

**BLANKENSHIP CPA GROUP, PLLC
215 WARD CIRCLE
BRENTWOOD, TN 37027-2304
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, 2013

Date Due: August 15, 2014

Remittance: None is required. Your Form 990 for the tax year ended 9/30/13 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
215 WARD CIRCLE
BRENTWOOD, TN 37027-2304

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.

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Form **8879-EO**For calendar year 2012, or fiscal year beginning 10/01, 2012, and ending 9/30, 20 13**u Do not send to the IRS. Keep for your records.****2012**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	606,954
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 2012 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 2012 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 2012 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 } **07/10/14****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 2012 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** (2012)

Form

990Department 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)

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

OMB No. 1545-0047

2012**Open to Public
Inspection****A For the 2012 calendar year, or tax year beginning 10/01/12, and ending 09/30/13****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, town or post office, state, and ZIP code

NASHVILLE**TN 37204****D** Employer identification number**62-1841336****E** Telephone number**615-599-9683****G** Gross receipts \$ **642,378****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: **u 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	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	12
	6 Total number of volunteers (estimate if necessary)	6	300
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)	371,328	345,582
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	118,424	154,386
Expenses	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	80	0
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	122,730	106,986
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	612,562	606,954
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	182,635	247,942
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) u	58,948	
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	311,804	321,542
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	494,439	569,484
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	118,123	37,470
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	1,320,466	1,413,123
	22 Net assets or fund balances. Subtract line 21 from line 20	98,713	153,900
		1,221,753	1,259,223

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**Preparer Use Only**

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if PTIN**CAROL S. CRICK, CPA****07/05/14**

self-employed

P01366906

Firm's name

BLANKENSHIP CPA GROUP, PLLC

Firm's EIN

45-0491842

Firm's address

215 WARD CIRCLE**BRENTWOOD, TN 37027-2304**

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** (2012)

DAA

Part III Statement of Program Service AccomplishmentsCheck 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 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 \$ **397,374** including grants of \$) (Revenue \$ **154,386**)**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 2013, APPROXIMATELY 60% OF OUR 826 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 **397,374**

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, for escrow or custodial account liability; 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 and XII	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 and XII 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, highest 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, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, 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		
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 11b 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 16		
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 12		
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 as charitable contributions?	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 17 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 16		
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?		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?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?		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?		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?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	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		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?		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?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	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	X	
b Other officers or key employees of the organization	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?		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?		

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 ☐ Other (explain in Schedule O)

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 (list any hours for related organizations below dotted line)	(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	80.00									
EXECUTIVE DIRECTOR	0.00	X		X				76,716	0	0
(2) BETH BARCUS	4.00									
DIRECTOR	0.00	X						0	0	0
(3) JAN BUTLER	4.00									
DIRECTOR	0.00	X						0	0	0
(4) SCOOTER CLIPPARD	4.00									
DIRECTOR	0.00	X						0	0	0
(5) CHRIS MCCALL	4.00									
DIRECTOR	0.00	X						0	0	0
(6) IRIS GORDON	4.00									
DIRECTOR	0.00	X						0	0	0
(7) STEVE KUHN	4.00									
DIRECTOR	0.00	X						0	0	0
(8) TRACY HACKNEY	4.00									
SECRETARY	0.00	X		X				0	0	0
(9) ED MCFADDEN	8.00									
CHAIRMAN	0.00	X		X				0	0	0
(10) LESLIE MCGILBERRY	4.00									
TREASURER	0.00	X		X				0	0	0
(11) RYAN MCWATERS	8.00									
VICE CHAIRMAN	0.00	X		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 (list any hours for related organizations below dotted line)	(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			
(12) TROY NUNN										
DIRECTOR	4.00 0.00	X						0	0	0
(13) JEFF YOUNG										
DIRECTOR	4.00 0.00	X						0	0	0
(14) RAYNA STEWART										
DIRECTOR	4.00 0.00	X						0	0	0
(15) ALLEN WEBB										
DIRECTOR	4.00 0.00	X						0	0	0
(16)										
(17)										
(18)										
(19)										
1b Sub-total								76,716		
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								76,716		

