revenue							
e Total. Add lines 11a-11d	u						
12 Total revenue. See instructions.	u	612,562	211,146	0	30,088		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	74,724	24,908	24,908	24,908
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	90,465	48,071	25,818	16,576
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	4,600		4,600	
10 Payroll taxes	12,846	3,875	5,443	3,528
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	9,846		6,130	3,716
14 Information technology				
15 Royalties				
16 Occupancy	59,941	47,603	12,338	
17 Travel	1,610	1,610		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	5,070	519	4,551	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	89,512	89,512		
23 Insurance	9,780	8,802	978	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CAMP EXPENSE	95,092	95,092		
b FACILITIES AND EQUIPMENT	37,816	37,816		
c OTHER EXPENSE	1,914	190	1,381	343
d MEMBERSHIP AND DUES	1,223		1,223	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	494,439	357,998	87,370	49,071
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	2,548	1	76,047
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	1,135	3	
	4 Accounts receivable, net		4	6,510
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	2,658
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,423,323		
	b Less: accumulated depreciation	10b 188,072	1,126,766	10c 1,235,251
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,130,449	16	1,320,466	
Liabilities	17 Accounts payable and accrued expenses	3,399	17	4,944
	18 Grants payable		18	
	19 Deferred revenue		19	17,500
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	40,000	22	40,000
	23 Secured mortgages and notes payable to unrelated third parties		23	36,269
	24 Unsecured notes and loans payable to unrelated third parties	12,552	24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	55,951	26	98,713
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,074,498	27	1,173,753
	28 Temporarily restricted net assets		28	48,000
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	1,074,498	33	1,221,753
34 Total liabilities and net assets/fund balances	1,130,449	34	1,320,466	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	612,562
2	Total expenses (must equal Part IX, column (A), line 25)	2	494,439
3	Revenue less expenses. Subtract line 2 from line 1	3	118,123
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,074,498
5	Other changes in net assets or fund balances (explain in Schedule O)	5	29,132
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,221,753

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b Were the organization's financial statements audited by an independent accountant?		X
2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**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.

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

OMB No. 1545-0047

2011Open to Public
Inspection

Name of the organization

BAREFOOT REPUBLIC, INC

Employer identification number

62-1841336**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

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

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

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 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions)	12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 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 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test—2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2011. 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—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	278,491	234,602	152,838	246,933	371,328	1,284,192
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	60,787	74,365	226,203	174,474	213,006	748,835
3 Gross receipts from activities that are not an unrelated trade or business under section 513	16,765	8,447		50,563	53,539	129,314
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	356,043	317,414	379,041	471,970	637,873	2,162,341
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	125,147	57,800	51,278	86,954	32,986	354,165
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						
c Add lines 7a and 7b	125,147	57,800	51,278	86,954	32,986	354,165
8 Public support. (Subtract line 7c from line 6.)						1,808,176

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	356,043	317,414	379,041	471,970	637,873	2,162,341
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	17,780	-695			80	17,165
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	17,780	-695			80	17,165
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	373,823	316,719	379,041	471,970	637,953	2,179,506
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	82.96 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	99.11 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	1 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	1 %

- 19a 33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☒
- b 33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements****u** Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
u Attach to Form 990. **u** See separate instructions.

OMB No. 1545-0047

2011**Open to Public
Inspection**

Name of the organization

Employer identification number

BAREFOOT REPUBLIC, INC**62-1841336****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year **u**

4 Number of states where property subject to conservation easement is located **u**

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year **u**

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year **u** \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 **u** \$

(ii) Assets included in Form 990, Part X **u** \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 **u** \$

b Assets included in Form 990, Part X **u** \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment **u** %
b Permanent endowment **u** %
c Temporarily restricted endowment **u** %
 The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
(ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		179,917		179,917
b Buildings		1,111,688	126,400	985,288
c Leasehold improvements				
d Equipment		128,718	61,589	67,129
e Other		3,000	83	2,917
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)		u		1,235,251

