' RECEIVED MAY 1 8 2008

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury

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

Open to Public Inspection

| 11.00 | The digatization may have to door a sopy of and television to control of the | | | |
|--|--|--|--|--|
| Α | For the 2006 calendar year, or tax year beginning 10/01 , 2006, and ending 9/30 | , 2007 | | |
| В | спеск и аррисацие: | Employer Identification Number | | |
| | | 52-1841336 | | |
| | | Telephone number | | |
| | See 812 WEST MAIN SIREET | (615) 429-2541 | | |
| | | Accounting X Cash Account | | |
| | Amended return | Other (specify) | | |
| | | to section 527 organizations | | |
| | - Section Solicks) ordanizations and 45-7/4X17 nonexempt | rn for affiliates? Yes X No | | |
| | (Form 990 or 990-EZ). | | | |
| G | Web site: ► WWW. BAREFOOTREPUBLIC. ORG | | | |
| | (II "No." attacts a lis | t. See instructions.) | | |
| J | Organization type (check only one) X 501(c) 3 (insert no.) 4947(a)(1) or 527 H (d) is this a separate no. | eturn filed by an | | |
| K | | ed by a group ruling? Yes X No | | |
| •• | gross receipts are normally not more than \$25,000. A return is not required, but if the I Group Exempt | | | |
| | and a first the second of the | f the organization is not required | | |
| ī | | B (Form 990, 990-EZ, or 990-PF). | | |
| | art I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the ins | structions.) | | |
| ت.ت | 1 Contributions, gifts, grants, and similar amounts received: | | | |
| | a Contributions to donor advised funds. | | | |
| | b Direct public support (not included on line 1a). 1b 316,57 | g | | |
| | c Indirect public support (not included on line 1a). | | | |
| | d Covernment and the first (courts) (ast instead on line 1a). | | | |
| | d Government contributions (grants) (not included on line 1a) 1d e Total (add lines 316,579 noncash \$) | | | |
| | | | | |
| | 2 Program service revenue including government fees and contracts (from Part VII, line 93) | | | |
| | 3 Membership dues and assessments | | | |
| | 4 Interest on savings and temporary cash investments. | | | |
| | 5 Dividends and interest from securities | 5 15,880. | | |
| | 6a Gross rents 6a | ###################################### | | |
| i | b Less: rental expenses | | | |
| | c Net rental income or (loss). Subtract line 6b from line 6a | 6c | | |
| R | 7 Other investment income (describe |) 7 | | |
| CZM <m< td=""><td>8a Gross amount from sales of assets other (A) Securities (B) Other</td><td></td></m<> | 8a Gross amount from sales of assets other (A) Securities (B) Other | | | |
| E N | than inventory | | | |
| Ė | b Less: cost or other basis and sales expenses | | | |
| | c Gain or (loss) (attach schedule) | | | |
| | d Net gain or (loss). Combine line 8c, columns (A) and (B) | 8d | | |
| | 9 Special events and activities (attach schedule). If any amount is from gaming, check here > | | | |
| | a Gross revenue (not including \$ of contributions | | | |
| | reported on line 1b) | | | |
| | b Less: direct expenses other than fundraising expenses | | | |
| | c Net income or (loss) from special events. Subtract line 9b from line 9a | .1 9c -523. | | |
| | 10a Gross sales of inventory, less returns and allowances | | | |
| | b Less: cost of goods sold | | | |
| | c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a | 10c | | |
| | 11 Other revenue (from Part VII, line 103) | 11 1,213. | | |
| | 12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 | 12 401,718. | | |
| | 13 Program services (from line 44, column (B)). | | | |
| とうい とうしょ | 14 Management and general (from line 44, column (C)) | 14 152,647. | | |
| Ë | 15 Fundraising (from line 44, column (D)) | | | |
| N S | 16 Payments to affiliates (attach schedule) | | | |
| E | 17 Total expenses. Add lines 16 and 44, column (A) | | | |
| | 18 Excess or (deficit) for the year. Subtract line 17 from line 12 | | | |
| N S | | | | |
| N S E E | 20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2 | 20 592,786. | | |
| ' T | | | | |
| | Carried and the same and the sa | | | |

Form 990 (2006) Statement of Functional Expenses. All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

| Ē | o not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I. | | (A) Total | (B) Program services | (C) Management and general | (D) Fundraising |
|-------------|--|--------|---------------------|----------------------|-------------------------------|-------------------|
| 22 : | a Grants paid from donor advised | | | | | |
| | funds (attach sch) (cash \$ | | | | | |
| | non-cash \$ | | | | | |
| | If this amount includes | | | | | |
| | foreign grants, check here | 22 a | | | | |
| 22 t | Other grants and allocations (att sch) | | | | | |
| | (cash \$ | | | | | |
| | non-cash \$) | | | | | |
| | If this amount includes foreign grants, check here | 22 b | | | | |
| | | | | | | |
| 23 | Specific assistance to individuals (attach schedule) | 23 | | | | |
| | • | | | | | |
| 24 | Benefits paid to or for members (attach schedule) | 24 | | | | TO SERVICE STATES |
| 25.0 | Compensation of current officers, | | | | (100), Y | |
| 23 a | directors, key employees, etc listed in Part V-A (attach sch) SEE STMT 3 | | 4- 44- | | | _ |
| | Part V-A (attach sch) SEE STMT .3 | 25 a | 63,000. | 0. | 63,000. | 0. |
| b | Compensation of former officers, | | | | | |
| | directors, key employees, etc listed in Part V-B (attach sch) | 25b | 0. | 0. | 0. | 0. |
| c | Compensation and other distributions, not | | | | | |
| | included above, to disqualified persons (as defined under section 4958(f)(1)) and persons | | | | | |
| | described in section 4958(c)(3)(B) | | | 0 | _ [| • |
| | (attach schedule) | 25 c | 0. | 0. | 0. | 0. |
| 26 | Salaries and wages of employees not | | 20 000 | | 22 202 | |
| | included on lines 25a, b, and c | 26 | 32,200. | | 32,200. | |
| 27 | Pension plan contributions not | | | | | |
| | included on lines 25a, b, and c | 27 | | | | |
| 28 | Employee benefits not included on | 20 | 4 900 | | 4,800. | |
| ~~ | lines 25a · 27 | 28 | 4,800. 7,810. | | 7,810. | |
| | Payroll taxes | 30 | 7,010. | | 7,010. | |
| 30 | Professional fundraising fees | 31 | | | | |
| 31 | Accounting fees | 32 | 1,456. | | 1,456. | |
| 32 | Supplies | 33 | 3,895. | | 3,895. | ·· ··· |
| 33 | Telephone | 34 | 3,637. | | 3,637. | |
| | Postage and shipping | 35 | 3,748. | | 3,748. | |
| | Occupancy | 36 | 3,740. | | 3,,101 | |
| | Equipment rental and maintenance. | 37 | | | | |
| _ | Printing and publications | 38 | | | | |
| | Travel | 39 | | | | |
| 40 | Conferences, conventions, and meetings | 40 | | | | |
| 41 | Interest | 41 | 3,370. | | 3,370. | |
| | Depreciation, depletion, etc (attach schedule) | 42 | 5,176. | | 5,176. | |
| | Other expenses not covered above (itemize): | | | | | |
| а | SEE STATEMENT 4 | 43 a | 162,536. | 131,230. | 23,555. | 7,751. |
| b | | 43b | | | | |
| С | | 43 c | | | | |
| d | | 43 d | | | | |
| e | | 43e | | | | |
| ĩ | | 43 f | | | | |
| g | | 43 g | | <u> </u> | | |
| 44 | Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (3) - (D), carry these totals to lines 13 - 15). | | | | | |
| | | 44 | 291,628. | 131,230. | 152,647. | 7,751. |
| Joint | Costs. Check. ► if you are following | | | | | . [-2] |
| | ny joint costs from a combined education | | | | | |
| | s,' enter (i) the aggregate amount of these | | | | mount allocated to Prog | |
| \$ ``Eur | ; (iii) the amount all | ocated | to management and g | | ; and (iv) the | c amount anocated |
| v rui | rotatang y . | | | | | |