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

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

			(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 136,932				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 208,650				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f	u	345,582			
Program Service Revenue		Busn. Code				
	2a PROGRAMMING FEES - RES. CAMP		106,859	106,859		
	b PROGRAMMING FEES - DAY CAMP		27,104	27,104		
	c FOOD SERVICE		13,873	13,873		
	d EQUESTRIAN INCOME		3,112	3,112		
	e PAINT BALL GUNS		994	994		
	f All other program service revenue		2,444	2,444		
	g Total. Add lines 2a-2f	u	154,386			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u				
	4 Income from investment of tax-exempt bond proceeds	u				
	5 Royalties	u				
		(i) Real	(ii) Personal			
	6a Gross rents	133,133				
	b Less: rental exps.					
	c Rental inc. or (loss)	133,133				
	d Net rental income or (loss)	u	133,133	133,133		
	7a Gross amount from sales of assets	(i) Securities	(ii) Other			
	other than inventory					
	b Less: cost or other basis & sales exps.					
	c Gain or (loss)					
	d Net gain or (loss)	u				
	8a Gross income from fundraising events (not including \$ 136,932 of contributions reported on line 1c). See Part IV, line 18	a 3,050				
	b Less: direct expenses	b 31,982				
	c Net income or (loss) from fundraising events	u	-28,932			-28,932
	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 6,227				
b Less: cost of goods sold	b 3,442					
c Net income or (loss) from sales of inventory	u	2,785	2,785			
Miscellaneous Revenue		Busn. Code				
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d	u					
12 Total revenue. See instructions.	u	606,954	290,304	0	-28,932	

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).

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	76,716	25,572	25,572	25,572
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	139,406	80,950	32,803	25,653
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	11,293	4,193	7,100	
10 Payroll taxes	20,527	6,230	8,530	5,767
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	6,000		6,000	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses	7,076		6,339	737
14 Information technology				
15 Royalties				
16 Occupancy	69,502	55,935	13,567	
17 Travel	1,727	1,727		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	12,641	2,612	10,029	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	57,585	57,585		
23 Insurance	9,980	8,982	998	
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	106,090	106,090		
b FACILITIES AND EQUIPMENT	45,541	45,541		
c OTHER EXPENSE	3,629	1,957	1,672	
d MISCELLANEOUS	1,219			1,219
e All other expenses	552		552	
25 Total functional expenses. Add lines 1 through 24e	569,484	397,374	113,162	58,948
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 SheetCheck if Schedule O contains a response to any question in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	76,047	1	66,574
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	6,510	4	7,918
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other 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). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	2,658	9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,584,290		
	b Less: accumulated depreciation	10b 245,659	10c	1,338,631
	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)	1,320,466	16	1,413,123	
Liabilities	17 Accounts payable and accrued expenses	4,944	17	8,326
	18 Grants payable		18	
	19 Deferred revenue	17,500	19	6,475
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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	36,269	23	29,099
	24 Unsecured notes and loans payable to unrelated third parties		24	70,000
	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	98,713	26	153,900
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,173,753	27	1,241,223
	28 Temporarily restricted net assets	48,000	28	18,000
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), 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	1,221,753	33	1,259,223
34 Total liabilities and net assets/fund balances	1,320,466	34	1,413,123	

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	606,954
2	Total expenses (must equal Part IX, column (A), line 25)	2	569,484
3	Revenue less expenses. Subtract line 2 from line 1	3	37,470
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,221,753
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,259,223

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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed 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		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c 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.	X	
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?		X
b 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

2012**Open 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—Non-functionally integrated
- 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 monetary 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) 2012**

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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** ☐**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	%

16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐**b 33 1/3% support test—2011.** 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 ☐**17a 10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐**b 10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

Part III Support Schedule for Organizations Described in 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	234,602	152,838	246,933	371,328	345,582	1,351,283
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	74,365	226,203	174,474	213,006	293,746	981,794
3 Gross receipts from activities that are not an unrelated trade or business under section 513	8,447		50,563	53,539	3,050	115,599
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	317,414	379,041	471,970	637,873	642,378	2,448,676
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	57,800	51,188	86,754	80,086	37,623	313,451
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	57,800	51,188	86,754	80,086	37,623	313,451
8 Public support. (Subtract line 7c from line 6.)						2,135,225

