7001

Department of the Treasury

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

Open to Public

The organization may have to use a copy of this return to satisfy state reporting requirements Inspection Internal Revenue Service A For the 2006 calendar year, or tax year beginning , 2006, and ending , 20 D Employer identification number Please | C Name of organization B Check if applicable use IRS Barefoot Republic Camp, Inc. 62 1841336 __ Address change label or Number and street (or P O box if mail is not delivered to street address) print or Room/suite E Telephone number Name change type 812 West Main Street 615) 429-2541 See Initial return Specific City or town, state or country, and ZIP + 4 ✓ Cash F Accounting method: Accrual Final return Instructions Franklin TN 37064 Other (specify) Amended return H and I are not applicable to section 527 organizations Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable Application pending _ Yes ✓ No H(a) Is this a group return for affiliates? trusts must attach a completed Schedule A (Form 990 or 990-EZ). H(b) If "Yes," enter number of affiliates ► G Website: ► www.barefootrepublic.org Yes No H(c) Are all affiliates included? J Organization type (check only one) ► ✓ 501(c) (3) ◄ (insert no) ☐ 4947(a)(1) or ☐ 527 (If "No," attach a list See instructions) **H(d)** Is this a separate return filed by an K Check here ▶ ☐ If the organization is not a 509(a)(3) supporting organization and its gross organization covered by a group ruling? Yes No receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return Group Exemption Number ► M Check ► ☐ If the organization is not required Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ to attach Sch B (Form 990, 990-EZ, or 990-PF). Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.) Part I Contributions, gifts, grants, and similar amounts received: 1a a Contributions to donor advised funds 142,385 **b** Direct public support (not included on line 1a) c Indirect public support (not included on line 1a) d Government contributions (grants) (not included on line 1a) 143,168 N e Total (add lines 1a through 1d) (cash \$_____ noncash \$_ 30,067 Program service revenue including government fees and contracts (from Part VII, line 93) 5,075 134 <u>6a</u> ′ RECEIVED SCANR c Net rental income or (loss). Subtract line 6b from line 6a Other investment income (describe (A) Securities (B) Other 8a Gross amount from sales of assets other 881.76 8a than inventory OGDEN, UT (91.03) 8b **b** Less: cost or other basis and sales expenses. 8c c Gain or (loss) (attach schedule) 791 Special events and activities (attach schedule). If any amount is from gaming, check here a Gross revenue (not including \$ _______0 of 47,420 7,467 **b** Less: direct expenses other than fundraising expenses 39,953 c Net income or (loss) from special events. Subtract line 9b from line 9a 10a Gross sales of inventory, less returns and allowances . . 10a 10c c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a . 219,188 81,349 50,936 Management and general (from line 44, column (C)) 50,010 Fundraising (from line 44, column (D)) 182,295 36,893 Excess or (deficit) for the year. Subtract line 17 from line 12 221,877 Net assets or fund balances at beginning of year (from line 73, column (A)). . . . Other changes in net assets or fund balances (attach explanation).

Form **990** (2006)

258,770

Net assets or fund balances at end of year. Combine lines 18, 19, and 20

Par	t II	Statement of Functional Expenses	-		• •) are required for sect optional for others (S	, , , ,
	Do i	not include amounts repor 6b, 8b, 9b, 10b, or 16 of			(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a		s paid from donor advised funds	,					
	•	\$ noncash \$	<u> </u>	200	_			
		amount includes foreign grants,		22a	-0-			
22b		er grants and allocations (at	•					
	•	\$ noncash \$ amount includes foreign grants,		22b	-0-			
23	Spec	cific assistance to individule)	iduals (attach	23	-0-			
24	Bene	efits paid to or for me	mbers (attach	24	-0-			
05-		edule)		- -	···	· <u> </u>	· · · · · · · · · · · · · · · · · · ·	
25a		pensation of current office employees, etc. listed in P						
	_	edule)	_	25a	38,401	12,800	12,801	12,800
þ	Com key (pensation of former officemeloyees, etc. listed in P	ers, directors, art V-B (attach	256	2,000	2,000		
		edule)		25b	2,000	2,000		<u> </u>
С	disqua	ensation and other distributions, no alified persons (as defined under se ns described in section 4958(c)(3)(E	ction 4958(f)(1)) and	25c	-0-			
26	Sala	ries and wages of employed nes 25a, b, and c	es not included	26	26,480		13,240	13,240
27	Pens	sion plan contributions no	ot included on	27	-0-			
		25a, b, and c		21	-0-			
28	•	loyee benefits not inclu - 27		28	3,800	600	1,600	1,600
29		oll taxes		29	5482	969	2277	2236
	-	essional fundraising fees .		30	-0-			
		ounting fees		31	840		840	
32	Lega	al fees		32	200		200	
33	Supp	olies		33	2,580		2,064	516
34	Tele	phone		34	3,000		2,000	1,000
		age and shipping		35	3,426	1,142	1,142	1,142
		upancy		36	6,262		5,148	1,114
	•	pment rental and maintena	ance	37	-0- 10,831	1,241	1,241	8,349
38		ing and publications		38	1,091	545	· · · · · · · · · · · · · · · · · · ·	546
39 40	Trav			40	-0-			
41	Inter	ferences, conventions, and	ineedings	41	-0-			<u> </u>
42		reciation, depletion, etc. (at	tach schedule)	42	5,539		5,539	
43	•	er expenses not covered a						
а		p Expenses - see attached		43a	62,052	62,052		
b	Fund	Iraising event - see attached		43b	7,467			7,467
C	Misc	expenses - see attached		43c	2,844		2,844	
d		·		43d	-0-			
e		·		43e				<u></u>
f		·		43f				
g				43g				
44	throu	I functional expenses. ugh 43g. (Organization mns (B)—(D), carry these 15)	s completing totals to lines	44	182,295	81,349	50,936	50,010
				98-2	102,233	01,347	30,330	30,010
		ts. Check > I if you are not costs from a combined edu	~		draising solicitation	n renorted in IR). Dro	aram senices?	. □Vac □N
		it costs from a combined edit			•	•	to Program services	
		ount allocated to Manageme			• • •	e amount allocated		

