

Return of Organization Exempt From Income Tax

2001

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 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 2001 calendar year, or tax year beginning July 1, 2001, and ending June 30, 2003

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Final return
 - Amended return
 - Application pending

C Name of organization
St Andrew Bay Center, Inc.

Number and street (or P O box if mail is not delivered to street address) Room/suite
P O Box 1320

City or town state or country and ZIP + 4
Lynn Haven, FL 32444

D Employer identification number
59: 0951529

E Telephone number
(850) 265-2951

F Accounting method: Cash Accrual
 Other (specify) ▶

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

- H and I are not applicable to section 527 organizations**
- 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 instructions.)
- H(d)** Is this a separate return filed by an organization covered by a group ruling? Yes No
- I** Enter 4-digit GEN ▶
- M** Check if the organization is not required to attach Sch B (Form 990 990-EZ or 990 PF)

G Web site ▶

J Organization type (check only one) ▶ 501(c) (3) ◀ (insert no) 4947(a)(1) or 527

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.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶

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	95095		
	b Indirect public support	1b			
	c Government contributions (grants)	1c	48917		
	d Total (add lines 1a through 1c) (cash \$ 76224 noncash \$ 67788)	1d			144012
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			1436694
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4			6386
	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		(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	92580		
	b Less direct expenses other than fundraising expenses	9b			
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c			92580
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			3540	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12			1683212	
Expenses	13 Program services (from line 44, column (B))	13			1385441
	14 Management and general (from line 44, column (C))	14			154431
	15 Fundraising (from line 44, column (D))	15			34004
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses (add lines 16 and 44, column (A))	17			1573876
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18			119526
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19			698466
	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			817992

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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 21.)

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 \$ _____)				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc				
26	Other salaries and wages	951307	866390	67934	16983
27	Pension plan contributions				
28	Other employee benefits	38438	34647	3033	758
29	Payroll taxes	76804	66865	7951	1988
30	Professional fundraising fees				
31	Accounting fees	7694	0	7694	
32	Legal fees				
33	Supplies				
34	Telephone	14421	11049	3372	
35	Postage and shipping	2738	678	2060	
36	Occupancy	40296	28511	11785	
37	Equipment rental and maintenance	5853	3822	2031	
38	Printing and publications				
39	Travel	3413	693	2720	
40	Conferences, conventions, and meetings				
41	Interest	2497	0	2497	
42	Depreciation, depletion, etc (attach schedule)	35540	35540	0	
43	Other expenses not covered above (itemize) a				
	b see attached	394875	337246	43354	14275
	c				
	d				
	e				
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	1573876	1385441	154431	34004

Joint Costs Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? 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 24)

What is the organization's primary exempt purpose? _____
 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 \$ _____)	1385441
b _____ _____ (Grants and allocations \$ _____)	
c _____ _____ (Grants and allocations \$ _____)	
d _____ _____ (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	1385441
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	

Part IV Balance Sheets (See Specific Instructions on page 24)

Note	Where required attached schedules and amounts within the description column should be for end-of-year amounts only	(A) Beginning of year		(B) End of year
45	Cash—non-interest-bearing	227531	45	283289
46	Savings and temporary cash investments		46	
47a	Accounts receivable	258748		
47b	Less allowance for doubtful accounts	20500	47c	238248
48a	Pledges receivable			
48b	Less allowance for doubtful accounts	71367	48c	81557
49	Grants receivable		49	
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
51a	Other notes and loans receivable (attach schedule)			
51b	Less allowance for doubtful accounts		51c	
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges	4663	53	2617
54	Investments—securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
55a	Investments—land, buildings, and equipment basis			
55b	Less accumulated depreciation (attach schedule)		55c	
56	Investments—other (attach schedule)		56	
57a	Land, buildings, and equipment basis	687712		
57b	Less accumulated depreciation (attach schedule)	355590	57c	332122
58	Other assets (describe _____)		58	
59	Total assets (add lines 45 through 58) (must equal line 74)	816616	59	937833
60	Accounts payable and accrued expenses	69215	60	79339
61	Grants payable		61	
62	Deferred revenue	20625	62	19375
63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
64a	Tax-exempt bond liabilities (attach schedule)		64a	
64b	Mortgages and other notes payable (attach schedule)	28309	64b	21127
65	Other liabilities (describe _____)		65	
66	Total liabilities (add lines 60 through 65)	118149	66	119841
	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	73456	68	83645
69	Permanently restricted	625012	69	734347
	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, column (B) must equal line 21)	698468	73	817992
74	Total liabilities and net assets / fund balances (add lines 66 and 73)	816616	74	937833