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	317,414	379,041	471,970	637,873	642,378	2,448,676
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				80		80
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b				80		80
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.)	317,414	379,041	471,970	637,953	642,378	2,448,756

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** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	87.20 %
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	82.96 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	1 %

- 19a 33 1/3% support tests—2012.** 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—2011.** 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 ☐

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 B
(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

u Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2012**Name of the organization****Employer identification number****BAREFOOT REPUBLIC, INC****62-1841336****Organization type** (check one):**Filers of:****Section:**

Form 990 or 990-EZ

☒ 501(c)(**3**) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☐
- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- ☒
- For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33
- ¹
- /
- ₃
- % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of
- (1)**
- \$5,000 or
- (2)**
- 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

- ☐
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

- ☐
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the
- General Rule**
- applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ► \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization

BAREFOOT REPUBLIC, INC

Employer identification number

62-1841336**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CITY CHURCH OF EAST NASHVILLE 1021 RUSSELL STREET NASHVILLE TN 37206	\$ 12,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	BARBARA GROUX 1612 EDGEWATER COURT FRANKLIN TN 37069	\$ 21,400	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	TOMMY AND LANE RHODES 1612 EDGEWATER COURT FRANKLIN TN 37069	\$ 9,603	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	THE COMMUNITY FOUNDATION OF MIDDLE TENNESSEE 3833 CLEGHORN AVENUE NASHVILLE TN 37215	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	WEST END COMMUNITY CHURCH 235 WHITE BRIDGE PIKE NASHVILLE TN 37209	\$ 10,863	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	RAZOO FOUNDATION 1020 19TH ST NW SUITE 800 WASHINGTON DC 20006	\$ 16,304	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

**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

2012**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 XIII, 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 XIII, 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 XIII.

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 XIII 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 XIII. Check here if the explanation has been provided in Part XIII ☐

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 1 %
 b Permanent endowment 1 %
 c Temporarily restricted endowment 1 %

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 XIII 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		1,263,959	165,591	1,098,368
c Leasehold improvements				
d Equipment		140,414	80,068	60,346
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 1,338,631

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 XIII, 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). Check here if the text of the footnote has been provided in Part XIII ☐

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

1	Total revenue, gains, and other support per audited financial statements	1	642,378
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 XIII.)	2d	35,424
e	Add lines 2a through 2d	2e	35,424
3	Subtract line 2e from line 1	3	606,954
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 XIII.)	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	606,954

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

1	Total expenses and losses per audited financial statements	1	604,908
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 XIII.)	2d	35,424
e	Add lines 2a through 2d	2e	35,424
3	Subtract line 2e from line 1	3	569,484
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 XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	569,484

Part XIII 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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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

GROSS RECEIPTS FROM MERCHANDISE SALES	\$	3,442
GROSS RECEIPTS FROM FALL BANQUET	\$	22,097
OTHER EVENT EXPENSE GROSS RECEIPTS	\$	9,885

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

COST OF MERCHANDISE SOLD	\$	3,442
FALL BANQUET EXPENSE	\$	22,097
OTHER EVENT EXPENSE	\$	9,885

Part XIII	Supplemental Information (continued)
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SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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

OMB No. 1545-0047

2012

Open 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

b ☐ Internet and email solicitations

c ☐ Phone solicitations

d ☐ In-person solicitations
- e ☐ Solicitation of non-government grants

f ☐ Solicitation of government grants

g ☐ Special fundraising events

- 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	71,517	46,822	21,643	139,982
	2 Less: Contributions	68,967	46,822	21,143	136,932
	3 Gross income (line 1 minus line 2)	2,550		500	3,050
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	22,097	1,701	8,120	31,918
	10 Direct expense summary. Add lines 4 through 9 in column (d)				31,918
	11 Net income summary. Combine line 3, column (d), and line 10				-28,868

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				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other 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? ☐ Yes ☐ No

b If "No," explain:

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

b If "Yes," explain:

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity operated in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name **u**

Address **u**

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b If "Yes," enter the amount of gaming revenue received by the organization **u** \$ and the amount of gaming revenue retained by the third party **u** \$
- c If "Yes," enter name and address of the third party:

Name **u**

Address **u**

16 Gaming manager information:

Name **u**

Gaming manager compensation **u** \$

Description of services provided **u**

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year **u** \$

Part IV

Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

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

2012Open 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) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

- 2 Enter the amount of tax incurred by 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-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the org.?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) 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 of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org. revenues?	
				Yes	No
(1) TOMMY RHODES	EXEC DIRECTOR		LEASE OFFICE SPACE		X
(2) TOMMY RHODES	EXEC DIRECTOR		LEASE CAMP FACILITY		X
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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

2012

Open to Public
Inspection

Employer identification number

62-1841336

BAREFOOT REPUBLIC, INC

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.

FORM 990, PART XI, LINE 9 - RECONCILIATION OF CHANGES - OTHER

GROSS RECEIPTS FROM MERCHANDISE SALES \$ 3,442

GROSS RECEIPTS FROM FALL BANQUET \$ 22,097

OTHER EVENT EXPENSE GROSS RECEIPTS \$ 9,885

COST OF MERCHANDISE SOLD \$ -3,442

FALL BANQUET EXPENSE \$ -22,097

62-1841336

\$ -9,885

Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172

2012Attachment
Sequence No. **179**Department of the Treasury
Internal Revenue Service (99)☐ See separate instructions.☒ Attach to your tax return.

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 2011 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 2013. Add lines 9 and 10, less line 12	13	

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	57,585

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 2012	17	
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 checked="" type="checkbox"/>		

Section B—Assets Placed in Service During 2012 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2012 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	57,585
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** (2012)

Year Ended: September 30, 2013

62-1841336

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

**Electing out of Bonus Depreciation Allowance for
All Eligible Depreciable Property**

The taxpayer elects out of first-year bonus depreciation allowance under IRC Section 168(k) for all eligible asset classes of depreciable property acquired after December 31, 2007. This election applies to all eligible depreciable property placed in service during the tax year.