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	u	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	u	

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	u

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	u	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	612,562
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	494,439
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	118,123
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	49,476
9	Total adjustments (net). Add lines 4 through 8	9	49,476
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	167,599

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	640,374
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	27,812
e	Add lines 2a through 2d	2e	27,812
3	Subtract line 2e from line 1	3	612,562
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	612,562

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	472,775
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	27,812
e	Add lines 2a through 2d	2e	27,812
3	Subtract line 2e from line 1	3	444,963
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	49,476
c	Add lines 4a and 4b	4c	49,476
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	494,439

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XI, LINE 8 - RECONCILIATION OF CHANGES - OTHER

OTHER INCOME	\$	2,421
GROSS RECEIPTS FROM MERCHANDISE SALES	\$	1,940
GROSS RECEIPTS FROM FALL BANQUET	\$	20,781
OTHER EVENT EXPENSE GROSS RECEIPTS	\$	2,670
BOOK/TAX DIFFERENCE INTEREST EXPENSE	\$	-2,421
COST OF MERCHANDISE SOLD	\$	-1,940

Part XIV Supplemental Information (continued)

FALL BANQUET EXPENSE \$ -20,781

OTHER EVENT EXPENSE \$ -2,670

BOOK / TAX DEPRECIATION DIFFERENCE \$ 49,476

PART XII, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

OTHER INCOME \$ 2,421

GROSS RECEIPTS FROM MERCHANDISE SALES \$ 1,940

GROSS RECEIPTS FROM FALL BANQUET \$ 20,781

OTHER EVENT EXPENSE GROSS RECEIPTS \$ 2,670

PART XIII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

BOOK/TAX DIFFERENCE INTEREST EXPENSE \$ 2,421

COST OF MERCHANDISE SOLD \$ 1,940

FALL BANQUET EXPENSE \$ 20,781

OTHER EVENT EXPENSE \$ 2,670

PART XIII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER

BOOK / TAX DEPRECIATION DIFFERENCE \$ 49,476

SCHEDULE G
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information Regarding**
Fundraising or Gaming ActivitiesComplete 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.
u Attach to Form 990 or Form 990-EZ. **u** See separate instructions.

OMB No. 1545-0047

2011Open To Public
Inspection

Name of the organization

BAREFOOT REPUBLIC, INC

Employer identification number

62-1841336**Part I****Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** ☐ Mail solicitations **e** ☐ Solicitation of non-government grants
- b** ☐ Internet and email solicitations **f** ☐ Solicitation of government grants
- c** ☐ Phone solicitations **g** ☐ Special fundraising events
- d** ☐ In-person solicitations

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees
or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No**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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total		▶				

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.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		BANQUET (event type)	RUN BAREFOOT (event type)	GOLF TOURN (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	63,727	39,781	7,000	110,508
	2 Less: Charitable contributions	60,119			60,119
	3 Gross income (line 1 minus line 2)	3,608	39,781	7,000	50,389
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	20,781	2,631	39	23,451
	10 Direct expense summary. Add lines 4 through 9 in column (d)				23,451
11 Net income summary. Combine line 3, column (d), and line 10				26,938	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
Direct Expenses	6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities:

a Is the organization licensed to operate gaming activities in each of these states? 9a ☐ Yes ☐ No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a ☐ Yes ☐ No

b If "Yes," explain:

DAA

SCHEDULE L
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Transactions With Interested Persons**

U Complete if the organization answered
 "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
 or Form 990-EZ, Part V, line 38a or 40b.
 U Attach to Form 990 or Form 990-EZ. U See separate instructions.