(Grants and allocations \$

P	Statement of Program Service Accomplishments (See the instructions.)	<u> </u>
pai on	rm 990 is available for public inspection and, for some people, serves as the primary or sole source of inforticular organization. How the public perceives an organization in such cases may be determined by the infortits return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, ograms and accomplishments.	mation presented
 Wł	nat is the organization's primary exempt purpose? ▶	Program Service
of	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) ganizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(4) orgs, and 4947(a)(1)
а	Sponsored two summer camp sessions. Continued construction of permanent camp facilities.	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	81,349
b		
_	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
C		
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
d		
•	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □ Other program services (attach schedule)	
	Chick Divarant our flood (allacti outloadio)	1

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

If this amount includes foreign grants, check here -

Form **990** (2006)

81,349

Pa	irt IV	Balance Sheets (See the instructions.	<u>.) </u>				
•		Where required, attached schedules and amounts column should be for end-of-year amounts only.	within the de	escription	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing			8,450	45	20,507
	46	Savings and temporary cash investments .			148,298	46	94,617
	472	Accounts receivable	47a				
		Less: allowance for doubtful accounts .	47b			47c	
		Less. anowance for doubtrur accounts.					
	48a	Pledges receivable	48a				
	1	Less: allowance for doubtful accounts .	48b			48c	<u> </u>
	49	Grants receivable				49	
	50a	Receivables from current and former officers key employees (attach schedule)	·		50a		
	b	Receivables from other disqualified persons (1			
		4958(f)(1)) and persons described in section 495	•	į.		50b	
	51a	Other notes and loans receivable (attach		•			
sets		schedule)	51a				
SS(b	Less: allowance for doubtful accounts .	51b			51c	
A	52	Inventories for sale or use			6,597		6,597
	J	Prepaid expenses and deferred charges .		<u></u> .	45.000	53	
		Investments—publicly-traded securities			15,920	 - - - - - - - - 	14,336
	b	Investments—other securities (attach schedu	ıle) ► L_	J Cost LJ FMV ├		54b	
	55a	Investments—land, buildings, and equipment: basis	55a				
	b	Less: accumulated depreciation (attach			_		_
	i	schedule)	55b			55c	-0-
	56	Investments—other (attach schedule)	 		-U-	56	-0-
		Land, buildings, and equipment: basis .	57a	106989			
	b	Less: accumulated depreciation (attach	E7h	(21169)	17220	F7.	05 020
		schedule)	57b	(21109)	17328	3/6	85,820
	58	Other assets, including program-related inve		,		58	
	59	(describe ►		,	196,593		221,877
	60	Accounts payable and accrued expenses .				60	
	61	Grants payable				61	<u> </u>
	62	Deferred revenue				62	
S	— —	Loans from officers, directors, trustees, and	t kev empl	ovees (attach			
Ħ		Loans from officers, directors, trustees, and schedule)	a itoy cilipi	Cycco (attach		63	
abi	64a	Tax-exempt bond liabilities (attach schedule))			64a	
	b	Mortgages and other notes payable (attach s	schedule) .		- ·	64b	
	65	Other liabilities (describe				65	
	66	Total liabilities. Add lines 60 through 65 .			<u>-0-</u>	66	<u>-0-</u>
es	1	nizations that follow SFAS 117, check here ▶ 67 through 69 and lines 73 and 74.	► 🗹 and c	omplete lines			
()	I 67	Unrestricted			223,761	67	221,877
ıları	68 69	Temporarily restricted				68	
89	69	Permanently restricted				69	
Fund		nizations that do not follow SFAS 117, check complete lines 70 through 74.	k here ►	and			
•	ļ	Capital stock, trust principal, or current fund	ls			70	
_		Paid-in or capital surplus, or land, building, a		71			
SSe	72	Retained earnings, endowment, accumulated		1		72	
Q	72	Total net assets or fund balances. Add line		i			
Net		70 through 72. (Column (A) must equal line	19 and coli	ımn (B) must			
		equal line 21))-	223,761	73	221,877
	74	Total liabilities and net assets/fund balance	s. Add lines	s 66 and 73	223,761	74	221,877