62-1841336

Federal Asset Report

FYE: 9/30/2013

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
<u>5-year GDS Property:</u>											
72	Auger	3/11/13	540			X	270	5	MQ200DB	0	337
73	Blob for Lake	5/28/13	3,850			X	1,925	5	MQ200DB	0	2,214
74	Shipping of Blob	7/17/13	138			X	69	5	MQ200DB	0	72
76	Half Pipe	6/25/13	3,500			X	1,750	5	MQ200DB	0	2,013
78	Recreation Lake Repairs	11/14/12	6,898			X	3,449	5	MQ200DB	0	4,656
79	Recreation Lake Repairs	1/03/13	8,397			X	4,198	5	MQ200DB	0	5,248
80	Recreation Lake Repairs	2/11/13	1,555			X	777	5	MQ200DB	0	972
81	Recreation Lake Repairs	5/17/13	8,951			X	4,475	5	MQ200DB	0	5,147
82	Recreation Lake Repairs	6/03/13	10,580			X	5,290	5	MQ200DB	0	6,084
83	Recreation Lake Repairs	6/12/13	5,271			X	2,635	5	MQ200DB	0	3,031
84	Recreation Lake Repairs	6/20/13	9,212			X	4,606	5	MQ200DB	0	5,297
85	Recreation Lake Repairs	6/21/13	20,000			X	10,000	5	MQ200DB	0	11,500
86	Recreation Lake Repairs	7/19/13	17,490			X	8,745	5	MQ200DB	0	9,182
87	Recreation Lake Repairs	8/08/13	11,996			X	5,998	5	MQ200DB	0	6,298
88	Recreation Lake Repairs	8/30/13	17,307			X	8,654	5	MQ200DB	0	9,086
89	Recreation Lake Repairs	9/13/13	11,794			X	5,897	5	MQ200DB	0	6,192
90	Recreation Lake Repairs	9/27/13	15,556			X	7,778	5	MQ200DB	0	8,167
91	Barn improvements	4/08/13	1,436			X	718	5	MQ200DB	0	826
92	Dell Computuer	11/06/12	369			X	185	5	MQ200DB	0	249
			<u>154,840</u>				<u>77,419</u>			<u>0</u>	<u>86,571</u>
<u>7-year GDS Property:</u>											
75	Desk for studio	5/28/13	300			X	150	7	MQ200DB	0	166
			<u>300</u>				<u>150</u>			<u>0</u>	<u>166</u>
<u>15-year GDS Property:</u>											
77	Horse Paddock	4/22/13	5,829			X	2,915	15	MQ150DB	0	3,024
			<u>5,829</u>				<u>2,915</u>			<u>0</u>	<u>3,024</u>
<u>Prior MACRS:</u>											
11	Skate Park	6/15/12	2,337			X	1,168	5	HY 200DB	1,402	374
12	Climbing Wall	6/15/12	1,350			X	675	5	HY 200DB	810	216
13	Volleyball Court	3/26/12	7,260			X	3,630	5	HY 200DB	4,356	1,161
14	Trampoline	9/05/12	1,250			X	625	5	HY 200DB	750	200
28	John Deere Mower	8/10/12	500			X	250	5	HY 200DB	300	80
53	Phone System	8/15/12	1,500			X	750	5	HY 200DB	900	240
54	TN Walking Horse	8/31/12	3,000			X	1,500	3	HY 200DB	2,000	667
55	2000 Ford Ranger	8/01/12	3,991			X	1,995	5	HY 200DB	2,395	638
61	Treehouse 2 Deck Addition	7/17/12	8,244			X	4,122	15	HY 150DB	4,328	392
62	Horse Paddock	6/15/12	3,507			X	1,754	15	HY 150DB	1,841	166
63	Tool Shed	7/18/12	10,355			X	5,177	15	HY 150DB	5,436	492
64	2007 Pontoon Boat	4/15/12	17,000			X	8,500	5	HY 200DB	10,200	2,720
65	26 ft Boat Trailer	4/15/12	2,000			X	1,000	5	HY 200DB	1,200	320
66	Facility Director House	8/02/12	44,370				44,370	27	MMS/L	202	1,613
68	Lake Deck	3/15/12	3,318			X	1,659	15	HY 150DB	1,742	157
69	Recreational Lake	9/30/12	15,415			X	15,415	15	HY 150DB	0	1,541
70	Other Land Improvements	3/15/12	6,468			X	3,234	15	HY 150DB	3,395	308
71	Barn Loft Addition	6/15/12	24,358			X	12,179	15	HY 150DB	12,788	1,157
			<u>156,223</u>				<u>108,003</u>			<u>54,045</u>	<u>12,442</u>
<u>Other Depreciation:</u>											
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	6,910	1,316
6	skateboards	5/06/08	720				720	3	MO S/L	720	0
7	Goal 4 Sports	5/21/09	2,200				2,200	5	MO S/L	1,467	440
8	Puro Party	6/10/09	700				700	5	MO S/L	455	140
9	Action Paintball	6/12/09	930				930	5	MO S/L	604	186
10	Pro Shot Basketball	6/16/09	2,598				2,598	5	MO S/L	1,689	519

62-1841336

Federal Asset Report

FYE: 9/30/2013

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv Meth	Prior	Current
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	3,289	1,067
29	Low Ropes Course	1/12/02	147				147	15 MO S/L	104	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	1,787	0
32	Low Ropes Course	4/12/02	182				182	15 MO S/L	126	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	1,787	0
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
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	2,399	457
40	Kitchen Hood	6/15/08	13,338				13,338	7 MO S/L	8,098	1,905
41	Multi-purpose Room Equipment	6/30/08	26,441				26,441	10 MO S/L	11,237	2,644
42	PA system	5/30/10	550				550	7 MO S/L	183	79
43	Tents/Tables	6/25/11	2,410				2,410	7 MO S/L	430	345
44	Patio Furniture	4/02/11	2,100				2,100	7 MO S/L	300	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	783	348
52	Misc IT #3	6/30/10	303				303	3 MO S/L	227	76
58	Multipurpose Room	6/30/08	614,689				614,689	40 MO S/L	66,591	15,368
59	Cabins	6/30/08	352,267				352,267	40 MO S/L	38,162	8,807
60	Barn	9/30/08	15,652				15,652	15 MO S/L	9,391	1,044
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>183,504</u>	<u>35,063</u>
Total ACRS and Other Depreciation			<u>1,267,103</u>				<u>1,267,103</u>		<u>183,504</u>	<u>35,063</u>
Grand Totals			1,584,295				1,455,590		237,549	137,266
Less: Dispositions and Transfers			0				0		0	0
Less: Start-up/Org Expense			0				0		0	0
Net Grand Totals			<u>1,584,295</u>				<u>1,455,590</u>		<u>237,549</u>	<u>137,266</u>