OMB No. 1545-0047

2011Open To Public
Inspection

Name of the organization

BAREFOOT REPUBLIC, INC

Employer identification number

62-1841336**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

- 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 u \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization u \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
BARBARA GROUX										
(1) OPERATING CASH	X		25,000	25,000	X		X		X	
THOMAS RHODES										
(2) OPERATING CASH	X		15,000	15,000	X		X		X	
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
Total				u \$ 40,000						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

**SCHEDULE M
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

Noncash Contributions**U** Complete if the organizations answered "Yes" on Form

990, Part IV, lines 29 or 30.

U Attach to Form 990.

OMB No. 1545-0047

2011**Open To Public
Inspection****BAREFOOT REPUBLIC, INC**

Employer identification number

62-1841336**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes	X	1	17,000	FMV
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other U (MISC CAMP EQUIP)	X	6	12,241	FMV
26 Other U (.....)				
27 Other U (.....)				
28 Other U (.....)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29 0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

Yes No

	Yes	No
30a	X	
31		X
32a		X
33		

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

PART I, LINE 30B - CONTRIBUTIONS THAT MUST BE HELD FOR AT LEAST THREE YEARS
THE TRUCK AND BOAT THAT WERE RECEIVED AS NONCASH CONTRIBUTIONS DURING THIS
TAX YEAR ARE BEING USED BY THE ORGANIZATION WITH NO PLANS FOR DISPOSAL AT
THIS TIME.

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.

u Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2011

Open to Public
Inspection

BAREFOOT REPUBLIC, INC

Employer identification number

62-1841336

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

EXECUTIVE DIRECTOR AND BOARD REVIEW THE RETURN PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

COMPLIANCE WITH THE CONFLICT POLICY IS MONITORED AND ENFORCED BY THE

EXECUTIVE COMMITTEE

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE BOARD REVIEWS, DETERMINES AND VOTES UPON THE EXECUTIVE DIRECTOR'S

COMPENSATION.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

ANNUAL REVIEWS COMPLETED BY THE STAFF ARE REVIEWED BY THE EXECUTIVE

DIRECTOR WHO PROPOSES COMPENSATION PACKAGES TO THE BOARD FOR APPROVAL

IN THE ANNUAL BUDGET.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

AVAILABLE UPON REQUEST.

Forms
990 / 990-PF**Loans from Officers, Directors, Trustees, and
Key Employees or Other Disqualified Persons****2011**For calendar year 2011, or tax year beginning **10/01/11**, and ending **09/30/12**

Name

Employer Identification Number

BAREFOOT REPUBLIC, INC**62-1841336****FORM 990, PART X, LINE 22 - ADDITIONAL INFORMATION**

Name of lender	Title
(1) BARBARA GROUX	
(2) THOMAS RHODES	EXECUTIVE DIRECTOR
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) 25,000	10/01/10	10/01/12	1	7.500
(2) 15,000	10/01/10	10/01/12	1	7.500
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1)	OPERATING CASH
(2)	OPERATING CASH
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	25,000	25,000
(2)	15,000	15,000
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Totals	40,000	40,000

Forms 990 / 990-PF	Mortgages and Other Notes Payable	2011
For calendar year 2011, or tax year beginning 10/01/11 , and ending 09/30/12		
Name BAREFOOT REPUBLIC, INC	Employer Identification Number 62-1841336	

FORM 990, PART X, LINE 23 - ADDITIONAL INFORMATION

Name of lender	Relationship to disqualified person
(1) EDMONTON STATE BANK	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) 36,800	09/01/12	08/01/17	MONTHLY	5.500
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1) RESIDENTIAL HOME	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)		36,269
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Totals		36,269

Form **4562**Department of the Treasury
Internal Revenue Service

(99)

Depreciation and Amortization
(Including Information on Listed Property)☐ See separate instructions.☒ Attach to your tax return.