Pa	rt IV-A	Reconciliation of Revenue per Aucunstructions.)	lited Financial Statem	ents With Rev	enue pe	r Retur	n (See	> the
а		enue, gains, and other support per audit				а		-0-
		included on line a but not on Part I, line						
		alized gains on investments		b1				
		services and use of facilities		b2				
		es of prior year grants		b3				
4	Other (sp	ecify):	•••••••	b4	-0-			
	Add lines	b1 through b4		<u> </u>		b		
C		line b from line a				С		
		included on Part I, line 12, but not on I						
1	Investme	nt expenses not included on Part I, line	6b	d1				
		ecify):						
				d2	-0-			
	Add lines	d1 and d2				d		-0-
		enue (Part I, line 12). Add lines c and d				e		-0-
		Reconciliation of Expenses per Au	<u> </u>			-	<u>urn</u>	
	•	enses and losses per audited financial s			• • •	а		
		included on line a but not on Part I, line		h1				
		services and use of facilities						
2	Lossos	r adjustments reported on Part I, line 20 eported on Part I, line 20	' · · · · · · ·	b3				
7		ecify):		b 4	-0-	~		
		b1 through b4				b		
С		line b from line a						
-		included on Part I, line 17, but not on I		• • • •	• • •			
1		nt expenses not included on Part I, line		d1				
2		ecify):						
				d2				_
_		d1 and d2				a		-0-
e						e		-0-
Га		Current Officers, Directors, Trustees or key employee at any time during the ye	ar even if they were not o	compensated.) (S	n wno was See the ins	s an onk truction.	ser, aire s.)	ector, trustee
			(B)	(C) Compensation	(D) Contribute	ons to emplo	yee (E)	Expense account
		(A) Name and address	Title and average hours per week devoted to position	(If not paid, enter -0)		is & deferred ation plans	l and	other allowances
		s, Barefoot Republic Camp, Inc.	Executive Director	20404		4.0		
		reet Franklin TN 37064	Hr/week - 40-50	38401	 		300	
	-4	ity Church of East Nashville	-]					
		Street Nashville TN 37206		-0-	<u> </u>			
	Butler, But	rk Terrace Franklin TN 37069	•	_				
	s & Vernae			-0-	-			<u>. </u>
		ircle Nashville TN 37211		-0-				
		, CPA - BMI Senior Manager	<u> </u>	-0-			$\overline{}$	
		it Blvd. Nashville TN 37215		-0-				
	- -	verpointe Properties VP	 					
		alley Road Nashville TN 37204	-	-0-				
		an, Hope Fellowship Church	 		 			
		ue S Nashville TN 37212	1	-0-				
		EMI Christian Music Group			 			
		Way Nashville TN 37205	•	-0-				
		ORE Development, President/Owner			 		—	
		e N. Nashville TN 37208	` 	-0-				

Par	V-A Current Officers, Directors, Trustee	s, and Key Employe	es (continued)			Yes	No
75a	Enter the total number of officers, directors, and treetings	•		n business at board 10			
b	Are any officers, directors, trustees, or key employees listed in Schedule A, Part I, or high contractors listed in Schedule A, Part II-A or	thest compensated parties in the compensated parties in the compensated in the cache in the cach	orofessional and other through	other independent family or business	75h		
	relationships? If "Yes," attach a statement that id		•	• • •	75b		
C	Do any officers, directors, trustees, or key compensated employees listed in Schedule A, independent contractors listed in Schedule A,	Part I, or highest co	eive compensat	essional and other on from any other			
	organizations, whether tax exempt or taxable, the definition of "related organization."		_	the instructions for	75c		1
đ	If "Yes," attach a statement that includes the info Does the organization have a written conflict of i	ormation described in	the instructions.		75d	,	
	V-B Former Officers, Directors, Trustees, and					<u> </u>	ormer
	officer, director, trustee, or key employee reperson below and enter the amount of comp	eceived compensation o	r other benefits (de	escribed below) during	the ye	ear, lis	
	(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	accou	Expen nt and owance	other
	na Stewart - Camp Director Drayton Court Franklin TN 37067	-	2,000.00				
		-					
		-					
		_					
		-					
Par	Other Information (See the instruction	<u>15.)</u>			,	Yes	No
76	Did the organization make a change in its activition detailed statement of each change				76		√
77	Were any changes made in the organizing or government of the change of t		t not reported to	the IRS?	77		✓
	Did the organization have unrelated business groths return?				78a		√
b	If "Yes," has it filed a tax return on Form 990-T	for this year?			78b		_
79	Was there a liquidation, dissolution, termination, a statement		•	ear? If "Yes," attach	79		√
80a	Is the organization related (other than by association common membership, governing bodies, truste						
	organization?				80a		✓
		and check whether it		•			
81a b	Enter direct and indirect political expenditures. (Solid the organization file Form 1120-POL for this	See line 81 instructions year?	s.)		81b		✓