| 101111 330 (2000) DE DE ELC | II CIENTO LICEDO, LICO | · | | T TAGO T |
|--|---|---|---|---|
| Part III Statement of Pr | rogram Service Accom | plishments | | |
| proapization. How the public pe | erceives an organization in s | eople, serves as the primary or sole such cases may be determined by the fully describes, in Part III, the organic | information presented | d on its return. Therefore. |
| What is the organization's prima All organizations must describe clients served, publications issued izations and 4947(a)(1) nonexe | lary exempt purpose? their exempt purpose achie d, etc. Discuss achievements tempt charitable trusts must a | evernents in a clear and concise mani hat are not measurable. (Section 501(c) also enter the amount of grants and a | ner. State the number (3) and (4) organ- flocations to others.) | Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) frusts; but optional for others.) |
| a SPONSORED SUMMER CAMP FACILITIES. | R CAMP SESSIONS, C | ONTINUED CONSTRUCTION O | F_PERMANENT | - |
| (Grants and allocations | \$ |) If this amount includes foreign gran | its, check here | 131,230. |
| b | | | | |
| (Grants and allocations | |) If this amount includes foreign gran | |] |
| c | | | | |
| (Grants and allocations | \$ |) If this amount includes foreign gran | its, check here | |
| " | | | | •• |

) If this amount includes foreign grants, check here

BAA

(Grants and allocations \$

(Grants and allocations \$

e Other program services.....

f Total of Program Service Expenses (should equal line 44, column (B), Program services)...

131,230. Form 990 (2006)

| No | e: V | Where required, attached schedules and amounts within column should be for end-of-year amounts only. | the description | (A) Beginning of year | | (B) End of year |
|-------------|------|---|---|--------------------------|----------|--------------------|
| | 45 | Cash - non-interest-bearing | | 20,507. | 45 | 49,010. |
| | 46 | Savings and temporary cash investments | | 94,617. | 46 | 548,170. |
| | ~ | Davings and temperary each investment. | | | | |
| | 473 | Accounts receivable | 47a | | | |
| | | Less: allowance for doubtful accounts | 47b | | 47 c | |
| | | J Less. allowance for doubtful accounts | | | | |
| | 40. | Pledges receivable | | | | |
| | | Less: allowance for doubtful accounts | | | 48 c | |
| | 100 | Grants receivable | 400 | | 49 | |
| | | | I | | " | |
| | 50 a | Receivables from current and former officers, director employees (attach schedule) | s, trustees, and key | | 50 a | |
| | b | Receivables from other disqualified persons (as define and persons described in section 4958(c)(3)(B) (attact | ed under section 4958(f)(1)) h schedule) | | 50 b | |
| Ą | | | | | | |
| S | 51 a | Other notes and loans receivable (attach schedule) | 51 a | | | |
| ASSETS | h | Less: allowance for doubtful accounts | | | 51 c | |
| 3 | E2 0 | Inventories for sale or use | | 6,597. | 52 | |
| | | Prepaid expenses and deferred charges | | | 53 | |
| | 53 | Investments — publicly-traded securities | ► Cost FMV | 14,336. | 54 a | |
| | 54 a | Investments – publicly-traded securities | Cost FMV | | 54b | |
| | | | | | | |
| | 55 a | Investments - land, buildings, & equipment; basis. | 558 200,415. | | | |
| | b | Less: accumulated depreciation (attach schedule)STATEMENT.5 | 55 b | | 55 c | 288,413. |
| | 56 | Investments - other (attach schedule) | | | 56 | |
| | 57 a | Land, buildings, and equipment: basis | 57a 123,046. | | | |
| ı | h | Lace: accumulated denieciation | | | | |
| ١ | u | Less: accumulated depreciation (attach schedule)STATEMENT.6 | 57b 26,345. | <u>85,820.</u> | 57c | 96,701. |
| | 58 | Other assets, including program-related investments | | | 1 1 | |
| | | (describe > |) | | 58 | |
| | 59 | Total assets (must equal line 74). Add lines 45 through | gh 58 | 221,877. | 59 | 982,294. |
| | 60 | Accounts payable and accrued expenses | | | 60 | |
| | 61 | Grants payable | | | 61 | |
| L I | 62 | Deferred revenue | | | 62 | |
| | 63 | Loans from officers, directors, trustees, and key | | | | |
| B | 63 | employees (attach schedule) | | | 63 | |
| - | 64 a | Tax-exempt bond liabilities (attach schedule) | , | | 64a | |
| 1 | | Mortgages and other notes payable (attach schedule) | | | 64 b | |
| 5 | 65 | Other liabilities (describe SEE STATEMENT | 7) | | 65 | 57,541. |
| | 66 | Total liabilities. Add lines 60 through 65 | | 0. | 66 | 57,541. |
| | Orga | anizations that follow SFAS 117, check here 🕨 🗓 ar | nd complete lines 67 | | | |
| N E T | | through 69 and lines 73 and 74. | | | | |
| | 67 | Unrestricted | | 221,877. | 67 | 924,753. |
| ANOET-S | 68 | Temporarily restricted | | | 68 | |
| Ĕ | 69 | Permanently restricted | | | 69 | |
| | Oraz | anizations that do not follow SFAS 117, check here | and complete lines | | | |
| R | . 5 | 70 through 74. | - ··· | | | |
| CZC | 70 | Capital stock, trust principal, or current funds | | | 70 | |
| | 71 | Paid-in or capital surplus, or land, building, and equip | | | 71 | |
| B A | 72 | Retained earnings, endowment, accumulated income, | | | 72 | |
| BALAZOES | | Total net assets or fund balances. Add lines 67 throu | | | | |
| Ë | 73 | 72. (Column (A) must equal line 19 and column (B) n | nust equal line 21). | 221,87 7 . | 73 | 924,753. |
| S | 74 | Total liabilities and net assets/fund balances. Add Irr | 221,877. | 74 | 982,294. | |