OMB No. 1545-0172

2011Attachment
Sequence No. **179**

Name(s) shown on return

BAREFOOT REPUBLIC, INC

Identifying number

62-1841336

Business or activity to which this form relates

INDIRECT DEPRECIATION**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)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	48,220
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	35,467

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

17	MACRS deductions for assets placed in service in tax years beginning before 2011	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property		1,500	3.0	HY	200DB	500
b 5-year property		18,593	5.0	HY	200DB	3,718
c 7-year property						
d 10-year property						
e 15-year property		28,125	15.0	HY	150DB	1,405
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	08/02/12	44,370	27.5 yrs.	MM	S/L	202
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	89,512
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2011)

Federal Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv Meth	Prior	Current
3-year GDS Property:										
54	TN Walking Horse	8/31/12	3,000			X	1,500	3 HY 200DB	0	2,000
			<u>3,000</u>				<u>1,500</u>		<u>0</u>	<u>2,000</u>
5-year GDS Property:										
11	Skate Park	6/15/12	2,337			X	1,168	5 HY 200DB	0	1,402
12	Climbing Wall	6/15/12	1,350			X	675	5 HY 200DB	0	810
13	Volleyball Court	3/26/12	7,260			X	3,630	5 HY 200DB	0	4,356
14	Trampoline	9/05/12	1,250			X	625	5 HY 200DB	0	750
28	John Deere Mower	8/10/12	500			X	250	5 HY 200DB	0	300
53	Phone System	8/15/12	1,500			X	750	5 HY 200DB	0	900
55	2000 Ford Ranger	8/01/12	3,991			X	1,995	5 HY 200DB	0	2,395
64	2007 Pontoon Boat	4/15/12	17,000			X	8,500	5 HY 200DB	0	10,200
65	26 ft Boat Trailer	4/15/12	2,000			X	1,000	5 HY 200DB	0	1,200
			<u>37,188</u>				<u>18,593</u>		<u>0</u>	<u>22,313</u>
15-year GDS Property:										
61	Treehouse 2 Deck Addition	7/17/12	8,244			X	4,122	15 HY 150DB	0	4,328
62	Horse Paddock	6/15/12	3,507			X	1,754	15 HY 150DB	0	1,841
63	Tool Shed	7/18/12	10,355			X	5,177	15 HY 150DB	0	5,436
68	Lake Deck	3/15/12	3,318			X	1,659	15 HY 150DB	0	1,742
69	Recreational Lake	9/30/12	15,415			X	15,415	15 HY 150DB	0	0
70	Other Land Improvements	3/15/12	6,468			X	3,234	15 HY 150DB	0	3,395
71	Barn Loft Addition	6/15/12	24,358			X	12,179	15 HY 150DB	0	12,788
			<u>71,665</u>				<u>43,540</u>		<u>0</u>	<u>29,530</u>
Residential Real Property:										
66	Facility Director House	8/02/12	44,370				44,370	27 MMS/L	0	202
			<u>44,370</u>				<u>44,370</u>		<u>0</u>	<u>202</u>
Other Depreciation:										
1	Low Ropes Course	5/31/02	328				328	7 MO S/L	328	0
2	Skatepark	7/31/02	3,332				3,332	5 MO S/L	3,332	0
3	Sports Equipment	6/30/03	164				164	3 MO S/L	164	0
4	skateboards	7/13/07	221				221	3 MO S/L	221	0
5	Drums/Guitars	6/21/07	9,213				9,213	7 MO S/L	5,594	1,316
6	skateboards	5/06/08	720				720	3 MO S/L	560	160
7	Goal 4 Sports	5/21/09	2,200				2,200	5 MO S/L	1,027	440
8	Puro Party	6/10/09	700				700	5 MO S/L	315	140
9	Action Paintball	6/12/09	930				930	5 MO S/L	418	186
10	Pro Shot Basketball	6/16/09	2,598				2,598	5 MO S/L	1,169	520
15	Drill	10/02/01	300				300	5 MO S/L	300	0
16	Brushes	10/02/01	72				72	3 MO S/L	72	0
17	Sawzail	12/31/01	190				190	5 MO S/L	190	0
18	Miter Saw	1/05/02	540				540	5 MO S/L	540	0
19	Shears	2/15/02	35				35	5 MO S/L	35	0
20	Nail gun	3/23/02	347				347	5 MO S/L	347	0
21	Skate Pad	5/17/02	490				490	5 MO S/L	490	0
22	Sports Equipment	6/14/02	264				264	5 MO S/L	264	0
23	Sports Equipment	6/17/02	197				197	5 MO S/L	197	0
24	Sports Equipment	6/19/02	429				429	5 MO S/L	429	0
25	Grill	6/27/02	635				635	7 MO S/L	635	0
26	Pitch Forks	7/12/02	69				69	5 MO S/L	69	0
27	Lawn Mower	8/29/09	7,468				7,468	7 MO S/L	2,223	1,066
29	Low Ropes Course	1/12/02	147				147	15 MO S/L	94	10
30	Other Misc.	1/01/02	6,057				6,057	5 MO S/L	6,057	0
31	Deck 3	3/23/02	1,787				1,787	10 MO S/L	1,698	89
32	Low Ropes Course	4/12/02	182				182	15 MO S/L	114	12
33	Skatepark	6/24/02	501				501	5 MO S/L	501	0
34	Deck 4	6/26/02	1,787				1,787	10 MO S/L	1,653	134
35	Skatepark	7/01/02	2,612				2,612	5 MO S/L	2,612	0
36	Skatepark & Water slide	7/17/02	902				902	5 MO S/L	902	0