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 VI Other Information (See Specific Instructions on page 27)		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	✓
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	✓
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this 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, or substantial contraction during the year? If "Yes," attach a statement	79	✓
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	✓
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 direct or indirect political expenditures. See line 81 instructions. 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	✓
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) 82b		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	✓
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	✓
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 on line 85f?	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 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	✓
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	✓
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, 2001 (See instructions) 90b staff - 65		
91	The books are in care of _____ Telephone no _____ Located at _____ ZIP + 4 _____		
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 32)

	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 Private Client					9107
b CRF Contract					99263
c Client product sales & services					125011
d					
e					
f Medicare/Medicaid payments					1077113
g Fees and contracts from government agencies					126200
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					6386
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					92580
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a Miscellaneous					3540
b Government Contributions					48917
c Public Contributions					95095
d					
e					
104 Subtotal (add columns (B), (D), and (E))					1683212
105 Total (add line 104, columns (B), (D), and (E))					1683212

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 32)

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 33)

(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 33)

- (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 8870 and Form 4720 (see instructions)

Please Sign Here

Under penalties of perjury I declare that I have examined this return, including attachments, if any, and believe it is true, correct, and complete. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Signature of officer: *Jan Pearce*
 Type or print name and title: **Jan Pearce, Executive Director**

Preparer's signature: *Amanda R. Nichols*
 Firm's name (or yours if self-employed), address, and ZIP + 4: **Amanda R. Nichols, Staff Accountant
 PO Box 1320 Lynn Haven FL 33499**



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

Supplementary Information—(See separate instructions)

OMB No. 1545-0047

2001

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 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 professional services ▶	NONE	

Part III 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)

1		✓
---	--	---

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities

2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees directors, officers, creators, key employees or members of their families or with any taxable organization with which any such person is affiliated as an officer director trustee majority owner, or principal beneficiary? (If the answer to any question is "Yes" attach a detailed statement explaining the transactions)

--	--	--

a Sale exchange, or leasing of property?

2a		✓
----	--	---

b Lending of money or other extension of credit?

2b		✓
----	--	---

c Furnishing of goods, services, or facilities?

2c		✓
----	--	---

d Payment of compensation (or payment or reimbursement of expenses if more than \$1 000)?

2d		✓
----	--	---

e Transfer of any part of its income or assets?

2e		✓
----	--	---

3 Does the organization make grants for scholarships fellowships student loans etc? (See Note below)

3		✓
---	--	---

4 Do you have a section 403(b) annuity plan for your employees?

4		✓
---	--	---

Note 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

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Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 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)

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 6 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) 2000	(b) 1999	(c) 1998	(d) 1997	(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 related 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 Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a Do not file this list with your return Enter the total 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," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" Do not file this list with your return. Enter the sum of such amounts for each year

(2000) _____ (1999) _____ (1998) _____ (1997) _____

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals) Do not file this list with your return After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year

(2000) _____ (1999) _____ (1998) _____ (1997) _____

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 from line 23 column (e) ▶ 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 1997 through 2000, prepare a list for your records to show, for each year the name of the contributor the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15

Part V Private School Questionnaire (See page 7 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?	✓	
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?	✓	
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?	✓	
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?		✓
b Admissions policies?		✓
c Employment of faculty or administrative staff?		✓
d Scholarships or other financial assistance?	N	A
e Educational policies?		✓
f Use of facilities?		✓
g Athletic programs?	N	A
h Other extracurricular activities?		✓
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?	✓	
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		✓
.....		
.....		
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	✓	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group Check **b** if you checked "a" 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 11 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(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 12 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

	Yes	No	Amount
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)			