| Pa | m 990 (2006) SPECTRUM MINISTS art IV-A Reconciliation of Reven instructions.) | ue per Audited Financial | Statements with F | Revenue per Return | (See the |
|----------|---|---|---|--|--|
| a | Total revenue, gains, and other suppor | t per audited financial stateme | nts | a | 401,718. |
| b | Amounts included on line a but not on | | , (| | |
| | 1Net unrealized gains on investments | | <u>b1</u> | | |
| | 2Donated services and use of facilities. | | b2 | | |
| | 3Recoveries of prior year grants | | b3 | | |
| | 4Other (specify): | | | | |
| | Add lines b1 through b4 | | b4 | b | |
| c | Subtract line b from line a | | | с | 401,718. |
| d | Amounts included on Part I, line 12, bu | | | | |
| ŭ | Tinvestment expenses not included on i | Part I, line 6b | ., d1 | 24 A | |
| | 2Other (specify): | | | 7 P. C. | |
| | | | 1 10 | YATE WATER | |
| | Add lines d1 and d2 | | | | 401 710 |
| e | Total revenue (Part I, line 12). Add line | es c and d | 1.01.4 | Figure 2 and Date | 401,718. |
| P | art IV-B Reconciliation of Expen | ses per Audited Financia | al Statements with | Expenses per Rett | <u>ırn</u> |
| | Total expenses and losses per audited | financial statements | | ا | 291,628. |
| a | Amounts included on line a but not on | | | | 271,020. |
| b | 1 Donated services and use of facilities. | | | | |
| | 2Prior year adjustments reported on Pa | | · · · · · · · · · · · · · · · · · · · | | |
| | 3Losses reported on Part I, line 20 | 11 1, 1116 20 | | | |
| | 4Other (specify): | | | | |
| | | | i a ai | | |
| | Add lines b1 through b4 | | · · · · · · · · · · · · · · · · · · · | b | |
| с | Subtract line b from line a | | | | 291,628. |
| d | Amounts included on Part I, line 17, but | | | 10.4 | |
| | 1 Investment expenses not included on I | Part I, line 6b | d1 | | |
| | 2Other (specify): | | | | |
| | | | | | |
| | Add lines d1 and d2 | | | | 001 600 |
| e | Total expenses (Part I, line 17), Add Ii | | | | 291,628. |
| | current Officers, Director or key employee at any time of | ors, Trustees, and Key E Juring the year even if they we | mployees (List eact re not compensated.) (| n person who was an off See the instructions.) | icer, director, trustee, |
| | (A) Name and address | (B) Title and average hours per week devoted to position | (C) Compensation (if not paid, enter -0-) | (D) Contributions to employee benefit plans and deferred | (E) Expense account and other allowances |
| _ | · | | | compensation plans | |
| | | 4 | | | |
| SE | E STATEMENT 8 | 1 | 63,000. | 0. | 0. |
| | | | | | |
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| BA | A | TEEA0105L C | 01/18/07 | | Form 990 (2006) |

Form 990 (2006) SPECTRUM MINISTRIES, INC.

62-1841336

Page 5

| Form 990 (2006) SPECTRUM MINISTRIES, | INC. | | 62-184133 | 36 | F | Page (| |
|---|---|--|---|---|--------|--------|--|
| Part V-A Current Officers, Directors, Tru | | | | | Yes | No | |
| 75 a Enter the total number of officers, directors, and trustees | permitted to vote on organizat | tion business as board meetin | gs ▶ <u>16</u> | 2.0 | | = | |
| b Are any officers, directors, trustees, or key er listed in Schedule A, Part I, or highest compe A, Part II-A or II-B related to each other throudentifies the individuals and explains the relations. | nsaled professional and uph family or business | d other independent co relationships? If 'Yes,' : | ntractors listed in Schedule | es 9 75 b | | x | |
| c Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of 'related organization'. | | | | | | | |
| If 'Yes,' attach a statement that includes the i | nformation described in | the instructions. | | | _ | Х | |
| d Does the organization have a written conflict of | | | ***** | . 75 d | X | | |
| Part V-B Former Officers, Directors, Tru Benefits (If any former officer, direct during the year, list that person below the instructions.) | or, trustee, or key emp | lovee received compen- | sation or other benefits (de | scribad t | halowi |) } | |
| (A) Name and address | (B) Loans and Advances | (C) Compensation (if not paid, enter -0-) | (D) Contributions to employee benefit plans and deferred compensation plans | (E) Expaccount a allowa | and ot | her | |
| NONE | | | | | | | |
| | | | | | | | |
| | | | | | | | |
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| <u> </u> | | | | | | | |
| Part VI Other Information (See the instr | uctions.) | | | | Yes | No | |
| 76 Did the organization make a change in its activity If 'Yes,' attach a detailed statement of each change made in the organizing or good if 'Yes,' attach a conformed copy of the change | ange | | | 76 77 | | XXX | |
| 78a Did the organization have unrelated business of bif 'Yes,' has it filed a tax return on Form 990-T | ross income of \$1,000 | | | 78ь | N/Z | X A | |
| 79 Was there a liquidation, dissolution, termination year? If 'Yes,' attach a statement. | | | | | -77 | x | |
| 80 a is the organization related (other than by associatements), governing bodies, trustees, office b if 'Yes,' enter the name of the organization | rs, etc, to any other ex | tempt or nonexempt or | ganization | 14年 | | X J | |
| 81 a Enter direct and indirect political expenditures. b Did the organization file Form 1120-POL for this | (See line 81 instruction | ns.)[| 81 a 0 | <u>. </u> | | x | |
| BAA | <u> </u> | | | Form 9 | 190 (2 | | |