Federal Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv Meth	Prior	Current
37	Skatepark	7/29/02	689				689	5 MO S/L	689	0
38	Bunk Beds	9/03/02	405				405	7 MO S/L	405	0
39	Bunk Beds	6/04/07	3,199				3,199	7 MO S/L	1,942	457
40	Kitchen Hood	6/15/08	13,338				13,338	7 MO S/L	6,192	1,906
41	Multi-purpose Room Equipment	6/30/08	26,441				26,441	10 MO S/L	8,593	2,644
42	PA system	5/30/10	550				550	7 MO S/L	105	78
43	Tents/Tables	6/25/11	2,410				2,410	7 MO S/L	86	344
44	Patio Furniture	4/02/11	2,100				2,100	7 MO S/L	0	300
45	Xerox Printer	1/31/02	418				418	3 MO S/L	418	0
46	Dell Laptop	9/30/03	3,359				3,359	5 MO S/L	3,359	0
47	QuickBooks Non Profit	9/30/03	499				499	5 MO S/L	499	0
48	Dell Desktop	5/04/04	1,274				1,274	5 MO S/L	1,274	0
49	Dell Laptop (Frist Gift)	6/30/06	1,286				1,286	5 MO S/L	1,286	0
50	Misc IT #1	4/01/06	1,150				1,150	5 MO S/L	1,150	0
51	Misc IT #2	6/07/10	1,740				1,740	5 MO S/L	435	348
52	Misc IT #3	6/30/10	303				303	3 MO S/L	126	101
58	Multipurpose Room	6/30/08	614,689				614,689	40 MO S/L	51,224	15,367
59	Cabins	6/30/08	352,267				352,267	40 MO S/L	29,356	8,806
60	Barn	9/30/08	15,652				15,652	15 MO S/L	8,348	1,043
67	Land	9/30/11	179,917				179,917	0 -- Land	0	0
Total Other Depreciation			<u>1,267,103</u>				<u>1,267,103</u>		<u>148,037</u>	<u>35,467</u>
Total ACRS and Other Depreciation			<u>1,267,103</u>				<u>1,267,103</u>		<u>148,037</u>	<u>35,467</u>
Grand Totals			1,423,326				1,375,106		148,037	89,512
Less: Dispositions and Transfers			0				0		0	0
Less: Start-up/Org Expense			0				0		0	0
Net Grand Totals			<u>1,423,326</u>				<u>1,375,106</u>		<u>148,037</u>	<u>89,512</u>

