

Return of Organization Exempt From Income Tax

2000

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2000 calendar year, or tax year period beginning July 1, 2000, **and ending** June 30, 2001

- B** Check if applicable:
- Change of address
 - Change of name
 - Initial return
 - Final return
 - Amended return

Please use IRS label or print or type See Specific Instructions	C Name of organization St. Andrew Bay Center, Inc.		D Employer identification number 59 0951529
	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number (850) 265-2951
	P. O. Box 1320		F Check <input type="checkbox"/> if application pending
	City or town, state or country, and ZIP code Lynn Haven, FL 32444		

G Organization type (check only one) 501(c) () (insert no) 527 or 4947(a)(1)

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

J Accounting method Cash Accrual Other (specify) ▶

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

Note H and I are not applicable to section 527 orgs

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? Yes No (If "No," attach a list. See inst)

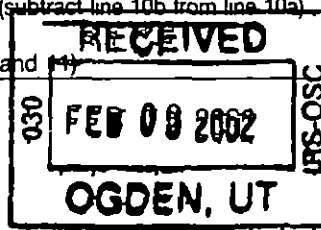
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Enter 4-digit group exemption no. (GEN) ▶

L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ) ▶

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)

Revenue	1 Contributions, gifts, grants, and similar amounts received					
	a Direct public support	1a	65,333			
	b Indirect public support	1b				
	c Government contributions (grants)	1c	67,824			
	d Total (add lines 1a through 1c) (cash \$ 73,450 noncash \$ 59,707)	1d			133,157	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			1,282,003	
	3 Membership dues and assessments	3				
	4 Interest on savings and temporary cash investments	4			5,963	
	5 Dividends and interest from securities	5				
	6a Gross rents	6a				
	b Less rental expenses	6b				
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c				
	7 Other investment income (describe ▶)	7				
	8a Gross amount from sales of assets other than inventory	(A) Securities	8a			
		(B) Other	8a			
			8b			
			8c			
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d					
9 Special events and activities (attach schedule)						
a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a	77,884				
b Less direct expenses other than fundraising expenses	9b					
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c			77,884		
10a Gross sales of inventory, less returns and allowances	10a					
	b Less cost of goods sold	10b				
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c					
11 Other revenue (from Part VII, line 103)	11			8,634		
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12			1,507,641		
13 Program services (from line 44, column (B))	13			1,213,558		
14 Management and general (from line 44, column (C))	14			137,228		
15 Fundraising (from line 44, column (D))	15			29,467		
16 Payments to affiliates (attach schedule)	16					
17 Total expenses (add lines 16 and 44, column (A))	17			1,380,253		
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18			127,388	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19			571,080	
	20 Other changes in net assets or fund balances (attach explanation)	20				
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21			698,468	



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P 12

Part II Statement of Functional Expenses

All organizations must complete column (A) Columns (B) (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See Specific Instructions on page 20)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc	25			
26	Other salaries and wages	26	848,687	767,647	64,812
27	Pension plan contributions	27			
28	Other employee benefits	28	31,634	28,937	2,158
29	Payroll taxes	29	65,691	59,516	4,993
30	Professional fundraising fees	30			
31	Accounting fees	31	11,205	0	11,205
32	Legal fees	32			
33	Supplies	33			
34	Telephone	34	12,750	9,777	2,973
35	Postage and shipping	35	3,006	774	2,232
36	Occupancy	36	38,169	26,306	11,863
37	Equipment rental and maintenance	37	6,836	4,610	2,226
38	Printing and publications	38			
39	Travel	39	619	386	233
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42	28,367	28,367	0
43	Other expenses (itemize) a	43a			
	b Schedule attached	43b	333,289	287,238	34,533
	c	43c			
	d	43d			
	e	43e			
44	Total functional expenses (add lines 22 through 43) <i>Organizations completing columns (B)-(D), carry these totals to lines 13-15</i>	44	1,380,253	1,213,558	137,228