| For | m 990 (2006) SPECTRUM MINISTRIES, INC. | | 62-1841336 | 5 | F | Page 7 |
|-----|--|--|-----------------------------|-----------|------------------|-------------|
| Р | art VI Other Information (continued) | | | | Yes | No |
| 82 | a Did the organization receive donated services or the use of materials, equipment, or fact substantially less than fair rental value? | | | 82 a | | Х |
| | bif 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) | 82 ы | N/A | | | |
| 83 | a Did the organization comply with the public inspection requirements for returns and exe | emption application | ns? | 83 a | X | <u> </u> |
| | b Did the organization comply with the disclosure requirements relating to quid pro quo co | | | 83Ь | X | L |
| 84 | a Did the organization solicit any contributions or gifts that were not tax deductible? | | . | 84 a | | X |
| | b If 'Yes,' did the organization include with every solicitation an express statement that sunot tax deductible? | uch contributions of | or gifts were | 84 b | N. | /A |
| | 501(c)(4), (5), or (6) organizations, a Were substantially all dues nondeductible by mem | | | 85 a | N. | /A |
| | b Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | | 85 b | N. | /A |
| | If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unleading for proxy tax owed for the prior year. | ess the organizati | on received a | | | |
| | c Dues, assessments, and similar amounts from members | 85 c | N/A | | | 其計 |
| | d Section 162(e) lobbying and political expenditures | | N/A | 氢引 | | |
| | e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices | 85 e | N/A | 5.3 | | |
| | f Taxable amount of lobbying and political expenditures (line 85d less 85e) | | N/A | 正案] | | 1 |
| | g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? | | | 85 g | N. | /A |
| | h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its dues allocable to nondeductible lobbying and political expenditures for the following tax year? | reasonable estimate o | f | 85 h | N | /A |
| 86 | 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on | | | | | ₹oleta: |
| | line 12 | 86a | N/A | | | 3 |
| | b Gross receipts, included on line 12, for public use of club facilities | 86 в | N/A | | | |
| 87 | 501(c)(12) organizations. Enter: a Gross income from members or shareholders | 87a | N/A | | | ا در |
| | b Gross income from other sources. (Do not net amounts due or paid to other sources | | | | | |
| | against amounts due or received from them.) | 87 ы | N/A | | |) |
| 88 | a At any time during the year, did the organization own a 50% or greater interest in a tax or an entity disregarded as separate from the organization under Regulations sections 3 If 'Yes,' complete Part IX | able corporation o 301.7701-2 and 30 | r partnership, 1.7701-3? | 88 a | | X |
| | b At any time during the year, did the organization, directly or indirectly, own a controlled section 512(b)(13)? If 'Yes,' complete Part XI | entity within the r | neaning of | 88b | | Х |
| | a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year | | | | | |
| | section 4911 ► 0.; section 4912 ► 0.; sect | tion 4955 ► | 0. | | | |
| | b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 during the year or did it become aware of an excess benefit transaction from a prior year explaining each transaction. | excess benefit tra ar? If 'Yes,' attach | nsaction a statement | - 89 b | | X |
| | c Enter: Amount of tax imposed on the organization managers or disqualified persons du year under sections 4912, 4955, and 4958 | | 0. | | | |
| | d Enter: Amount of tax on line 89c, above, reimbursed by the organization | | 0. | | - 57 C. | 3 |
| | e All organizations. At any time during the tax year, was the organization a party to a pro | | | 89 e | | Х |
| | f All organizations. Did the organization acquire a direct or indirect interest in any applica- | | | 89 f | A. 10. 10. 1 | Χ |
| | g For supporting organizations and sponsoring organizations maintaining donor advised for organization, or a fund maintained by a sponsoring organization, have excess business the year? | holdings at any ti | me during f | 89a | | x |
| 90 | a List the states with which a copy of this return is filed \(\textstyle \te | | | | | |
| | b Number of employees employed in the pay period that includes March 12, 2006 | | | 90 b | | 2 |
| 91 | a The books are in care of ► TOMMY_RHODES Telephor | ne number ► | (615) 429-2 | 2531 | • | = |
| | a The books are in care of ► TOMMY_RHODES | ZI | · + 4 ► 37064 | I | - ~ - | |
| | | | <u> </u> | | | |
| | b At any time during the calendar year, did the organization have an interest in or a signal financial account in a foreign country (such as a bank account, securities account, or of | alure or olijer auli | iorily over a 🕝 | | Yes | |
| | | | Ι. | 91 b | च्या <u>सस्य</u> | Х |
| | If 'Yes,' enter the name of the foreign country | | ľ | | | |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Reporting Accounts | ort of Foreign Bank | k and | | | |

Form 990 (2006)