Par	t VI_ Other Information (continued)		Yes	No		
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		✓		
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)					
832	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	1	<u> </u>		
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	<u>-</u> -			
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		1		
	If "Yes," did the organization include with every solicitation an express statement that such contributions or					
_	gifts were not tax deductible?	84b				
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a				
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b				
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.					
С	Dues, assessments, and similar amounts from members					
d	Section 162(e) lobbying and political expenditures					
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e					
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f	ļ	<u>-</u>	ļ		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	3888	ļ		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f	į į				
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the	05h		ļ		
	following tax year?	85h				
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12. Gross receipts, included on line 12, for public use of club facilities. 86b	}				
87	Gross receipts, included on line 12, for public use of club facilities	1				
	Gross income from other sources. (Do not net amounts due or paid to other	1				
	sources against amounts due or received from them.)					
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections					
	301 7701-2 and 301.7701-3? If "Yes," complete Part IX	88a		-		
b	b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI					
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ► N/A; section 4912 ► N/A; section 4955 ► N/A					
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		V		
Ç	Enter: Amount of tax imposed on the organization managers or disqualified					
	persons during the year under sections 4912, 4955, and 4958 ▶0					
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization >N/A	ļ				
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	900		1		
e	transaction?	89e 89f		1		
	7 in organization of a the organization and an entertainment interest in any approache interest continuous	<u> </u>				
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		1		
90a	List the states with which a copy of this return is filed > TN					
	Number of employees employed in the pay period that includes March 12, 2006 (See			2		
Q12	instructions.) The books are in care of ► Tommy Rhodes Telephone no. ► (615)	42	9-253	 ;1		
Jia	Located at ► 812 W Main Street Franklin TN ZIP + 4 ► 370					
þ	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Vac	No		
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	016				
	account)?	310		 •		
	If "Yes," enter the name of the foreign country ►					
	and Financial Accounts.					

•	,							
Form 990			<u> </u>		· · · · · · · · · · · · · · · · · · ·			age 8
	Other Information (continued)				· · · · · · · · · · · · · · · · · · ·		Yes	No
	at any time during the calendar year, did th		ntain an office o	utside of the	United States?	91c		✓
92	"Yes," enter the name of the foreign coun section 4947(a)(1) nonexempt chantable true and enter the amount of tax-exempt interes	sts filing Form 990			here	• •		▶ [
Part \	Analysis of Income-Producing A	ctivities (See the	instructions.)					
Note: E	Inter gross amounts unless otherwise	Unrelated bu	usiness income	Excluded by sect	on 512, 513, or 514		(E) lated	-
ındicate	ed.	(A)	(B)	_ (C)	(D)	exem		
93	Program service revenue:	Business code	Amount	Exclusion code	Amount	17	ncome	
а							30	0,067
b				 				
C			 	 				
đ				 	 -			
е				 				-
	Medicare/Medicaid payments		 	 		<u> </u>		<u> </u>
_	Fees and contracts from government agence							
	Membership dues and assessments		5,075	<u> </u>			·	
	Interest on savings and temporary cash investme	ents	134	 	_			
	Dividends and interest from securities .	•	137		. 			
	Net rental income or (loss) from real estate	1		1	_ 		<u></u>	
	debt-financed property		 	 			 -	 .
	not debt-financed property		 	 			<u>-</u> -	-
	Other investment income	''y	791					
	Gain or (loss) from sales of assets other than invent	OLV		 			-	·
	Net income or (loss) from special events	- L					39	9,953
	Gross profit or (loss) from sales of inventor		<u> </u>					
	Other revenue: a							
b								
C								
d								
e								
104	Subtotal (add columns (B), (D), and (E))		6000	<u> </u>	<u>. </u>		7	0020
	Total (add line 104, columns (B), (D), and (-	<u> </u>	7	16020
	Line 105 plus line 1e, Part I, should equal t							
Part \	Relationship of Activities to the	Accomplishment o	of Exempt Purp	oses (See th	e instructions.)			
Line f	lo. Explain how each activity for which income of the organization's exempt purposes	•	• •		mportantly to the	accon	nplish	ment
93 A	Direct contributions to sponsor low income	children camp tuition	n				_	
100	Net profit from Fall Fund Raising event.							
								
			<u></u>					
Part		4-3	sregarded Entit	ies (See the i	nstructions.)			
	(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of a	ctivities	(D) Total income	į.	(E) d-of-ye assets	
N/A		%						
		%						
		%				1		

Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . 🔲 Yes 🗹 No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 🔲 Yes 📝 No

Part X

Part		Transfers To and From Con as defined in section 57	ontrolled Entities. Complet 12(b)(13).	e only if the ore	ganız	ation
106	Did the reporting organization ma	ake any transfers to a control	led entity as defined in section	512(b)(13) of	Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of	transf	er
а						
b						
C						
	Totals					
107	Did the reporting organization reconstruction for the Code? If "Yes,"	_	•	ction	Yes	No ✓
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of	transf	er
а						
b						
C						
	Totals					
108	Did the organization have a bindirents, royalties, and annuities des			ne interest,	Yes	No
Pleas Sign Here	Signature of officer	ete Declaration of preparer (other that	• •			_
	Type or print name and title	ector				
Paid Prepare	Preparer's signature	Stevens	Date 2/12/2∞7 Check if p self- employed ▶ □	reparer's SSN or PTIN (S		Inst X)
Use On		<i></i>	EIN Phone no	<u>}</u>		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information—(See separate instructions.)