Reporting of Joint Costs Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 23)

What is the organization's primary exempt purpose? **Provides supports & services for individuals with disabilities**
 All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)

	Program Service Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others)
a Provides supports & services for individuals with disabilities (Grants and allocations \$ _____)	1,213,558
b _____ (Grants and allocations \$ _____)	
c _____ (Grants and allocations \$ _____)	
d _____ (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	1,213,558

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Part IV Balance Sheets (See Specific Instructions on page 23)

Note		(A)		(B)	
Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		Beginning of year		End of year	
Assets	45 Cash—non-interest-bearing		116,921	45	227,531
	46 Savings and temporary cash investments			46	
	47a Accounts receivable	47a 174,637	155,459		167,137
	b Less allowance for doubtful accounts	47b 7,500		47c	
	48a Pledges receivable	48a			
	b Less allowance for doubtful accounts	48b	52,445	48c	71,367
	49 Grants receivable			49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
	51a Other notes and loans receivable (attach schedule)	51a			
	b Less allowance for doubtful accounts	51b		51c	
	52 Inventories for sale or use			52	
	53 Prepaid expenses and deferred charges		4,311	53	4,663
	54 Investments—securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54	
	55a Investments—land, buildings, and equipment basis	55a			
	b Less accumulated depreciation (attach schedule)	55b		55c	
56 Investments—other (attach schedule)			56		
57a Land, buildings, and equipment basis	57a 684,927				
b Less accumulated depreciation (attach schedule)	57b 339,009	327,621	57c	345,918	
58 Other assets (describe <input type="checkbox"/>)			58		
59 Total assets (add lines 45 through 58) (must equal line 74)		656,757	59	816,616	
Liabilities	60 Accounts payable and accrued expenses		63,802	60	69,215
	61 Grants payable			61	
	62 Deferred revenue		21,875	62	20,625
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			63	
	64a Tax-exempt bond liabilities (attach schedule)			64a	
	b Mortgages and other notes payable (attach schedule)			64b	28,309
	65 Other liabilities (describe <input type="checkbox"/>)			65	
66 Total liabilities (add lines 60 through 65)		85,677	66	118,149	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67 Unrestricted			67	
	68 Temporarily restricted		57,407	68	73,456
	69 Permanently restricted		513,673	69	625,012
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
	70 Capital stock, trust principal, or current funds			70	
	71 Paid-in or capital surplus, or land, building, and equipment fund			71	
	72 Retained earnings, endowment, accumulated income, or other funds			72	
	73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)		571,080	73	698,468
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)		656,757	74	816,616

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 25)

SAME

a Total revenue, gains, and other support per audited financial statements ▶	a
b Amounts included on line a but not on line 12, Form 990	b
(1) Net unrealized gains on investments \$	
(2) Donated services and use of facilities \$	
(3) Recoveries of prior year grants \$	
(4) Other (specify)	
\$	
Add amounts on lines (1) through (4) ▶	b
c Line a minus line b ▶	c
d Amounts included on line 12, Form 990 but not on line a	d
(1) Investment expenses not included on line 6b, Form 990 \$	
(2) Other (specify)	
\$	
Add amounts on lines (1) and (2) ▶	d
e Total revenue per line 12, Form 990 (line c plus line d) ▶	e

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

SAME

a Total expenses and losses per audited financial statements ▶	a
b Amounts included on line a but not on line 17, Form 990	b
(1) Donated services and use of facilities \$	
(2) Prior year adjustments reported on line 20, Form 990 \$	
(3) Losses reported on line 20, Form 990 \$	
(4) Other (specify)	
\$	
Add amounts on lines (1) through (4) ▶	b
c Line a minus line b ▶	c
d Amounts included on line 17, Form 990 but not on line a	d
(1) Investment expenses not included on line 6b, Form 990 \$	
(2) Other (specify)	
\$	
Add amounts on lines (1) and (2) ▶	d
e Total expenses per line 17, Form 990 (line c plus line d) ▶	e