BAA

| Form 990 (2006) SPECTRUM MINISTRIE | | | | 62-1841 | 336 Page 8 |
|--|----------------------------|-----------------------|-----------------------|-------------------------|--|
| Part VI Other Information (continue | ed) | · | • | | Yes No |
| c At any time during the calendar year, did | | i maintain an office | e autside of the Ur | nited States? | 91 c X |
| If 'Yes,' enter the name of the foreign countr | ry 🟲 | | | | |
| 92 Section 4947(a)(1) nonexempt charitable | trusts filing Form | n 990 in heu of Fol | rm 1041 - Check | here | N/A► |
| and enter the amount of tax-exempt inte | | | | | |
| Part VII Analysis of Income-Produc | | | | | |
| | Unrelated bu | isiness income | Excluded by sec | tion 512, 513, or 514 | |
| Note: Enter gross amounts unless otherwise indicated. | (A) Business code | (B) Amount | (C) Exclusion code | (D) Amount | (E) Related or exempt function income |
| 93 Program service revenue: a CAMP TUITION | | | | 63,971. | |
| b | | | | | |
| с | | | | | |
| d | | | | | |
| e | | | | | |
| f Medicare/Medicaid payments | | | | | |
| g Fees & contracts from government agencies | | | | | |
| 94 Membership dues and assessments. | | | | 4 500 | |
| 95 Interest on savings & temporary cash invmnts. | | | 14 | 4,598. | |
| 96 Dividends & interest from securities. | na nagyana saka sa ay 1854 | | 14 | 15,880. | VIII Sich Biller at man service en en el |
| ` ' <u> </u> | | | | 5 | |
| a debt-financed properly | | _ | | | |
| b not debt-financed property | | | | | |
| 98 Net rental income or (loss) from pers prop | | | | | |
| 99 Other investment income | | | <u> </u> | | |
| 100 Gain or (loss) from sales of assets other than inventory | | | | | |
| 101 Net income or (loss) from special events | | | | | -523. |
| 102 Gross profit or (loss) from sales of inventory | | | | | |
| 103 Other revenue: a | | | | | |
| b MERCHANDISE SALES | | | 5 | 1,213. | |
| c | | | | | |
| d | | · | | | |
| e | | | | | |
| 104 Subtotal (add columns (B), (D), and (E)) | | | | 85,662. | -523. |
| 105 Total (add line 104, columns (B), (D), at | | | | | 85,139. |
| Note: Line 105 plus line 1e, Part I, should equa | | | | | |
| Part VIII Relationship of Activities to | | | empt Purposes | (See the instruct | ions.) |
| Line No. Explain how each activity for which | income is report | ted in column (E) o | of Part VII contribu | ited importantly to the | accomplishment |
| of the organization's exempt purpos | ses (other than b | y providing funds l | for such purposes |). | |
| DIRECT CONTRIBUTIONS T | O SPONSOR 1 | LOW INCOME C | HILDREN CAM | P TUITION | |
| | | | | | |
| | | | | | |
| | | | | | |
| Part IX- Information Regarding Taxa | ble Subsidiar | ies and Disreg | arded Entities | (See the instruction | ons.) |
| (A) | (B) | (C |) | (D) | (E) |
| Name, address, and EIN of corporation, | Percentage of | Nature of | naturities | Total | End-of-year |
| partnership, or disregarded entity | ownership interest | nature or | activities | income | assets |
| N/A | 90 | | | | |
| | ્રે ફ | | : | | |
| | કુ | | i | | |
| | 8 | | | | |
| Part X Information Regarding Tran | | | nal Benefit Co | ontracts (See the | instructions.) |
| a Did the organization, during the year, receive any fund | | | | | Yes X No |
| b Did the organization, during the year pay | premiums, direc | tly or indirectly, on | a personal benef | it contract? | Yes X No |
| Note: If 'Yes' to (b), file Form 8870 and Form | | | | | |
| | | | | | |

Form 990 (2006) SPECTRUM MINISTRIES, INC.

62-1841336

| Pa | rt XI Information Regarding Transfers To a organization is a controlling organizati | and From Controlled E on as defined in section | ntities. Complete only if the 512(b)(13). | е | |
|---|--|--|---|--|--|
| | | | | Yes No | |
| 106 | Did the reporting organization make any transfers to 'Yes,' complete the schedule below for each controll | a controlled entity as define | ed in section 512(b)(13) of the Co | ode? If X | |
| | (A) Name, address, of each controlled entity | (B) Employer Identification Number | (C) Description of transfer | (D) Amount of transfer | |
| a | | | | | |
| b | | | | | |
| С | | | | | |
| | Totals | | | | |
| | | | | Yes No | |
| 107 | Did the reporting organization receive any transfers 'Yes,' complete the schedule below for each controlle | from a controlled entity as ded entity. | defined in section 512(b)(13) of the | ne Code? If | |
| | (A) Name, address, of each controlled entity | (B) Employer Identification Number | (C) Description of transfer | (D) Amount of transfer | |
| a | | | | | |
| Ь | | | | | |
| с | | | | | |
| | Totals | | | | |
| 108 | Did the organization have a binding written contract annuities described in question 107 above? | in effect on August 17, 2006 | o, covering the interest, rents, roy | Yes No X | |
| Please Sign Here Under penalties of periory, I declare that I have examined this return, including accompanying schedules and statements, and to the test of my knowledge and belief, it is based on all information of which preparer has any knowledge. Video penalties of periory, I declare that I have examined this return, including accompanying schedules and statements, and to the test of my knowledge and belief, it is preparer has any knowledge. Video penalties of periory, I declare that I have examined this return, including accompanying schedules and statements, and to the test of my knowledge and belief, it is preparer has any knowledge. Video penalties of periory, I declare that I have examined this return, including accompanying schedules and statements, and to the test of my knowledge and belief, it is preparer has any knowledge. Video penalties of periory, I declare that I have examined this return, including accompanying schedules and statements, and to the test of my knowledge. Video penalties of periory, I declare that I have examined this return, including accompanying schedules and statements, and to the test of my knowledge. Video penalties of periory, I declare that I have examined this return, including accompanying schedules and statements, and to the test of my knowledge. Video penalties of periory, I declare that I have examined this return, including accompanying schedules and statements, and to the test of my knowledge. Video penalties of periory, I declare that I have examined this return, including accompanying schedules and statements, and to the test of my knowledge. Video penalties of periory, I declare that I have examined this return, including accompanying schedules and statements, and to the test of my knowledge. Video penalties of penalties | | | | | |
| Paid Pre- | Signature | Date | Self: | Preparer's SSN or PTIN (See Seceral Instruction W) V/A | |
| pare Use | employed), PO BOX 1475 | CPA GROUP, PLLC | EIN ► N/A | | |
| Only BAA | r address, and FRANKLIN, TN 37065 | | Phone no. ► (61 | .5) 794-8100 Form 990 (2006) | |
| | | | | 220 (2000) | |

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.) ► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ. 2006

OMB No. 1545-0047

Employer identification number Name of the organization SPECTRUM MINISTRIES, INC. 62-1841336 F/K/A BAREFOOT REPUBLIC CAMP, Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See instructions. List each one. If there are none, enter 'None.') (d) Contributions to employee benefit plans and deferred (a) Name and address of each (b) Title and average (c) Compensation (e) Expense employee paid more than \$50,000 account and other hours per week devoted to position allowances compensation NONE Total number of other employees paid over \$50,000 Part II - A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See instructions. List each one (whether individuals or firms). If there are none, enter 'None.') (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over \$50,000 for professional services Part II - B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of other contractors receiving over \$50,000 for other services...

| Pai | t III Statements About Activities (See instructions.) | | Yes | No |
|------------|--|------|-----|-----|
| 1 | During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid | | | |
| | or incurred in connection with the lobbying activities. N/A (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B.) | 1 | l | 1 |
| | (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) | 1 | | X |
| | Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities. | | | |
| 2 | During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.) | | | |
| a | Sale, exchange, or leasing of property? | 2a | | X |
| i | Lending of money or other extension of credit? | 2b | | X |
| C | Furnishing of goods, services, or facilities? | 2c | | X |
| c | Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? | 2d | | X |
| | Transfer of any part of its income or assets? | 2e | | х |
| 3 a | Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.) | 3a | _ | Х |
| b | Did the organization have a section 403(b) annuity plan for its employees? | 3ь | | Х |
| C | Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement | 3с | | X |
| | | \ \ | 1 | |
| C | Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? | 3d | | X |
| 4 a | Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g | 4a | | x |
| ь | Did the organization make any taxable distributions under section 4966? | 4b | N, | /A |
| c | Did the organization make a distribution to a donor, donor advisor, or related person? | 4c | N, | /A |
| d | Enter the total number of donor advised funds owned at the end of the tax year | ···- | | N/A |
| e | Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year | | | N/A |
| f | Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts. | | | 0 |
| | | | | |

SPECTRUM MINISTRIES, INC.