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

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

	(A) Total	(B) Program Service	(C) Management & General	(D) Fund Raising
Client Pay	76,204	76,204		
Client Activities	557	557		
Insurance	30,890	28,962	1,928	
Workers' Compensation	37,342	33,487	3,855	
Employee Background Screening	1,793		1,793	
Staff Education & Training	4,728	1,429	3,299	
Membership & Subscriptions	11,809	9,427	2,382	
Recognition & Awards	2,074	1,889	185	
Office Expense	10,321	5,923	4,398	
Mileage Reimbursement	44,228	43,360	868	
Bad Debts	15,081		15,081	
Bank Charges	101		101	
Program Supplies	30,719	18,010	1,079	11,630
Janitorial Expense	5,841	5,841		
Client Product Sales & Services Supplies	15,427	15,427		
Vehicle Maintenance & Gasoline	15,438	13,432	2,006	
Repairs & Maintenance	13,062	13,062		
In-Kind Donations- Supplies	2,521	2,521		
Donated Services	55,429	55,429		
Donated Building Usage	2,400	2,400		
Miscellaneous	8,536	1,624	4,562	2,350
Advertising	10,374	8,262	1,817	295
	<u>394,875</u>	<u>337,246</u>	<u>43,354</u>	<u>14,275</u>
	394,875			

St Andrew Bay Center, Inc
Form 990

59-0951529
For the Year Ended
June 30, 2002

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	10,867	7,531
Peoples Bank	<u>17,442</u>	<u>13,596</u>
	<u>28,309</u>	<u>21,127</u>

St Andrew Bay Center, Inc
Form 990

59-0951529
For the Year Ended
June 30, 2002

Part V - List of Board of

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
Sheila Faries Board Member	200 Aberdeen Loop 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
Gary Anderson Board Member	7500 Shadow Bay Dr Panama City FL 32405
Lauren Macleroy Board Member	PO Box 26 Panama City FL 32402
Robert Radcliff Board Member	902 Joan Lane Panama City FL 32404
W.Trey Hall Board Member	1601 Wildndge Road Lynn Haven FL 32444

PLACED IN	SERVICE	LIFE	METHOD	07/01/01	BALANCE	*****COST	*****	BALANCE	07/01/01	ADDITIONS	RETIREMENTS	DEPRECIATION*****	BALANCE	06/30/02
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..... REAL PROPERTY														
01 Oct 78	20 00	SL	60 888 21	60 888 21	34 167 30	780 00	01 Oct 78	20 00	SL	60 888 21	60 888 21	34 167 30	780 00	01 Oct 78
01 Oct 79	16 00	SL	780 00	780 00	34 167 30	780 00	01 Oct 79	16 00	SL	780 00	780 00	34 167 30	780 00	01 Oct 79
01 Oct 78	20 00	SL	34 167 30	34 167 30	34 167 30	780 00	01 Oct 78	20 00	SL	34 167 30	34 167 30	780 00	01 Oct 78	01 Oct 78
01 Oct 79	16 00	SL	780 00	780 00	34 167 30	780 00	01 Oct 79	16 00	SL	780 00	780 00	34 167 30	780 00	01 Oct 79
01 Oct 79	12 00	SL	20,565 92	20 565 92	20 565 92	20 565 92	01 Oct 79	12 00	SL	20,565 92	20 565 92	20 565 92	20 565 92	01 Oct 79
31 Jul 85	10 00	SL	1 400 00	1,400 00	1,400 00	1,400 00	31 Jul 85	10 00	SL	1 400 00	1,400 00	1 400 00	1 400 00	31 Jul 85
01 Mar 85	20 00	SL	61 322 64	61 322 64	50 092 23	50 092 23	01 Mar 85	20 00	SL	61 322 64	61 322 64	50 092 23	50 092 23	01 Mar 85
15 Apr 86	5 00	SL	6,780 00	6 780 00	6 780 00	6 780 00	15 Apr 86	5 00	SL	6,780 00	6 780 00	6 780 00	6,780 00	15 Apr 86
07 Jul 87	15 00	SL	5 546 13	5 546 13	5 176 37	5 176 37	07 Jul 87	15 00	SL	5 546 13	5 546 13	5 176 37	5,546 13	07 Jul 87
01 Mar 92	10 00	SL	4 000 00	4 000 00	3 733 33	3 733 33	01 Mar 92	10 00	SL	4 000 00	4 000 00	3 733 33	4 000 00	01 Mar 92
18 Nov 97	20 00	SL	70,000 00	70,000 00	70 000 00	70 000 00	18 Nov 97	20 00	SL	70,000 00	70 000 00	70 000 00	16,333 33	18 Nov 97
TOTAL REAL PROPERTY														
00 00	00 00	00 00	265 450 20	265 450 20	00 00	265 450 20	00 00	00 00	00 00	265 450 20	265 450 20	00 00	265 450 20	00 00
00 00	00 00	00 00	203 619 25	203 619 25	00 00	203 619 25	00 00	00 00	00 00	203 619 25	203 619 25	00 00	203 619 25	00 00