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see Specific Instructions on page 25)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Schedule attached	Part-time	0	0	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No
If "Yes," attach schedule—see Specific Instructions on page 26

Part VI Other Information (See Specific Instructions on page 26)		N/A	Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt			
81a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	81a	0	
b	Did the organization file Form 1120-POL for this year?	81b		
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	X	
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 for reporting in Part III)	82b		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b		
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	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? 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	85b		
c	Dues, assessments and similar amounts from members	85c		
d	Section 162(e) lobbying and political expenditures	85d		
e	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		
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86a		
b	Gross receipts, included on line 12, for public use of club facilities	86b		
87	501(c)(12) orgs Enter a Gross income from members or shareholders	87a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b		
88	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	88		X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 _____, section 4912 _____, section 4955 _____			
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		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization			
90a	List the states with which a copy of this return is filed _____ Florida _____			
b	Number of employees employed in the pay period that includes March 12, 2000 (See inst)	90b	Staff - 58	
91	The books are in care of _____ St. Andrew Bay Center, Inc. Telephone no _____ (850) 265-2951 Located at _____ 1517 Tennessee Ave., Lynn Haven, FL _____ ZIP code _____ 32444			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here _____ and enter the amount of tax-exempt interest received or accrued during the tax year _____ 92 _____			

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 30)

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a CRF Contract					90,809
b Private client					7,125
c Client product sales & service					111,221
d					
e					
f Medicare/Medicaid payments					954,876
g Fees and contracts from government agencies					117,972
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					5,963
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					77,884
102 Gross profit or (loss) from sales of inventory					8,634
103 Other revenue a <u>Miscellaneous</u>					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))					
105 Total (add line 104, columns (B), (D), and (E))					1,374,484

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 31)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	Assistance for Mentally Disadvantaged Citizens

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 31)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 31)

- (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

Note: If "Yes" to (b), file Form 9870 and Form 4720 (see instructions)

I have prepared this return including accompanying schedules and statements and to the best of my knowledge and belief (other than officer) is based on all information of which preparer has any knowledge

1/29/02 Jan Pearce, Executive Director

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

OMB No 1545-0047

2000

Department of the Treasury
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

St. Andrew Bay Center, Inc.

Employer identification number

59 0951529

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000 ▶	NONE			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 1 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 professional services ▶	NONE	

Part III Statements About Activities

- 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 ► \$ _____
 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 of its 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
 - a Sale, exchange, or leasing of property?
 - b Lending of money or other extension of credit?
 - c Furnishing of goods, services, or facilities?
 - d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?
 - e Transfer of any part of its income or assets?
 If the answer to any question is "Yes," attach a detailed statement explaining the transactions
- 3 Does the organization make grants for scholarships, fellowships, student loans, etc.?
- 4a Do you have a section 403(b) annuity plan for your employees?
- b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See page 2 of the instructions.)

	Yes	No
1		X
2		
2a		X
2b		X
2c		X
2d		X
2e		X
3		X
4a		X

Part IV Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions)

The organization is not a private foundation because it is (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i)
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 5.)
- 7 A hospital or a cooperative hospital service organization. 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 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 A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10 11, or 12) *Use cash method of accounting*
 Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in) ▶	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
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					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22					
24 Line 23 minus line 17					
25 Enter 1% of line 23					
26 Organizations described on lines 10 or 11 a Enter 2% of amount in column (e), line 24 ▶					26a
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a Enter the sum of all these excess amounts ▶					26b
c Total support for section 509(a)(1) test Enter line 24, column (e) ▶					26c
d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____ ▶					26d
e Public support (line 26c minus line 26d total) ▶					26e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶					26f %
27 Organizations described on line 12 a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person" Enter the sum of such amounts for each year (1999) _____ (1998) _____ (1997) _____ (1996) _____					
b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (include in the list organizations described in lines 5 through 11, as well as individuals) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year (1999) _____ (1998) _____ (1997) _____ (1996) _____					
c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶					27c
d Add Line 27a total _____ and line 27b total _____ ▶					27d
e Public support (line 27c total minus line 27d total) ▶					27e
f Total support for section 509(a)(2) test Enter amount on line 23, column (e) ▶ 27f					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶					27h %
28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not include these grants in line 15 (See page 5 of the instructions)					