Schedule A (Form 990 or 990-EZ) 2006

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year.. ▶_

62-1841336

14 An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

Total.

BAA

Schedule A (Form 990 or 990-EZ) 2006

0.

| Par | CIV-A Support Schedule (| complete only if you o | checked a box on line | e 10, 11, or 12.) Use (| casn metnoa ot acco | unting. | | |
|---------|---|--|---|---|-------------------------|----------------------|--|--|
| Note | : You may use the worksheet in t | he instructions for con | verting from the acci | rual to the cash metho | od of accounting. | | | |
| begi | ndar year (or fiscal year nning in). | (a) 2005 | (b) 2004 | (c) 2003 | (d) 2002 | (e) Total | | |
| 15 | Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) | 143,168. | 205,470. | 141,806. | 53,588. | 544,032. | | |
| 16 | Membership fees received | | | | | 0. | | |
| 17 | Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose. | 77,487. | 24,510. | 5,617. | 12,262. | 119,876. | | |
| 18 | Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975. | 6,000. | 2,378. | 2,378. | 346. | 11,102. | | |
| 19 | Net income from unrelated business activities not included in line 18. | | | | | 0. | | |
| 20 | Tax revenues levied for the organization's benefit and either paid to it or expended on its behalt | | | | | 0. | | |
| 21 | The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge | | | | | 0. | | |
| 22 | Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets | | | | | 0. | | |
| 23 | Total of lines 15 through 22 | 226,655. | 232,358. | 149,801. | 66,196. | 675,010. | | |
| 24 | Line 23 minus line 17 | 149,168. | 207,848. | 144,184. | 53,934. | 555,134. | | |
| 25 | Enter 1% of line 23 | 2,267. | 2,324. | 1,498. | 662. | | | |
| 26 | Organizations described on lines | 5 10 or 11: a Ente | er 2% of amount in co | olumn (e), line 24 | ▶ 26a | 11,103. | | |
| b | Prepare a list for your records to show the supported organization) whose total gifts freturn. Enter the total of all these excess | name of and amount contri or 2002 through 2005 exceed | buted by each person (other | er than a governmental unit ne 26a. Do not file this lis | t with your | | | |
| С | Total support for section 509(a)(1 |) test: Enter line 24, | column (e) | | ► 26c | 555,134. | | |
| | Add: Amounts from column (e) for | or lines: 18 | 11,102. | 19 26b | | | | |
| | | | | | | 11,102. | | |
| | Public support (line 26c minus lin | | | | | 544,032. | | |
| | Public support percentage (line : | | ed by line 26c (deno | minator)) | 261 | 98.00 % | | |
| 2/ a | Organizations described on line For amounts included in lines 15, name of, and total amounts receisuch amounts for each year: | . 16, and 17 that were ved in each year from | , each 'disqualified p | erson.' Do not file th | is list with your retur | n. Enter the sum of | | |
| | (2005) | (2004) | (2003) | | (2002) | | | |
| | bFor any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2005) (2004) (2003) (2002) c Add: Amounts from column (e) for lines: 15 16 17 20 21 27c d Add: Line 27a total | | | | | | | |
| | (2005) | (2004) | (2003) | 16 | _ (2002) | | | |
| С | Add: Amounts from column (e) to | 11 Ines: 15 | | 21 | 276 | | | |
| a | Add: Line 27a total | 2n | d line 27h total | -: | 27 d | | | |
| u A | Public support (line 27c total min | us line 27d total) | a mic 270 total | | ▶ 276 | | | |
| í | Total support for section 509(a)(2 | test: Enter amount | from line 23. column | (e) ► 27f | | | | |
| a a | Public support percentage (line 2 | 27e (numerator) divid | ed by line 27f (denor | ninator)) | ▶ 27g | <u> </u> | | |
| | Investment income percentage (| | | | | | | |
| | Unusual Grants: For an organiza | | • | | | ough 2005, prepare a | | |

| Pa | rt Valad Private School Questionnaire (See instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV) | N/A | | |
|----|--|------|--------|---------------|
| | | | Yes | No |
| 29 | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? | 29 | | |
| 30 | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? | 30 | | |
| 31 | | 31 | | |
| | If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.) | | | |
| | | | | |
| | | | | |
| | Does the organization maintain the following: | | F. 18 | |
| | a Records indicating the racial composition of the student body, faculty, and administrative staff? | 32 a | | |
| | b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | 32 b | | · |
| | c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? | | | · |
| | d Copies of all material used by the organization or on its behalf to solicit contributions? | 32 d | | |
| | If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.) | | | |
| | | | | |
| | Does the organization discriminate by race in any way with respect to: | | | |
| | a Students' rights or privileges? | 33a | - | |
| | b Admissions policies? | | | |
| | c Employment of faculty or administrative staff? | 33 c | | |
| | d Scholarships or other financial assistance? | 33 d | | |
| , | e Educational policies? | 33 e | | |
| 1 | f Use of facilities? | 331 | _ | |
| | g Athletic programs? | 33g | | |
| | h Other extracurricular activities? | 33 h | 27033 | a -188 |
| | If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) | | | |
| | | | | |
| 34 | a Does the organization receive any financial aid or assistance from a governmental agency? | 34a | _ | |
| ı | b Has the organization's right to such aid ever been revoked or suspended? | 34 b | - - | September |
| 35 | If you answered 'Yes' to either 34a or b, please explain using an attached statement. Does the organization certify that it has complied with the applicable requirements of | | | |
| | Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation. | 35 | | |