62-1841336

Bonus Depreciation Report

FYE: 9/30/2013

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	0	1,169	1,168
12	Climbing Wall	6/15/12	1,350		0	0	675	675
13	Volleyball Court	3/26/12	7,260		0	0	3,630	3,630
14	Trampoline	9/05/12	1,250		0	0	625	625
28	John Deere Mower	8/10/12	500		0	0	250	250
53	Phone System	8/15/12	1,500		0	0	750	750
54	TN Walking Horse	8/31/12	3,000		0	0	1,500	1,500
55	2000 Ford Ranger	8/01/12	3,991		0	0	1,996	1,995
61	Treehouse 2 Deck Addition	7/17/12	8,244		0	0	4,122	4,122
62	Horse Paddock	6/15/12	3,507		0	0	1,753	1,754
63	Tool Shed	7/18/12	10,355		0	0	5,178	5,177
64	2007 Pontoon Boat	4/15/12	17,000		0	0	8,500	8,500
65	26 ft Boat Trailer	4/15/12	2,000		0	0	1,000	1,000
68	Lake Deck	3/15/12	3,318		0	0	1,659	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	0	3,234	3,234
71	Barn Loft Addition	6/15/12	24,358		0	0	12,179	12,179
72	Auger	3/11/13	540		0	270	0	270
73	Blob for Lake	5/28/13	3,850		0	1,925	0	1,925
74	Shipping of Blob	7/17/13	138		0	69	0	69
75	Desk for studio	5/28/13	300		0	150	0	150
76	Half Pipe	6/25/13	3,500		0	1,750	0	1,750
77	Horse Paddock	4/22/13	5,829		0	2,914	0	2,915
78	Recreation Lake Repairs	11/14/12	6,898		0	3,449	0	3,449
79	Recreation Lake Repairs	1/03/13	8,397		0	4,199	0	4,198
80	Recreation Lake Repairs	2/11/13	1,555		0	778	0	777
81	Recreation Lake Repairs	5/17/13	8,951		0	4,476	0	4,475
82	Recreation Lake Repairs	6/03/13	10,580		0	5,290	0	5,290
83	Recreation Lake Repairs	6/12/13	5,271		0	2,636	0	2,635
84	Recreation Lake Repairs	6/20/13	9,212		0	4,606	0	4,606
85	Recreation Lake Repairs	6/21/13	20,000		0	10,000	0	10,000
86	Recreation Lake Repairs	7/19/13	17,490		0	8,745	0	8,745
87	Recreation Lake Repairs	8/08/13	11,996		0	5,998	0	5,998
88	Recreation Lake Repairs	8/30/13	17,307		0	8,653	0	8,654
89	Recreation Lake Repairs	9/13/13	11,794		0	5,897	0	5,897
90	Recreation Lake Repairs	9/27/13	15,556		0	7,778	0	7,778
91	Barn improvements	4/08/13	1,436		0	718	0	718
92	Dell Comptuer	11/06/12	369		0	184	0	185
Form 990, Page 1			<u>272,822</u>		<u>0</u>	<u>80,485</u>	<u>48,220</u>	<u>144,117</u>
Grand Total			<u>272,822</u>		<u>0</u>	<u>80,485</u>	<u>48,220</u>	<u>144,117</u>

Depreciation Adjustment Report

All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
There are no assets that meet the criteria of this report						