ST ANDREW BAY CENTER
DEPRECIATION REPORT

Page 2
FOR THE YEAR JUNE 30 2002

PLACED IN SERVICE	LIFE	METHOD	*****COST*****			*****DEPRECIATION*****				
			BALANCE 07/01/01	ADDITIONS	RETIREMENTS	BALANCE 06/30/02	BALANCE 07/01/01	ADDITIONS	RETIREMENTS	BALANCE 06/30/02
***** FURNITURE FIXTURES & EQUIPMENT										
OFFICE FURNITURE	01 Jul 80	5 00	SL	5 299 08			5 299 08			5 299 08
OFFICE FURNITURE	01 Jul 84	5 00	SL	881 58			881 58			881 58
CAFETERIA FURNITURE	15 Oct 85	5 00	SL	1,820 00			1 820 00			1 820 00
ICEMAKER	01 Sep 87	5 00	SL	1 028 00		1 028 00	1 028 00		1 028 00	0 00
AIR CONDITIONER/HEATER	10 Aug 88	5 00	SL	510 00			510 00			510 00
CAFETERIA CHAIRS 50	24 Aug 94	5 00	SL	999 50			999 50			999 50
2 FEDDERS AIR CONDITIONER	02 May 94	5 00	SL	1 199 90			1,199 90			1 199 90
COMPUTER 486SX 33MHZ	12 Oct 94	5 00	SL	1,148 98			1,148 98			1 148 98
SAMSUNG TELEPHONE SYS	13 Jun 95	5 00	SL	2 715 44			2 579 68	135 76		2,715 44
P120 COMPUTER+PRINT	23 Aug 96	5 00	SL	2 155 00			2 083 17	71 83		2,155 00
MINOLTA EP5400 COPIER	20 May 96	5 00	SL	3 500 00			3 500 00			3,500 00
P133 COMPUTER	23 May 96	5 00	SL	1,771 97			1,771 97			1,771 97
BILLING SOFTWARE	23 Aug 96	5 00	SL	2,500 00			2,416 67	83 33		2 500 00
STEREO SYSTEM	09 Jan 96	5 00	SL	1 000 00			1,000 00			1 000 00
ICE MACHINE	19 Jun 97	5 00	SL	1 795 00			1 436 00	359 00		1 795 00
2 MAYTAG DISHWASHERS	14 Jan 97	5 00	SL	1 007 90			907 12	100 78		1 007 90
2 AIR CONDITIONS	05 May 98	5 00	SL	1 437 00			910 10	287 40		1 197 50
233 MMX CPU SYSTEM	02 Jun 98	5 00	SL	1 079 00			665 38	215 80		881 18
AMD 233 SYS	11 Sep 98	5 00	SL	992 00			595 20	198 40		793 60
400 COMP SYS	05 Apr 99	5 00	SL	1 467 00			880 20	293 40		1 173 60
ICE MAKER	19 Aug 99	5 00	SL	649 99			238 33	130 00		368 33
COMPUTER DESK/HUTCH	29 Oct 99	5 00	SL	798 00			266 00	159 60		425 60
PHONE SYS/ADMIN OFFICE	03 Nov 99	5 00	SL	1 596 08			531 66	319 22		850 88
VERTICAL BLINDS/AD OFF	03 Nov 99	5 00	SL	924 00			308 00	184 80		492 80
3 DELL COMPUTERS	15 Nov 99	5 00	SL	3 534 00			1,178 00	706 80		1,884 80
3 PRINTERS/2 LAS/1 INK	26 Nov 99	5 00	SL	529 86			167 79	105 97		273 76
7 2 WAY RADIOS	08 Jun 00	5 00	SL	1 901 60			412 01	380 32		792 33
12 6 FT FOLDING TABLES	13 Jun 00	5 00	SL	1 020 00			221 00	204 00		425 00
2 GATEWAY COMPUTERS	28 Jun 01	5 00	SL	2 388 00				477 60		477 60
2 GATEWAY COMPUTERS	28 Jan 02	5 00	SL		2 228 00			185 67		185 67
2 GATEWAY COMPUTERS	14 Mar 02	5 00	SL		1 398 00			93 20		93 20
2 GATEWAY COMPUTERS	07 Jun 02	5 00	SL		1 417 00			47 23		47 23
TOTAL FURNITURE FIXTURES & EQUIPMENT				47,648 88	5 043 00	1,028 00	34 955 32	4 740 11	1 028 00	38 667 43