| | edule A (Form 990 or 990 | | UM MINISTRIES, | | | | 62- | 1841 | 336 | Page 6 |
|----------------|---|--|--|---|---------------|-------------------------|---------------------|--|---------------------------------------|-----------------------|
| Pai | t VI-A Lobbying E (To be comple | xpenditures by Elected ONLY by an eligible | cting Public Chari organization that filed | ties (See instruc Form 5768) | tions.) | | | | N/A | |
| Che | ck a if the organi | zation belongs to an aff | iliated group. Check | c► b if you | check | | | i cont | rol' provisions a | apply. |
| | | imits on Lobbying | • | od) | | Affiliate | a) d grou als | ιö | (b) To be comp for all elec | cting |
| | ` | | | | 26 | | | | organizati | ons |
| 36 37 | ' | tures to influence public tures to influence a legis | | , ,, | 36 37 | | | | - | |
| 38 | | tures (add lines 36 and 3 | - | | 38 | | | | | <u> </u> |
| 39 | | expenditures | • | | 39 | | | | | |
| 40 | | expenditures (add lines 38 and 39) 40 | | | | | | | | |
| 41 | | bying nontaxable amount, Enter the amount from the following lable – | | | | | a de la se | | | |
| | If the amount on line 4 | | lobbying nontaxable a | | | | | | | |
| | Not over \$500,000 | 20% | of the amount on line | 40 | | | | | | |
| | Over \$500,000 but not over \$1 | ,000,000 \$100,0 | 100 plus 15% of the excess o | over \$500,000 | | | | | | |
| | Over \$1,000,000 but not over : | \$1,500,000\$175,0 | 200 plus 10% of the excess o | over \$1,000,000 ⊨ | 41 | | | | | |
| | Over \$1,500,000 but not over: | \$17,000,000 \$225,0 | 000 plus 5% of the excess ov | ver \$1,500,000 | | | | | | |
| | Over \$17,000,000 | • • | * | | | | | | | |
| 42 | | * | • | | 42 | | | | | |
| 43 | Subtract line 42 from fire | | | | 43 | | · | | · · · · · · · · · · · · · · · · · · · | |
| 44 | Subtract line 41 from lin | | | | 44 | | | | | etisenjaajin, j |
| | Caution: If there is an | | | | | | rigitie: | | | |
| | (Some organ | izations that made a se | e the instructions for li | o not have to cor nes 45 through 5 | nplete D.) | all of the fi | | | below. | |
| | *** | | Lobbying Expend | ditures During 4 - | Year A | Averaging i | eriod | | | |
| | Calendar year (or fiscal year beginning in) ► | (a) 2006 | (b) 2005 | (c) 2004 | - | • | d) 103 | | (e) Total | |
| 45 | Lobbying nontaxable amount | | | | | | | | | |
| 46 | Lobbying ceiling amount (150% of line 45(e)) | | | | | | | | | |
| 47 | Total lobbying expenditures | | | | | | | | | |
| 48 | Grassroots non- taxable amount | | | | | | anaiseess | and the state of t | | |
| 49 | Grassroots ceiling amount (150% of line 48(e)) | | | | | | | | | |
| | Grassroots lobbying expenditures | | | | | | | | | |
| Par | Lobbying Ac (For reporting of | ctivity by Nonelecti only by organizations tha | ng Public Charitie at did not complete Pa | es rt VI-A) (See inst | ruction | s.) | | | N/A | |
| Durin atter | ng the year, did the orgai | nization attempt to influenciation on a legislative in | ence national, state or atter or referendum, the | local legislation, brough the use of | includ | ing any | Yes | No | Amoun | t |
| a | Volunteers | | | | | | - | | | |
| | Paid statf or manageme | | | ed on lines c thro | ugh h. |) | | | | |
| | : Media advertisements | • | • | | • | • | | | A CONTRACTOR CONTRACTOR | eliano de 14, de 15 s |
| | Mailings to members, le | | | | | | | | | |
| e | Publications, or publish | ed or broadcast stateme | ents | • • • • • • • • • • • • • • • • | | · · · · · · · · · · · · | | | | |
| | Grants to other organiza | | | | | | | | | |
| | Direct contact with legis | | | - | | | <u> </u> | | | |
| h | Rallies, demonstrations | seminars conventions | | • • | | | 1 | | i | |
| | Total lobbying expendite | * | | - | | | | ing reco | | |

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

| Schedule A | (Form 990 or 990-EZ) | 2006 SP1 | CTRUM MIN | NISTRIES, INC. | | 62-1841 | .336 | Pa ge 7 |
|---------------------------------|--|---|--|--|---|--|------------------------------------|----------------|
| Part VII | Information Regar Exem p t Organizat | ding Trar ions (See | isters To an instructions | d Transactions a s) | nd Relationships Wit | h Nonchari | table | |
| | | | | | wing with any other organizati lating to political organizati | zation describe | ed in section | 501(c) |
| | fers from the reporting o | - | | | | , | <u> </u> | es No |
| | | | | | | | 51 a (i) | X |
| (ii)O | ther assets | | • • • • • • • • • • • • • | | | <i>.</i> | a (ii) | X |
| | transactions: | | | | | | | ĺ |
| • • | | | | , - | | + | b (i) | X |
| (ii)Pi | urchases of assets from | a noncharit | able exempt o | rganization | | | b (ii) | X |
| | | | | | | | b (iii) | X |
| | | | | | | | b (iv) | X |
| | | | | | | | b (v) | <u> </u> |
| (vi)Pe | erformance of services of | or membersl | nip or fundraisi | ng solicitations | | | b (vi) | X |
| c Sharin | ig of facilities, equipmer | nt, mailing li | sts, other asse | ts, or paid employee | s | | c | X |
| d If the a the go any tra | answer to any of the abo ods, other assets, or se ansaction or sharing arm | ove is 'Yes, rvices given angement, s | complete the by the reporti show in column | following schedule. C ng organization. If the n (d) the value of the | column (b) should always se organization received les goods, other assets, or ser | thow the fair ma is than fair ma rvices received | arket value rket value ir 1: | of 1 |
| (a) Line no. | (b) Amount involved | • | (c) | | Description of transfers, t | (d) | | |
| N/A | | | | | | | | |
| | | | | | | | | |
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| | organization directly or i bed in section 501(c) of complete the following | - | | related to, one or mo on 501(c)(3)) or in se | ore tax-exempt organization to the second section 527? | ns | Yes [| X No |
| | (a) | <u> </u> | | (b) | | (c) | •••• | |
| | Name of organization | | Туре с | (b) of organization | Descript | (c) ion of relation | ship | |
| I/A | | | | | | | | |
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Schedule A (Form 990 or 990-EZ) 2006

BAA

2006

FEDERAL STATEMENTS

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CLIENT 0329,

SPECTRUM MINISTRIES, INC.