Part V Private School Questionnaire (See page 5 of the instructions)
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	X	
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?	N/A	
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? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)	N/A	
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	N/A	
c	Copies of all catalogues, brochures announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	N/A	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	X	
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		X
b	Admissions policies?		X
c	Employment of faculty or administrative staff?		X
d	Scholarships or other financial assistance?	N/A	
e	Educational policies?		X
f	Use of facilities?		X
g	Athletic programs?	N/A	
h	Other extracurricular activities?		X
	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?	X	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		X
35	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	X	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 7 of the instructions)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

Check here ► **a** if the organization belongs to an affiliated group
 Check here ► **b** if you checked "a" above and "limited control" provisions apply

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table— If the amount on line 40 is— The lobbying nontaxable amount is— Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000	41	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
 See the instructions for lines 45 through 50 on page 9 of the instructions)

Calendar year (or fiscal year beginning in) ►	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots nontaxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

Part VI-B Lobbying Activity by Nonelecting Public Charities
 (For reporting only by organizations that did not complete Part VI-A) (See page 9 of the instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h)

Yes	No	Amount

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 9 of the instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

- a** Transfers from the reporting organization to a noncharitable exempt organization of
 - (i) Cash
 - (ii) Other assets
- b** Other transactions
 - (i) Sales or exchanges of assets with a noncharitable exempt organization
 - (ii) Purchases of assets from a noncharitable exempt organization
 - (iii) Rental of facilities, equipment, or other assets
 - (iv) Reimbursement arrangements
 - (v) Loans or loan guarantees
 - (vi) Performance of services or membership or fundraising solicitations
- c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees
- d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

	Yes	No
51a(i)		
a(ii)		
b(i)		
b(ii)		
b(iii)		
b(iv)		
b(v)		
b(vi)		
c		

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes" complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Part V - List of Board

Charles Gobat President	4439 Vista Dr Lynn Haven FL 32444
Diane Stewart V.President	1022 W 23rd St Panama City FL 32412
Steve Rudloff Treasurer	2901 W 23rd St Panama City FL 32405
Nancy Jones Secretary	845 Jenks Ave Panama City FL 32401
Joseph Ashbrook Board Member	2424 Jenks Ave Panama City FL 32405
Sharon Gamble Board Member	1022 Clemson Circle Panama City FL 32405
JB Holloway Board Member	3421 N Hwy 77 Panama City FL 32405
Jean Jordan Board Member	725 N Tyndall Parkway Panama City FL 32404
Randall Lewis Board Member	1404 Lincoln Ave Panama City FL 32406
Mike MacArthur Board Member	7500 Shadow Bay Dr Panama City FL 32404
Becky Potts Board Member	12305 Country Club Dr Panama City FL 32404
Robert Radcliff Board Member	902 Joan Lane Panama City FL 32404
Mike Sarab Board Member	4300 Hwy 2300 Lynn Haven FL 32444
Roger Schad Board Member	1011 Alabama Ave Lynn Haven FL 32444
Mike Serian Board Member	2567 Huntcliff Lane Panama City FL 32405