OMB No 1545-0047

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ Name of the organization Employer identification number Barefoot Republic Camp, Inc. 62 1841336 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See page 2 of the instructions. List each one. If there are none, enter "None.") (d) Contributions to (e) Expense (a) Name and address of each employee paid more (b) Title and average hours (c) Compensation [employee benefit plans &] account and other than \$50,000 per week devoted to position deferred compensation allowances None Total number of other employees paid over \$50,000. Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation None Total number of others receiving over \$50,000 for Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation None

Total number of other contractors receiving over

\$50,000 for other services

Schedule	Α	/Form	990	or	990-EZ	2006
	$\boldsymbol{\cap}$	(, 0,,,,	550	v	300-LE	, 2000

Page 2

Pa	Statements About Activities (See page 2 of the instructions.)	Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities > \$ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)		✓
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
а	Sale, exchange, or leasing of property?		✓
b	Lending of money or other extension of credit?		✓
С	Furnishing of goods, services, or facilities?		✓
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	 	
е	Transfer of any part of its income or assets?		1
3а			✓_
b	Did the organization have a section 403(b) annuity plan for its employees?		✓_
C	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement 3c		✓
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? . 3d		✓_
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		✓
b	Did the organization make any taxable distributions under section 4966?		
С	Did the organization make a distribution to a donor, donor advisor, or related person?		✓
đ	Enter the total number of donor advised funds owned at the end of the tax year		<u>-0-</u>
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶		<u>-0-</u>
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		-0-
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶	<u>.</u>	-0-

Pai	rt IV	Reason for Non-Private	Foundation S	Status (See pages 4	through 7 o	f the instruction	ons.)			
l cer	tify	hat the organization is not a privat	te foundation bec	ause it is. (Please check	only ONE app	plicable box.)				
5		A church, convention of churches	s, or association of	of churches. Section 170)(b)(1)(A)(ı).					
6		A school. Section 170(b)(1)(A)(ii). (Also complete Pa	ert V.)						
7		A hospital or a cooperative hospit	tal service organiz	zation. Section 170(b)(1)((A)(iii).					
8	☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).									
9		☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶								
10	An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A.)									
11a	a ✓ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)									
11b	b 🔲 A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)									
12		An organization that normally received from activities related to its charitation gross investment income aronganization after June 30, 1975.	able, etc., function nd unrelated busin	ns-subject to certain ex ness taxable income (les	ceptions, and ss section 511	(2) no more that tax) from busin	nesses acquired by the			
13		An organization that is not controver requirements of section 509(a)(3). Type I Type II	Check the box the		f supporting o	—				
		Provide the following info	rmation about th	e supported organizat	ions (See nac	e 7 of the instr	ictions)			
Na	me	(a) (s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	Is the suportion organization o	d) upported on listed in porting zation's documents?	(e) Amount of support			
					Yes	No				
	_				<u> </u>					
		<u> </u>			<u> </u>					
							<u> </u>			
Tota	۱.	, , , , , , , , , , , , , , , , , , ,								
14		An organization organized and op	erated to test for	public safety. Section 5	509(a)(4). (See	page 7 of the in	structions.)			