Bonus Depreciation Report

FYE: 9/30/2012

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
Activity: Form 990, Page 1								
11	Skate Park	6/15/12	2,337		0	1,169	0	1,168
12	Climbing Wall	6/15/12	1,350		0	675	0	675
13	Volleyball Court	3/26/12	7,260		0	3,630	0	3,630
14	Trampoline	9/05/12	1,250		0	625	0	625
28	John Deere Mower	8/10/12	500		0	250	0	250
53	Phone System	8/15/12	1,500		0	750	0	750
54	TN Walking Horse	8/31/12	3,000		0	1,500	0	1,500
55	2000 Ford Ranger	8/01/12	3,991		0	1,996	0	1,995
61	Treehouse 2 Deck Addition	7/17/12	8,244		0	4,122	0	4,122
62	Horse Paddock	6/15/12	3,507		0	1,753	0	1,754
63	Tool Shed	7/18/12	10,355		0	5,178	0	5,177
64	2007 Pontoon Boat	4/15/12	17,000		0	8,500	0	8,500
65	26 ft Boat Trailer	4/15/12	2,000		0	1,000	0	1,000
68	Lake Deck	3/15/12	3,318		0	1,659	0	1,659
69	Recreational Lake	9/30/12	15,415		0	0	0	15,415
70	Other Land Improvements	3/15/12	6,468		0	3,234	0	3,234
71	Barn Loft Addition	6/15/12	24,358		0	12,179	0	12,179
Form 990, Page 1			<u>111,853</u>		<u>0</u>	<u>48,220</u>	<u>0</u>	<u>63,633</u>
Grand Total			<u>111,853</u>		<u>0</u>	<u>48,220</u>	<u>0</u>	<u>63,633</u>

62-1841336

Depreciation Adjustment Report

FYE: 9/30/2012

All Business Activities

AMT
Adjustments/
Preferences

Form Unit Asset

Description

Tax

AMT

There are no assets that meet the criteria of this report

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
<u>Prior MACRS:</u>					
11	Skate Park	6/15/12	2,337	374	0
12	Climbing Wall	6/15/12	1,350	216	0
13	Volleyball Court	3/26/12	7,260	1,161	0
14	Trampoline	9/05/12	1,250	200	0
28	John Deere Mower	8/10/12	500	80	0
53	Phone System	8/15/12	1,500	240	0
54	TN Walking Horse	8/31/12	3,000	667	0
55	2000 Ford Ranger	8/01/12	3,991	638	0
61	Treehouse 2 Deck Addition	7/17/12	8,244	392	0
62	Horse Paddock	6/15/12	3,507	166	0
63	Tool Shed	7/18/12	10,355	492	0
64	2007 Pontoon Boat	4/15/12	17,000	2,720	0
65	26 ft Boat Trailer	4/15/12	2,000	320	0
66	Facility Director House	8/02/12	44,370	1,613	0
68	Lake Deck	3/15/12	3,318	157	0
69	Recreational Lake	9/30/12	15,415	1,541	0
70	Other Land Improvements	3/15/12	6,468	308	0
71	Barn Loft Addition	6/15/12	24,358	1,157	0
			<u>156,223</u>	<u>12,442</u>	<u>0</u>

Other Depreciation:

1	Low Ropes Course	5/31/02	328	0	0
2	Skatepark	7/31/02	3,332	0	0
3	Sports Equipment	6/30/03	164	0	0
4	skateboards	7/13/07	221	0	0
5	Drums/Guitars	6/21/07	9,213	1,316	0
6	skateboards	5/06/08	720	0	0
7	Goal 4 Sports	5/21/09	2,200	440	0
8	Puro Party	6/10/09	700	140	0
9	Action Paintball	6/12/09	930	186	0
10	Pro Shot Basketball	6/16/09	2,598	519	0
15	Drill	10/02/01	300	0	0
16	Brushes	10/02/01	72	0	0
17	Sawzail	12/31/01	190	0	0
18	Miter Saw	1/05/02	540	0	0
19	Shears	2/15/02	35	0	0
20	Nail gun	3/23/02	347	0	0
21	Skate Pad	5/17/02	490	0	0
22	Sports Equipment	6/14/02	264	0	0
23	Sports Equipment	6/17/02	197	0	0
24	Sports Equipment	6/19/02	429	0	0
25	Grill	6/27/02	635	0	0
26	Pitch Forks	7/12/02	69	0	0
27	Lawn Mower	8/29/09	7,468	1,067	0
29	Low Ropes Course	1/12/02	147	10	0
30	Other Misc.	1/01/02	6,057	0	0
31	Deck 3	3/23/02	1,787	0	0
32	Low Ropes Course	4/12/02	182	12	0
33	Skatepark	6/24/02	501	0	0
34	Deck 4	6/26/02	1,787	0	0
35	Skatepark	7/01/02	2,612	0	0
36	Skatepark & Water slide	7/17/02	902	0	0
37	Skatepark	7/29/02	689	0	0
38	Bunk Beds	9/03/02	405	0	0
39	Bunk Beds	6/04/07	3,199	457	0
40	Kitchen Hood	6/15/08	13,338	1,905	0
41	Multi-purpose Room Equipment	6/30/08	26,441	2,644	0
42	PA system	5/30/10	550	79	0
43	Tents/Tables	6/25/11	2,410	345	0
44	Patio Furniture	4/02/11	2,100	300	0
45	Xerox Printer	1/31/02	418	0	0
46	Dell Laptop	9/30/03	3,359	0	0
47	QuickBooks Non Profit	9/30/03	499	0	0
48	Dell Desktop	5/04/04	1,274	0	0

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
49	Dell Laptop (Frist Gift)	6/30/06	1,286	0	0
50	Misc IT #1	4/01/06	1,150	0	0
51	Misc IT #2	6/07/10	1,740	348	0
52	Misc IT #3	6/30/10	303	76	0
58	Multipurpose Room	6/30/08	614,689	15,368	0
59	Cabins	6/30/08	352,267	8,807	0
60	Barn	9/30/08	15,652	1,044	0
67	Land	9/30/11	179,917	0	0
Total Other Depreciation			<u>1,267,103</u>	<u>35,063</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>1,267,103</u>	<u>35,063</u>	<u>0</u>
Grand Totals			<u>1,423,326</u>	<u>47,505</u>	<u>0</u>

SCHEDULE G (Form 990 or 990-EZ)	Fundraising Other Events	2011
For calendar year 2011, or tax year beginning 10/01/11 , and ending 09/30/12		

Name

Employer Identification Number

BAREFOOT REPUBLIC, INC**62-1841336**

		(a) Other event <u>GOLF TOURNAMENT</u> <small>(event type)</small>	(b) Other event <small>(event type)</small>	(c) Other event <small>(event type)</small>	(d) Total other events <small>(add col. (a) through col. (c))</small>
Revenue	1 Gross receipts	7,000			7,000
	2 Less: Charitable contributions				
	3 Gross income <small>(line 1 minus line 2)</small>	7,000			7,000
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food/beverages				
	8 Entertainment				
	9 Other expenses	39			39

BAREREP Barefoot Republic, Inc
62-1841336
FYE: 9/30/2012

Federal Statements

Schedule A, Part III, Line 1(e)