Part II - Statement of Functional Expenses
Line 43 - Other Expenses

	(A) Total	(B) Program Service	(C) Management & General	(D) Fund Raising
Contract Labor	12,816	10,189	2,627	
Client Pay	61,696	61,696		
Client Activities	1,887	1,887		
Insurance	24,450	16,764	7,686	
Workers' Compensation	36,177	32,777	2,749	651
Employee Background Screening	1,014		1,014	
Employee Health Requirements	168	128	40	
Staff Education & Training	3,111	2,644	467	
Membership & Subscriptions	3,080	1,774	1,306	
Recognition & Awards	1,474	395	1,079	
Office Expense	9,492	5,174	4,318	
Mileage Reimbursement	47,934	47,089	845	
Bad Debts	1,143		1,143	
Bank Charges	261		261	
Program Supplies	14,869	4,121	417	10,331
Janitorial Expense	10,071	10,071		
Client Product Sales & Services				
Supplies	29,828	29,828		
Interest & penalties	2,930		2,930	
Vehicle Maintenance & Gasoline	10,691	10,691		
Repairs & Maintenance	6,974	6,190	784	
In-Kind Donations- Supplies	1,680	1,680		
Donated Services	39,872	37,772	2,100	
Donated Building Usage	2,400	2,400		
Miscellaneous	4,922	155	4,767	
Advertising	4,349	3,813		536
	<u>333,289</u>	<u>287,238</u>	<u>34,533</u>	<u>11,518</u>

St Andrew Bay Center, Inc
Form 990

59-0951529
For the Year Ended
June 30, 2001

Part IV - Balance Sheet
Line 64b - Notes Payable

<u>To Whom Payable</u>	<u>Balance at Beginning of Year</u>	<u>Balance at End of Year</u>
Regions Bank	0	10,867
Peoples Bank	0	17,442
	<u>0</u>	<u>28,309</u>

ST ANDREW BAY CENTER
DEPRECIATION REPORT

Page 1
FOR THE YEAR ENDED JUNE 30 2001

PLACED IN SERVICE	LIFE	METHOD	BALANCE 07/01/00	ADDITIONS	RETIREMENTS	BALANCE 06/30/01	DEPRECIATION	BALANCE 06/30/01
***** REAL PROPERTY *****								
ORIGINAL BUILDING	20 00	SL	60,888 21			60,888 21		60,888 21
FRAME BUILDING CLASSROOM	20 00	SL	34,167 30			34,167 30		34,167 30
CLASSROOM IMPROVEMENTS	16 00	SL	780 00			780 00		780 00
WORK CENTER & FENCE	12 00	SL	20,565 92			20,565 92		20,565 92
WALKWAY COVER	10 00	SL	1,400 00			1,400 00		1,400 00
BUILDING	20 00	SL	61,322 64			61,322 64	3,066 13	50,092 23
ROOF	5 00	SL	6,780 00			6,780 00		6,780 00
GREENHOUSE	15 00	SL	5,546 13			5,546 13	369 74	5,176 37
WELL SYSTEM	10 00	SL	4,000 00			4,000 00	400 00	3,733 33
BUILDING ALA AVE	20 00	SL	70,000 00			70,000 00	3,500 00	12,833 33
TOTAL REAL PROPERTY			265,450 20	0 00	0 00	265,450 20	7,335 87	196,416 69