Par Note	Support Schedule (Complete of You may use the worksheet in the instruction	nly if you checked	a box on line 10,	11, or 12.) Use the cash metho	cash meth	nod of a	accounting.
	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 20	 -	(e) Total
15	Gifts, grants, and contributions received. (Do	`			(-, -,	-	(O) TOTAL
	not include unusual grants. See line 28.),	205470	141806	53588		67809	468673
16	Membership fees received					0,000	400073
17	Gross receipts from admissions, merchandise			<u></u>			
	sold or services performed or furnishing of						
	facilities in any activity that is related to the organization's charitable, etc., purpose.	24510	5617	12262		26615	69004
18	Gross income from interest, dividends,					200.0	
	amounts received from payments on securities						
	loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less						
	section 511 taxes) from businesses acquired					j	
	by the organization after June 30, 1975 .	2378	2378	346		600	5702
19	Net income from unrelated business						
	activities not included in line 18						-0-
20	Tax revenues levied for the organization's						
	benefit and either paid to it or expended on						
	its behalf						-0-
21	The value of services or facilities furnished to						
	the organization by a governmental unit without charge. Do not include the value of						
	services or facilities generally furnished to the						
	public without charge						-0-
22	Other income. Attach a schedule. Do not						
	include gain or (loss) from sale of capital assets						-0-
23	Total of lines 15 through 22	232358	-	66196		95024	543379
24	Line 23 minus line 17	207848		53934		68409	474375
<u>25</u>	Enter 1% of line 23	2078	1498	662		950	<u> </u>
26	Organizations described on lines 10 or 11:	a Enter 2% of	amount in column	n (e), line 24 .	•	26a	9488
b	Prepare a list for your records to show the na			•			
	governmental unit or publicly supported organ			_			404400
	amount shown in line 26a. Do not file this list				ounts >	26b	104183
	Total support for section 509(a)(1) test: Enter					26c	474375
a	Add: Amounts from column (e) for lines. 18		19 26b	83		26d	109885
e	Public support (line 26c minus line 26d total)		26b1041	 		26e	364490
f	Public support percentage (line 26e (nume		ine 26c (denomi	natori)		26f	76.83 %
27	Organizations described on line 12: a				1070 7000		
£.;	person," prepare a list for your records to show	w the name of, and	total amounts rec	eived in each vea	r from, eac	eu fron ch "disa	ualified person '
	Do not file this list with your return. Enter t	he sum of such an	nounts for each ye	ear:		-	
	(2005) (2004)		(2003)		(2002)		
ь	For any amount included in line 17 that was rec				_		
_	show the name of, and amount received for eac	h year, that was mor	re than the larger of	of (1) the amount of	on line 25 fe	or the ye	ear or (2) \$5,000.
	(Include in the list organizations described in lines the difference between the amount received an	s 5 through 11b, as v	vell as individuals.)	Do not file this list	st with you	r return	. After computing
	amounts) for each year:	d the larger amount	described in (i) C	, (2) , enter the St	ani Or triese	e dinere	nces (me excess
	(2005) (2004)		. (2003)	••••••	_ (2002)		
					•		
C	Add: Amounts from column (e) for lines. 15		16				
	17 20		21		•	27c	-0-
d	Add: Line 27a total	and line 27b tota	l <u> </u>			27d	
е	Public support (line 27c total minus line 27d	total)				27e	-0-
	Total support for section 509(a)(2) test: Enter		• •		<u></u>	ļ	
	Public support percentage (line 27e (nume	_	-			27g	0.00 %
<u>h</u>	Investment income percentage (line 18, co	lumn (e) (numerat	or) divided by lin	e 27f (denomina	ator)). ▶	27h	0.00 %
28							
	Unusual Grants: For an organization describe prepare a list for your records to show, for example 2015 to 1915	ped in line 10, 11,	or 12 that receive	ed any unusual o	grants dun	ng 2002	2 through 2005,

Pai	Private School Questionnaire (See page 9 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)			
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	Yes	No
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and scholarships?	30		<u> </u>
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way			
	that makes the policy known to all parts of the general community it serves?	31		
	•••••••••••••••••••••••••••••••••••••••			
00	December of the properties maintain the following:			
32 a	Does the organization maintain the following: Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
d	with student admissions, programs, and scholarships?	32c 32d	_	
_	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
		۵	*	
33	Does the organization discriminate by race in any way with respect to.			
а	Students' nghts or privileges?	33a		
b	Admissions policies?	33b		
С	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
е	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurncular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		•	
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
_	If you answered "Yes" to either 34a or b, please explain using an attached statement.			

Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05

of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation

35

Schedule .	Α	(Form	990	Of	990-EZ	2006
	, ,	(• O:: • •		~1		, 2000

Page 6

126	(To be completed ONLY by an	_	•	•		instructions.)
Che	ck ▶ a ☐ if the organization belongs to an affili	ated group. Che	eck ▶ b ☐ if	you checked "a"	and	"limited control"	provisions apply.
	Limits on Lobbyi (The term "expenditures" mea	- •				(a) Affiliated group totals	(b) To be completed for all electing organizations
36	Total lobbying expenditures to influence public	opinion (grassro	ots lobbying) .	3	6	· · · · · · · · · · · · · · · · · · ·	
37	Total lobbying expenditures to influence a legi-		• •	3	7		
38	Total lobbying expenditures (add lines 36 and	37)		<u> 3</u>	В	-0-	-0-
39	Other exempt purpose expenditures			<u>3</u>	9		
40	Total exempt purpose expenditures (add lines			4	0	-0-	-0-
41	Lobbying nontaxable amount. Enter the amount		•				
	_	obbying nontaxa		_ 1			
		of the amount on		· · ·			
		000 plus 15% of th		1 1 1	1		
		000 plus 10% of the 000 plus 5% of the			•	······································	
		0,000)	ì	ж.	
42	Grassroots nontaxable amount (enter 25% of I	,		4	2		<u></u>
43	Subtract line 42 from line 36 Enter -0- if line 4				3		
44	Subtract line 41 from line 38. Enter -0- if line 4	1 is more than lir	ne 38	4	4		
	Caution: If there is an amount on either line 43	3 or line 44. vou r	nust file Form 47	20.			
		eraging Perio	 -				<u></u>
	(Some organizations that made a section See the instructions f	n 501(h) election	do not have to d	complete all of	the 1	five columns be	elow.
			bying Expenditu			<u> </u>	riod
	Calendar year (or	(a)	(b)	(0)	1	(d)	(0)
	fiscal year beginning in) ►	2006	2005	(c) 2004		(d) 2003	(e) Total
<u>45</u>	Lobbying nontaxable amount						-0-
46	Lobbying ceiling amount (150% of line 45(e))						-0-
<u>47</u>	Total lobbying expenditures					<u> </u>	-0-
48	Grassroots nontaxable amount		· · · · · · · · · · · · · · · · · · ·				-0-
49	Grassroots ceiling amount (150% of line 48(e))						-0-
50	Grassroots lobbying expenditures						-0-
Pa	Lobbying Activity by Nonelectivity (For reporting only by organization)			Part VI-A) (Se	е р	age 13 of the	e instructions.)
	ng the year, did the organization attempt to influence public opinion on a legislative n		_	•	any	Yes No	Amount
а	Volunteers						
b	Paid staff or management (Include compensati	on in expenses re	eported on lines	through h.).		.	
C	Media advertisements						
	Mailings to members, legislators, or the public						
е	Publications, or published or broadcast statem						
f	Grants to other organizations for lobbying purp						
g	Direct contact with legislators, their staffs, government, demonstrations, seminars, conventions		_	· ·			
i	Total lobbying expenditures (Add lines c through	_	-			Į.	-0-
	If "Yes" to any of the above, also attach a stat						