62-1841336

Future Depreciation Report**FYE: 9/30/14**

FYE: 9/30/2013

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
<u>Prior MACRS:</u>					
11	Skate Park	6/15/12	2,337	225	0
12	Climbing Wall	6/15/12	1,350	130	0
13	Volleyball Court	3/26/12	7,260	697	0
14	Trampoline	9/05/12	1,250	120	0
28	John Deere Mower	8/10/12	500	48	0
53	Phone System	8/15/12	1,500	144	0
54	TN Walking Horse	8/31/12	3,000	222	0
55	2000 Ford Ranger	8/01/12	3,991	383	0
61	Treehouse 2 Deck Addition	7/17/12	8,244	352	0
62	Horse Paddock	6/15/12	3,507	150	0
63	Tool Shed	7/18/12	10,355	443	0
64	2007 Pontoon Boat	4/15/12	17,000	1,632	0
65	26 ft Boat Trailer	4/15/12	2,000	192	0
66	Facility Director House	8/02/12	44,370	1,614	0
68	Lake Deck	3/15/12	3,318	142	0
69	Recreational Lake	9/30/12	15,415	1,388	0
70	Other Land Improvements	3/15/12	6,468	276	0
71	Barn Loft Addition	6/15/12	24,358	1,041	0
72	Auger	3/11/13	540	81	0
73	Blob for Lake	5/28/13	3,850	654	0
74	Shipping of Blob	7/17/13	138	26	0
75	Desk for studio	5/28/13	300	38	0
76	Half Pipe	6/25/13	3,500	595	0
77	Horse Paddock	4/22/13	5,829	280	0
78	Recreation Lake Repairs	11/14/12	6,898	896	0
79	Recreation Lake Repairs	1/03/13	8,397	1,260	0
80	Recreation Lake Repairs	2/11/13	1,555	233	0
81	Recreation Lake Repairs	5/17/13	8,951	1,522	0
82	Recreation Lake Repairs	6/03/13	10,580	1,798	0
83	Recreation Lake Repairs	6/12/13	5,271	896	0
84	Recreation Lake Repairs	6/20/13	9,212	1,566	0
85	Recreation Lake Repairs	6/21/13	20,000	3,400	0
86	Recreation Lake Repairs	7/19/13	17,490	3,323	0
87	Recreation Lake Repairs	8/08/13	11,996	2,279	0
88	Recreation Lake Repairs	8/30/13	17,307	3,288	0
89	Recreation Lake Repairs	9/13/13	11,794	2,240	0
90	Recreation Lake Repairs	9/27/13	15,556	2,956	0
91	Barn improvements	4/08/13	1,436	244	0
92	Dell Comptuer	11/06/12	369	48	0
			<u>317,192</u>	<u>36,822</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	987	0
6	skateboards	5/06/08	720	0	0
7	Goal 4 Sports	5/21/09	2,200	293	0
8	Puro Party	6/10/09	700	105	0
9	Action Paintball	6/12/09	930	140	0
10	Pro Shot Basketball	6/16/09	2,598	390	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

62-1841336

Future Depreciation Report**FYE: 9/30/14**

FYE: 9/30/2013

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
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	13	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	343	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	78	0
43	Tents/Tables	6/25/11	2,410	344	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
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	0	0
58	Multipurpose Room	6/30/08	614,689	15,367	0
59	Cabins	6/30/08	352,267	8,807	0
60	Barn	9/30/08	15,652	1,043	0
67	Land	9/30/11	179,917	0	0
Total Other Depreciation			<u>1,267,103</u>	<u>34,184</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>1,267,103</u>	<u>34,184</u>	<u>0</u>
Grand Totals			<u>1,584,295</u>	<u>71,006</u>	<u>0</u>

Forms
990 / 990-PF**Loans from Officers, Directors, Trustees, and
Key Employees or Other Disqualified Persons****2012**For calendar year 2012, or tax year beginning **10/01/12**, and ending **09/30/13**

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	2012
For calendar year 2012, or tax year beginning 10/01/12 , and ending 09/30/13		
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	29,099
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Totals	36,269	29,099