ST ANDREW BAY CENTER
DEPRECIATION REPORT

Page 4
FOR THE YEAR ENDED JUNE 30 2002

PLACED IN SERVICE	LIFE	METHOD	*****COST*****			*****DEPRECIATION*****			BALANCE 06/30/02
			BALANCE 07/01/01	ADDITIONS	RETIREMENTS	BALANCE 07/01/01	ADDITIONS	RETIREMENTS	
***** AUDIO VISUAL EQUIPMENT *****									
AUDIO VISUAL EQUIPMENT	01 Jan 80	5 00	SL	2,479 80			2 479 80		2 479 80
TOTAL FURN & EQUIP				110 123 53	5 043 00	1,578 00	77 886 83	9 075 76	85 384 59
***** VEHICLES *****									
1989 FORD E150	24 Oct 89	5 00	SL	11,468 52			11 468 52		11 468 52
1993 Ford Aerostar	27 Dec 93	5 00	SL	15 171 00		15 171 00	15 171 00		0 00
1988 Voyager SE	27 Jun 94	5 00	SL	5 500 00			5 500 00		5 500 00
1992 FORD VAN	02 May 97	5 00	SL	13 500 00			11 250 00	2 250 00	13 500 00
WHEEL CHAIR LIFT	11 Jul 97	5 00	SL	4 176 70			3 341 42	835 28	4,176 70
1985 FORD F350	20 Jan 98	5 00	SL	2,600 00		2,600 00	1,776 67	433 33	0 00
1991 FORD VAN	09 Jun 98	5 00	SL	6 000 00			3 700 00	1,200 00	4 900 00
1996 PLYMOUTH VOYAGER	25 Jun 99	3 00	SL	8 840 60			5 893 74	2 946 87	8 840 61
1996 DODGE CARAVAN	26 Jun 99	3 00	SL	8,824 00			5 882 66	2 941 34	8,824 00
1999 GMC Cargo Van	21 May 01	5 00	SL	17 198 65			286 64	3,439 73	3 726 37
2000 Ford E350 (Wheelchair Van)	15 Jun 01	5 00	SL	26 073 50			434 56	5 214 70	5 649 26
2002 CHEVROLET VAN	21 Jun 02	5 00	SL		17 090 85			0 00	0 00
				119 352 97	17 090 85	17 771 00	64 705 21	19 261 25	66,585 46
TOTAL PROPERTY				494 926 70	22,133 85	19 349 00	339 008 73	35 539 57	355 589 30

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 St. Andrew Bay Center, Inc.	Employer identification number 59; 0951529
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 PO Box 1320	
	City, town or post office, state and ZIP code. For a foreign address see instructions Lynn Haven, FL 32444	

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 **February 15**, 20**03**, 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**, 20**01**, and ending **June 30**, 20**02**

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 *Amanda R. Nichols* Title ▶ **Accountant** Date ▶ **11/4/02**