Description	Amount
CASH CONTRIBUTIONS LESS THAN \$5000	\$ 83,019
NONCASH CONTRIBUTIONS	12,241
AYERS FOUNDATION	
CASH CONTRIBUTION	5,000
CHRIST COMMUNITY CHURCH	
CASH CONTRIBUTION	7,200
CIC FOUNDATION INC	
CASH CONTRIBUTION	12,500
CITY CHURCH OF EAST NASHVILLE	
CASH CONTRIBUTION	12,000
KATHLEEN ECKHART	
CASH CONTRIBUTION	10,000
EVANS TTE, WALTER FRANKLIN	
CASH CONTRIBUTION	10,000
FIFTH THIRD BANK	
CASH CONTRIBUTION	5,000
FIRST PRESBYTERIAN CHURCH	
CASH CONTRIBUTION	6,250
BARBARA GROUX	
CASH CONTRIBUTION	16,900
TRACY HACKNEY	
CASH CONTRIBUTION	5,000
HERAN CHARITBLE FOUNDATION	
CASH CONTRIBUTION	5,000
MIDDLE TENNESSEE ELECTRIC	
CASH CONTRIBUTION	9,800
NASHVILLE PREDATORS	
CASH CONTRIBUTION	8,000
TOMMY AND LANE RHODES	
CASH CONTRIBUTION	8,140
THE COMMUNITY FOUNDATION	
CASH CONTRIBUTION	25,000
THE MEMORIAL FOUNDATION	
CASH CONTRIBUTION	10,000
WEST END COMMUNITY CHURCH	
CASH CONTRIBUTION	12,959
AARON AND RACHEL WHITE	
CASH CONTRIBUTION	30,200

Federal Statements

Schedule A, Part III, Line 1(e) (continued)

Description	Amount
SAMUEL C. YEAGER	\$
PONTOON BOAT	17,000
BANQUET	
CASH CONTRIBUTION	60,119
TOTAL	\$ 371,328

Schedule A, Part III, Line 3(e)

Description	Amount
BANQUET	\$ 3,608
GOLF TOURNAMENT	7,000
RUN BAREFOOT	39,781
AUCTION	3,150
TOTAL	\$ 53,539

Schedule A, Part III, Line 7a - Support from Disqualified Persons

Donor Name	2007	2008	2009	2010	2011
SAM YEAGER	\$ 35,000	\$ 6,000	\$	\$ 15,000	\$
BARBARA GROUX	16,400	19,900	19,200	14,400	
AARON WHITE	21,200	5,880			
DAN DANIEL	15,000				
UBS FINANCIAL	10,997				
DANNY ZINK	9,530				
ELAINE FELLOWES		5,000			
THOMAS RHODES	6,150	12,670	7,028	12,510	8,140
DENNIS PORR			5,000	5,000	
DARREL PORR			5,000		
FRANK EVANS				5,500	
EDMUND MCFADDEN			1,050	6,585	1,800
ROCK MORPHIS				8,000	
BLAINE BARCUS			750	1,436	850
JAN & WILLIAM BUTLER		500	220	340	3,063

BAREREP Barefoot Republic, Inc

62-1841336

FYE: 9/30/2012

Federal Statements

Schedule A, Part III, Line 7a - Support from Disqualified Persons (continued)

Donor Name	2007	2008	2009	2010	2011
TRACY HACKNEY	\$	\$	\$	\$	\$ 5,000
STEVE KUHN			500	1,300	986
CHRISTOPHER MCCALL				300	450
SCOTT MCGILBERRY			250	4,286	2,250
RYAN MCWATERS			2,610	3,925	3,866
TROY NUNN			4,980	4,236	3,863
RAYNA STEWART					1,368
ALAN WEBB					350
JEFF YOUNG					1,000
TIM & NANCY BOTTS	100	2,000			
GOSS & VERNAE COFFEE	800	200			
SHAWN DEMERS	2,300	2,400			
STEVE MANGERI	510	350			
LAURA MEADORS	1,500	500			
GORDON & SHERRIE ROGERS	3,460				
SAM LOGAN	2,200	2,400	2,600		
SCOOTER CLIPPARD			2,000	3,436	
RAYNA STEWART				500	
JEFF YOUNG			90	200	
TOTAL	\$ 125,147	\$ 57,800	\$ 51,278	\$ 86,954	\$ 32,986