SCHEDULE G (Form 990 or 990-EZ)		Fundraising Other Events			2012
		For calendar year 2012, or tax year beginning 10/01/12 , and ending 09/30/13			
Name BAREFOOT REPUBLIC, INC					Employer Identification Number 62-1841336
Revenue		(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 (add col. (a) through col. (c))
	1 Gross receipts	21,643			21,643
	2 Less: Charitable contributions	21,143			21,143
	3 Gross income (line 1 minus line 2)	500			500
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food/beverages				
	8 Entertainment				
	9 Other expenses	8,120			8,120

Federal Statements

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
MEMBERSHIP/SUBSCRIPTIONS	\$ 552	\$	\$ 552	\$
TOTAL	\$ 552	\$ 0	\$ 552	\$ 0

BAREREP Barefoot Republic, Inc
62-1841336
FYE: 9/30/2013

Federal Statements

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Schedule A, Part III, Line 1(e)

Description	Amount
CASH CONTRIBUTIONS LESS THAN \$5000	\$ 96,108
CHRIST COMMUNITY CHURCH	
CASH CONTRIBUTION	6,124
CITY CHURCH OF EAST NASHVILLE	
CASH CONTRIBUTION	12,000
BARBARA GROUX	
CASH CONTRIBUTION	21,400
TOMMY AND LANE RHODES	
CASH CONTRIBUTION	9,603
THE COMMUNITY FOUNDATION	
CASH CONTRIBUTION	10,000
WEST END COMMUNITY CHURCH	
CASH CONTRIBUTION	10,863
SAMUEL C. YEAGER	
PONTOON BOAT	
RAZOO FOUNDATION	
CASH CONTRIBUTION	16,304
JOY FOUNDATION TN	
CASH CONTRIBUTION	5,000
CYNTHIA HARPER	
CASH CONTRIBUTION	5,500
THE VILLAGE CHAPEL	
CASH CONTRIBUTION	5,648
QUARTERHORSE CONTRUCTION	
CASH CONTRIBUTION	5,100
ROCK AND LINDA MORPHIS	
CASH CONTRIBUTION	5,000
BANQUET	
CASH CONTRIBUTION	68,967
GOLF TOURNAMENT	
CASH CONTRIBUTION	21,143
RUN BAREFOOT	
CASH CONTRIBUTION	46,822
TOTAL	\$ 345,582

Federal Statements

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

Donor Name	2008	2009	2010	2011	2012
SAM YEAGER	\$ 6,000	\$	\$ 15,000	\$	\$
BARBARA GROUX	19,900	19,200	14,400	16,900	7,000
AARON WHITE	5,880			30,200	
DAN DANIEL					
UBS FINANCIAL					
DANNY ZINK					
ELAINE FELLOWES	5,000				
THOMAS RHODES	12,670	7,028	12,510	8,140	9,603
DENNIS PORR		5,000	5,000		
DARREL PORR		5,000			
FRANK EVANS			5,500		
EDMUND MCFADDEN		1,050	6,585	1,800	4,050
ROCK MORPHIS			8,000		
BLAINE BARCUS		750	1,436	850	
JAN & WILLIAM BUTLER	500	220	340	3,063	1,740
TRACY HACKNEY				5,000	4,250
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	4,950
TROY NUNN		4,980	4,236	3,863	3,950
RAYNA STEWART				1,368	1,100
ALAN WEBB				350	500
JEFF YOUNG				1,000	480
TIM & NANCY BOTTS	2,000				
GOSS & VERNAE COFFEE	200				
SHAWN DEMERS	2,400				
STEVE MANGERI	350				
LAURA MEADORS	500				
GORDON & SHERRIE ROGERS					
SAM LOGAN	2,400	2,600			
SCOOTER CLIPPARD		2,000	3,436		
RAYNA STEWART			500		
TOTAL	\$ 57,800	\$ 51,188	\$ 86,754	\$ 80,086	\$ 37,623

Federal Statements

BANQUET

Other Direct Fundraising or Gaming Expenses

Description	Amount
BANQUET EXPENSES	\$ 22,097
TOTAL	\$ 22,097