Par	t VII			ransfers To and e page 13 of the ins		and	Relationships	With	Nonc	harit	able
51		the reporting orgai	nization directly or	indirectly engage in an 1(c)(3) organizations) or	y of the following		-			d in s	ection
а		•		to a noncharitable exer		•	to political organ	12.0110113	1.5	Yes	No
_			• •						51a(i)		√
	• •							ſ	a(ii)		✓
b		er transactions.									
	(i)	Sales or exchange	es of assets with a	noncharitable exempt	organization .				b(i)		✓
	(ii)	Purchases of asse	ets from a nonchar	itable exempt organizat	ion			.	b(ii)		✓
				ner assets					b(iii)		✓
	(iv)	Reimbursement a	rrangements						b(iv)		<u> </u>
	(v)	Loans or loan gua	arantees			• •			b(v)	-	√
				ship or fundraising solic					b(vi)		√
				sts, other assets, or pai	, -				C		
d	good	ds, other assets, o	r services given by	complete the following the reporting organization column (d) the value of	tion. If the organ	ization	received less that	n fair m			
(a)	(p)		(c)			(d)		<u> </u>		
Line	no	Amount involved	Name of none	haritable exempt organization	n Descri	ption of	transfers, transactions	s, and sh	aring arra	angeme	ents
								<u></u>			
			<u> </u>								
					<u>_</u>						
		<u> </u>					 				
					<u></u>	<u> </u>					
			·					···			
							<u> </u>				
						·			··· <u>-</u>		
				<u> </u>		•	<u> </u>				
							<u> </u>				- -
											
											
										<u> </u>	
-											
	desc	enbed in section 50	-	affiliated with, or related the other than section 501(c).			_		Yes	Z	No
		Name of organiz	ation	Type of organization	n		Description of rel	ationship			
	-										
								<u> </u>			
								_		•	
· · _		<u> </u>						<u> </u>		_	
						· · - · · ·					
-							<u> </u>				
-						.	<u> </u>				<u> </u>
		<u> </u>					<u> </u>	-	 -		
			<u>, , , , , , , , , , , , , , , , , , , </u>	<u></u>			O - 4:				

Line 8 (990) – Gain/loss from sale of assets other than inventory

Stock First Data Corp	Qty 22	Price 40.0800	Principal 881.76
Charge/Commission Other Fee			91.00
Net Amount			790.73

Line 9 (990) – special events and activities

Net Income or loss	\$39,953
Less Direct Expenses	(7,467)
Gross Receipts	47,420
Special Event Name	Banquet

Line 43 a – Camp Expenses

Expenses	
	Actual (300)
Rentals	
Cumberland (\$3500	
donated)	45,350
Facilities (Rocketown)	800
Van (Memphis)	141.59
Rocketown Street Course	500
PA (Doug Allan)	150
Staff	4,981
Praise & Worship	1,350
Supplies, Snacks, Meals	5,218.02
Equipment	637.5
Marketing	2,373.5
Insurance	550
Total Expenses	62,052

Line 43 b (990) – Fundraising expenses

Expenses		
The Factory	\$1,100.00	
Hatch Show Print (Katherine)	\$163.88	
Décor (Katherine)	\$158.03	
Décor (Tracey)	\$277.00	
Décor (Andrea		
Boulier)	\$27.77	
Décor (Andrea		
Sullivan)	\$270.45	
Home Depot (Hay)	\$43.59	
Kroger - Flowers	\$25 63	
Buddy Greene	\$2,000.00	
Trıcia Walker	\$500.00	
Hog Heaven	\$768.61	
Costco - Cake &		
Water	\$148 29	
Ice Tea	\$85 82	
Matteo's (Pizza for Dancers, Volunteers)	\$27.41	
Starbuck's (Coffee)	\$98.33	
Derek West (Sound)	\$150.00	
Nashville Sounds (Box Seats from	***	
Auction)	\$225.00	
Banners Cuese (December December)	\$90.00	
Sysco (Paper Products)	\$299.62	
Premier Events - Round Tables (35)	\$444.89	
The Factory - PA & Screen	\$100.00	
The Factory - Rectangular Tables (15)	\$75 00	
The Factory - Cherry Picker	\$37.50	
The Factory - Chairs (350)	\$350.00	
Total Expenses	\$7,466.82	