62-1841336

STATEMENT 4 FORM 990, PART II, LINE 43 OTHER EXPENSES

| | (A) | (B) | (C) | (D) |
|---------------------------|-------------------|---------------------|-------------------------|-------------|
| | TOTAL | PROGRAM SERVICES | MANAGEMENT & GENERAL | FUNDRAISING |
| ADVERTISING AND PROMOTION | 7,650. | | | 7,650. |
| BANK FEES | 672. | | 672. | ' |
| CAMP DIRECTOR | 3,525. | 3,525. | | |
| CAMP EXPENSES | 114,405. | 114,405. | | , |
| COMPUTER EXPENSE | 266. | | 266. | 1 |
| CONTRACT LABOR | 12,186. | | 12,186. | ! |
| EQUIPMENT RENTAL | 727. | 727. | | ! |
| GĨFTS | 101. | | | 101. |
| INSURANCE | 2,873. | | 2,873. | ! |
| MEMBERSHIP EXPENSES | 300. | | 300. | ı |
| OTHER EXPENSE | 4,324. | 4,324. | | |
| PAYROLL FEES | 728. | | 728. | |
| PRINTING | 1,788. | 1,788. | | |
| PROFESSIONAL FEES | 2,491. | | 2,491. | |
| RENT & UTILITIES | 5, 239. | 1,827. | 3,412. | |
| REPAIRS | 75. | | 75. | |
| TAXES | 552. | | 552. | |
| TRAVEL AND MEETINGS | 4,634. | 4,634. | | |
| Т | TOTAL \$ 162,536. | \$ 131,230. | \$ 23,555. | \$ 7,751. |

STATEMENT 5 FORM 990, PART IV, LINE 55B INVESTMENTS - LAND, BUILDINGS, AND EQUIPMENT

| | CATEGORY | | BASIS | ACCUM. DEPREC. | BOOK VALUE |
|-------------|----------|--------------|----------------------|-------------------|----------------------------|
| BUILDINGS | TOT | AL <u>\$</u> | 288,413. 288,413. | \$ 0. \$ 0. | \$ 288,413. \$ 288,413. |

STATEMENT 6 FORM 990, PART IV, LINE 57 LAND, BUILDINGS, AND EQUIPMENT

| CATEGORY | BASIS | ACCUM. DEPREC. | BOOK VALUE |
|--|------------------------------------|-------------------------|------------------------------------|
| MACHINERY AND EQUIPMENT BUILDINGS LAND | \$ 44,976. 4,527. 73,543. | \$ 25,154. 1,191. | \$ 19,822. 3,336. 73,543. |
| TOTAL | \$ 123,046. | \$ 26,345. | \$ 96,701. |

| 2 | n | n | c |
|---|---|---|---|
| Z | U | U | O |

FEDERAL STATEMENTS

PAGE 3

CLIENT 0329

SPECTRUM MINISTRIES, INC. ______ F/K/A BAREFOOT REPUBLIC CAMP, INC.

62-1841336

STATEMENT 7 FORM 990, PART IV, LINE 65 OTHER LIABILITIES

SUNTRUST CREDIT LINE

TOTAL \$ 57,541.

STATEMENT 8 FORM 990, PART V-A LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

| NAME AND ADDRESS | TITLE AND AVERAGE HOURS PER WEEK DEVOTED | COMPEN- SATION | | ACCOUNT/ |
|---|--|-------------------|-------|----------|
| THOMAS RHODES 812 W MAIN ST FRANLKIN, TN 37064 | EXECUTIVE DIREC \$ | 63,000. | \$ 0. | \$ 0. |
| SHERRIE ROGERS 445 LAWRENCE ROSE RD LEBANON, TN 37087 | 0 | 0. | 0. | 0. |
| NANCY BOTTS 367 OAK ST GLEN ELLYN, IL 60137 | 0 | 0. | 0. | 0. |
| TIM BOTTS 367 OAK ST GLEN ELLYN, IL 60137 | 0 | 0. | 0. | 0. |
| CRAIG BROWN 1021 RUSSEL ST NAHSVILLE, TN 37206 | 0 | 0. | 0. | 0. |
| JAN BUTLER 311 STERLING PARK TERRACE FRANKLIN, TN 37069 | 0 | 0. | 0. | 0. |
| GOSS COFFEE 200 CROSSHAVEN COURT ANTIOCH, TN 37013 | O | 0. | 0. | 0. |
| VERNAE COFFEE 200 CROSSHAVEN COURT ANTIOCH, TN 37013 | 0 | 0. | 0. | 0. |
| SHAWN DEMERS, CPA 1501 WOODMONT BOULEVARD NASHVILLE, TN 37215 | TREASURER 0 | 0. | 0. | 0. |
| KEELAN KAISER, AIA 1151 NORTH STATE ST ELGIN, IL 60123 | 0 | 0. | 0. | 0. |

2006

FEDERAL STATEMENTS

PAGE 4

CLIENT 0329

SPECTRUM MINISTRIES, INC.

62-1841336

STATEMENT 8 (CONTINUED) FORM 990, PART V-A LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

| NAME AND ADDRESS | TITLE AND AVERAGE HOURS PER WEEK DEVOTED | COMPEN- SATION | CONTRI- BUTION TO EBP & DC | |
|--|--|-----------------------|----------------------------------|--------------|
| LISA KENT 1607 TAMMANY DR NASHVILLE, TN 37206 | 0 | \$ 0. | \$ 0. | \$ 0. |
| SAM LOGAN 838 PLEASANT VALLEY RD NASHVILLE, TN 37204 | 0 | 0. | 0. | 0. |
| LAURA MEADORS 1214 BRENTWOOD LN BRENTWOOD, TN 37027 | SECRETARY 0 | 0. | 0. | 0. |
| GORDON ROGERS 445 LAWRENCE ROSE RD LEBANON, TN 37087 | PRESIDENT 0 | 0. | 0. | 0. |
| HOLLY WHALEY 305 WHITWORTH WAY NASHVILLE, TN 37205 | 0 | 0. | 0. | 0. |
| AARON WHITE 1404 5TH AVE N NAHVILLE, TN 37208 | 0 | 0. | 0. | 0. |
| | TOTAL | \$ 63,000. | <u>\$ 0.</u> | <u>\$ 0.</u> |