ST ANDREW BAY CENTER
DEPRECIATION REPORT

Page 2
FOR THE YEAR JUNE 30 2001

PLACED IN SERVICE	LIFE	METHOD	BALANCE 07/01/00	ADDITIONS	RETIREMENTS 06/30/01	BALANCE 07/01/00	ADDITIONS	RETIREMENTS 06/30/01	BALANCE 06/30/01
***** FURNITURE, FIXTURES, & EQUIPMENT *****									
OFFICE FURNITURE	5 00	SL	5,299 08			5,299 08			5,299 08
OFFICE FURNITURE	5 00	SL	881 58			881 58			881 58
CAFETERIA FURNITURE	5 00	SL	1,820 00			1,820 00			1,820 00
ICEMAKER	5 00	SL	1,028 00			1,028 00			1,028 00
AIR CONDITIONER/HEATER	5 00	SL	510 00			510 00			510 00
CAFETERIA CHAIRS .50	5 00	SL	999 50			999 50			999 50
2 FEDDERS AIR CONDITIONER	5 00	SL	1,199 90			1,199 90			1,199 90
COMPUTER 486SX 33MHZ	5 00	SL	1,148 98			1,148 98			1,148 98
SAMSUNG TELEPHONE SYS	5 00	SL	2,715 44			2,715 44			2,715 44
P120 COMPUTER+PRINT	5 00	SL	2,155 00			2,155 00			2,155 00
MINOLTA EP5400 COPIER	5 00	SL	3,500 00			3,500 00			3,500 00
P133 COMPUTER	5 00	SL	1,771 97			1,771 97			1,771 97
BILLING SOFTWARE	5 00	SL	2,500 00			2,500 00			2,500 00
STEREO SYSTEM	5 00	SL	1,000 00			1,000 00			1,000 00
ICE MACHINE	5 00	SL	1,795 00			1,795 00			1,795 00
2 MAYTAG DISHWASHERS	5 00	SL	1,007 90			1,007 90			1,007 90
2 AIR CONDITIONS	5 00	SL	1,437 00			1,437 00			1,437 00
233 MMX CPU SYSTEM	5 00	SL	1,079 00			1,079 00			1,079 00
AMD 233 SYS	5 00	SL	992 00			992 00			992 00
400 COMP SYS	5 00	SL	1,467 00			1,467 00			1,467 00
ICE MAKER	5 00	SL	649 99			649 99			649 99
COMPUTER DESK/HUTCH	5 00	SL	798 00			798 00			798 00
PHONE SYS/ADMIN OFFICE	5 00	SL	1,596 08			1,596 08			1,596 08
VERTICAL BLINDS/AD OFF	5 00	SL	924 00			924 00			924 00
3 DELL COMPUTERS	5 00	SL	3,534 00			3,534 00			3,534 00
3 PRINTERS/2 LAS/1 INK	5 00	SL	529 86			529 86			529 86
7 2 WAY RADIOS	5 00	SL	1,901 60			1,901 60			1,901 60
12 6 FT FOLDING TABLES	5 00	SL	1,020 00			1,020 00			1,020 00
2 GATEWAY COMPUTERS	5 00	SL		2,388 00			2,388 00		
TOTAL FURNITURE, FIXTURES & EQUIPMENT			45,260 88	2,388 00	0 00	47,648 88	6,114 54	0 00	34,955 31

ST ANDREW BAY CENTER
DEPRECIATION REPORT

Page 3
FOR THE YEAR ENDED JUNE 30 2001

PLACED IN SERVICE	LIFE	METHOD	BALANCE 07/01/00	COST	ADDITIONS	RETIREMENTS	BALANCE 06/30/01	DEPRECIATION	ADDITIONS	RETIREMENTS	BALANCE 06/30/01
RECREATION EQUIPMENT											
01 Jan 80	5.00	SL	130.00				130.00				130.00
INDUSTRIAL ARTS EQUIPMENT											
09 Jul 87	15.00	SL	3,150.00				3,150.00				2,940.00
09 Jul 87	15.00	SL	1,683.00				1,683.00	210.00			1,570.80
09 Jul 87	15.00	SL	516.00				516.00	112.20			481.60
09 Jul 87	15.00	SL	1,823.36				1,823.36	34.40			1,701.84
09 Jul 87	15.00	SL	1,095.64				1,095.64	121.56			1,022.56
15 Dec 93	15.00	SL	29,000.00				29,000.00	73.04			14,661.09
31 May 01	5.00	SL		1,003.63			1,003.63	1,933.33			16.73
			37,268.00	1,003.63	0.00	0.00	38,271.63	2,501.26	0.00	0.00	22,394.62
NURSERY EQUIPMENT											
01 Jan 80	5.00	SL	5,125.83				5,125.83				5,125.83
26 Jun 87	4.00	SL	1,574.40				1,574.40	112.20			1,574.40
24 Oct 89	5.00	SL	550.00				550.00	34.40			550.00
27 Nov 89	5.00	SL	550.00				550.00	121.56			550.00
23 Apr 90	5.00	SL	650.00				650.00	73.04			650.00
18 Aug 92	5.00	SL	3,542.00				3,542.00	1,933.33			3,542.00
08 Feb 94	5.00	SL	646.00				646.00	16.73			646.00
28 Jun 94	5.00	SL	703.20				703.20				703.20
07 Jul 97	5.00	SL	3,600.00				3,600.00	720.00			2,880.00
09 Aug 99	5.00	SL	1,781.28				1,781.28	356.26			653.14
09 Aug 99	5.00	SL	2,870.51				2,870.51	574.10			1,052.52
			21,593.22	0.00	0.00	0.00	21,593.22	1,650.36	0.00	0.00	17,927.09