Line 43 c (990) – Misc. Expenses

Misc. Expenses:	
Professional fees	664
Taxes/Misc. fees	591
Bank Service Charges	252
Contract Labor	547
Dues & Subscriptions	435
Licenses & Permits	189
Automobile Expense	<u>166</u>
Total	<u>2,844</u>

Barefoot Repul Fixed Asset Le As of	ublic edger September 30, 2006												
Asset #	Description	Acq. Date	4	cq. Cost	Useful Life (Years)	≥ 00	Monthly	å	Annual preciation	LTD Pep	Accum. reciation		NBV
Programming I	Equipment Low ropes course Tipis Skatepark Sports equipment	05/31/02 05/31/02 07/31/02 06/30/03	& & & &	328 43 2,203 45 3,331 71 163.79	2 2 2	⇔ ↔ ↔	3 91 36 72 55 53 4 55	49 49 49	46 92 440 69 666 34 54 60	44 44 44	206 31 1,937.81 2,817.15 180 17	69 69 69	122 12 265 64 514 56 (16 38)
Total Sports Ed	Equipment		€9	6,027 38		€	100.71	69	1,208.55	€9	5,141.44	€9	885.94
Power Tools &	Equipment Dnil Brushes Sawzall	0/02/0 0/02/0 2/31/0	\$	300 00 71 70 190.47	un en	⇔ ↔	3.17	69 69 69		69 69 69		ы	- - - 98
	Miter Saw Shears Nail gun Skate pads Sports equipment Sports equipment Sports equipment Sports equipment Only	15/0 15/0 14/0 17/0 19/0 19/0 19/0 19/0		540.17 34.6.96 490.00 264.19 196.83 428.71 634.64	ស ស ស ស ស ស ស ស ស ស	~ ~ ~ ~ ~ ~ ~ ~ ~	9 00 0.58 8 17 3 28 7 15 7 56	 	108 03 69 39 98 00 39 37 90 66	 	518 86 32 59 318 43 434 74 230 29 171 24 372 50 391 87	• • • • • • • • • • • • • • • • • • • •	21 31 2.16 28.53 33 90 25.59 56.21
Total Power To	Less Fully depreciated assets		69	3,567 84	•	e ee	50.25	9		θ	3,085 13	A 69	482 71
Furniture & Fix	tures Low Ropes Course Tipi Deck 1 Deck 2 Deck 3 Low Ropes Course Tipi	\$588885 \$588885 \$6	9 49 49 49 49 49 49 49 49 49 49 49 49 49	146 50 222.21 1,043.00 1,214 12 1,214 12 1,786 88 181.93 844 00	さってり 15 と	*************************************	0 81 2 65 10 12 10 12 10 05	######################################	9 77 31 74 149 00 121 41 12 13 120 57	ទេសសសស	46 72 150 08 694 09 564 90 54 98 535 87		99.78 72.13 348.91 649.22 966.90 126.95 308.13
Total Furniture	Skatepark Deck 4 Skatepark Skatepark & waterslide Skatepark Bunk beds & Fixtures	06/24/02 06/26/02 07/17/02 07/29/02 09/03/02	~ ~ ~ ~ ~ ~	500.85 1,786.88 2,612.49 901.79 689.32 404.72	ა ე. ი. ი. ი.	\$\$ \$\$ \$\$ \$\$	8 35 14 89 13 54 11.49 4 82 160 18	\$ \$ \$ \$ \$ \$	100 17 178 69 522 50 180 36 57 85 57 82 1,922 12		433 79 772 83 2,252 55 769 53 583 62 238 98 8,482 82		67 06 1,014.05 359.94 105 70 165 74 5,065 99

Barefoot Republic Camp, Inc

889.09

₩

292 04

"Assets In Progress" tab

See \$

15

20 56

62,423 4,380

09/30/03

Treehouse Village Barn

Buildings

889 09

₩

292 04

₩

8

24

₩

9

66,803

9,055 25

₩

vey costs)

Land (accumulated su

Total Fixed

Total Buildings

21,169.41

₩

5,539.27

8

461.61

4

106,988.64

₩

3,570 92

₩

Ø

1,513

₩

126 13

₩.

9

7,985

₩

Less Fully depreciated assets

Software

Total Computer Equipment &

62-1841336

LTD Accum. Depreclation

Depreciation

Depreciation

Monthly

Useful Life

(Years)

Acq. Date

line 42 Line 57 (a b) 990

Annual

417.57 2,045 45 303 84 622.07 65 72 65 72 116 28

671 254 257 230

\$ \$ \$ \$ \$ \$ \$ \$

99 32 23 43 17

55 2 19 19 19

9 9 9 9 9

57 31 00 86 87 99

417 3,359 1,273 1,149

\$ \$ \$ \$ \$ \$ \$ \$

01/31/02 09/30/03 09/30/03 05/04/04 06/30/06 04/01/06

Xerox printer (capital lease) Dell laptop QuickBooks non-profit

Software

Equipment &

Computer

Description

Barefoot Republic Camp,

Dell desktop Dell laptop (Frist gift) Sys-logic 8550 printer

Barefoot Republic Camp, Inc	
2/8/2007	
Asset Ledger	

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