ST ANDREW BAY CENTER
DEPRECIATION REPORT

Page 4
FOR THE YEAR ENDED JUNE 30, 2001

PLACED IN SERVICE	LIFE	METHOD	BALANCE 07/01/00	COST ADDITIONS	RETIREMENTS 06/30/01	BALANCE 06/30/01	DEPRECIATION ADDITIONS	RETIREMENTS 06/30/01	BALANCE 06/30/01
AUDIO VISUAL EQUIPMENT									
	5 00	SL	2 479 80			2 479 80			2 479 80
TOTAL FURN & EQUIP			106 731 90	3 391 63	0 00	110 123 53	10 266 16	0 00	77 886 82
VEHICLES									
1989 FORD E150	5 00	SL	11 468 52			11 468 52			11 468 52
1993 Ford Aerostar	5 00	SL	15 171 00			15 171 00			15 171 00
1988 Voyager SE	5 00	SL	5 500 00			5 500 00	(1 100 00)		5 500 00
1992 FORD VAN	5 00	SL	13 500 00			13 500 00	2 700 00		11 250 00
WHEEL CHAIR LIFT	5 00	SL	4 176 70			4 176 70	835 34		3 341 42
1985 FORD F350	5 00	SL	2 600 00			2 600 00	520 00		1 776 67
1991 FORD VAN	5 00	SL	6 000 00			6 000 00	1 200 00		3 700 00
1996 PLYMOUTH VOYAGER	3 00	SL	8 840 60			8 840 60	2 946 87		5 893 74
1996 DODGE CARAVAN	3 00	SL	8 824 00			8 824 00	2 941 33		5 882 66
1999 GMC Cargo Van	5 00	SL	17 198 65			17 198 65	286 64		286 64
2000 Ford E350 (Wheelchair Van)	5 00	SL	26 073 50			26 073 50	434 56		434 56
TOTAL PROPERTY			448 262 92	46,663 78	0 00	494 926 70	28 366 78	0 00	339 008 73

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545 1709

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II (on page 2 of this form)
- Note. Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**

Part I Automatic 3-Month Extension of Time—Only submit original (no copies needed)
Note Form 990-T corporations requesting an automatic 6-month extension—check this box and complete Part I only
 All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print	Name of Exempt Organization <u>St. Andrew Bay Center, Inc</u>	Employer identification number <u>59 0951529</u>
File by the due date for filing your return See instructions	Number, street and room or suite no. If a P.O. box, see instructions <u>PO Box 1320</u>	
	City, town or post office, state and ZIP code. For a foreign address, see instructions <u>LYNN HAVEN FL 32444</u>	

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- If the organization does not have an office or place of business in the United States check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ if this is for the **whole group** check this box if it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 month, for 990-T corporation) extension of time until _____, 20____ to file the exempt organization return for the organization named above. The extension is for the organization's return for
 ▶ calendar year 20____ or
 ▶ tax year beginning July 1 2000 and ending June 30 2001

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ _____

c **Balance Due** Subtract line 3b from line 3a. Include your payment with this form or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ _____

Signature and Verification

Under penalties of perjury I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Dorinda R. Nichols Title Accountant Date 11/14/01

ma loc 11/14/01 to
Ogden UT 84201-2012