

**Return of Organization Exempt From Income Tax**

**2002**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

**A For the 2002 calendar year, or tax year beginning July 1, 2002, 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

**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 ▶ **1522610**

**I** Enter 4 digit GEN ▶

**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 17 of the instructions)

SCANNED NOV 14 2003

Revenue	<b>1</b> Contributions, gifts, grants and similar amounts received				
	<b>a</b> Direct public support	<b>1a</b>	<b>81479</b>		
	<b>b</b> Indirect public support	<b>1b</b>			
	<b>c</b> Government contributions (grants)	<b>1c</b>	<b>48045</b>		
	<b>d Total</b> (add lines 1a through 1c) (cash \$ <b>76328</b> noncash \$ <b>53196</b> )	<b>1d</b>			<b>129524</b>
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>			<b>1312264</b>
	<b>3</b> Membership dues and assessments	<b>3</b>			
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>			<b>3570</b>
	<b>5</b> Dividends and interest from securities	<b>5</b>			
	<b>6a</b> Gross rents	<b>6a</b>			
	<b>b</b> Less rental expenses	<b>6b</b>			
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>			
<b>7</b> Other investment income (describe ▶)	<b>7</b>				
<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
	<b>8a</b>				
	<b>8b</b>				
	<b>8c</b>				
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8d</b>				
<b>9</b> Special events and activities (attach schedule)					
<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1a)	<b>9a</b>	<b>70991</b>			
<b>b</b> Less direct expenses other than fundraising expenses	<b>9b</b>				
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>			<b>70991</b>	
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>				
	<b>b</b> Less cost of goods sold	<b>10b</b>			
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>				
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>			<b>6261</b>	
<b>12 Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>			<b>1522610</b>	
Expenses	<b>13</b> Program services (from line 44, column (B))	<b>13</b>		<b>1401904</b>	
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>		<b>183461</b>	
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>		<b>31382</b>	
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>			
	<b>17 Total expenses</b> (add lines 13 and 14, column (A))	<b>17</b>			<b>1616747</b>
Net Assets	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		<b>(112406)</b>	
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		<b>817992</b>	
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>			
	<b>21 Net assets or fund balances at end of year</b> (combine lines 18, 19, and 20)	<b>21</b>			<b>705586</b>

OGDEN, UT

P  
17

**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 page 21 of the instructions.)

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	943938	832530	94697	16711
27	Pension plan contributions				
28	Other employee benefits	82177	72484	8239	1454
29	Payroll taxes	77033	68655	7121	1257
30	Professional fundraising fees				
31	Accounting fees	7306		7306	
32	Legal fees				
33	Supplies				
34	Telephone	13541	9628	3913	
35	Postage and shipping	1620	587	1033	
36	Occupancy	40564	30474	10090	
37	Equipment rental and maintenance	5537	3468	2071	
38	Printing and publications				
39	Travel	532	532	0	
40	Conferences, conventions, and meetings				
41	Interest	17133		17133	
42	Depreciation depletion etc (attach schedule)	37383	37383		
43	Other expenses not covered above (itemize) a				
b	SEE ATTACHED	389983	346165	31858	11960
c					
d					
e					
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	1616747	1401904	183461	31382

**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 page 24 of the instructions)

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 \$ _____)	1401904
b		(Grants and allocations \$ _____)	
c		(Grants and allocations \$ _____)	
d		(Grants and allocations \$ _____)	
e	Other program services (attach schedule)	(Grants and allocations \$ _____)	
f	<b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)		<b>1401904</b>

**Part IV Balance Sheets** (See page 24 of the instructions )

<b>Note</b>		<b>(A)</b>		<b>(B)</b>	
<i>Where required attached schedules and amounts within the description column should be for end of year amounts only</i>		Beginning of year		End of year	
<b>Assets</b>	<b>45</b> Cash—non-interest-bearing		283289	<b>45</b>	266016
	<b>46</b> Savings and temporary cash investments			<b>46</b>	
	<b>47a</b> Accounts receivable	<b>47a</b> 123699			
	<b>b</b> Less allowance for doubtful accounts	<b>47b</b> 600	238248	<b>47c</b>	123099
	<b>48a</b> Pledges receivable	<b>48a</b>			
	<b>b</b> Less allowance for doubtful accounts	<b>48b</b>	81557	<b>48c</b>	63288
	<b>49</b> Grants receivable			<b>49</b>	
	<b>50</b> Receivables from officers directors, trustees, and key employees (attach schedule)			<b>50</b>	
	<b>51a</b> Other notes and loans receivable (attach schedule)	<b>51a</b>			
	<b>b</b> Less allowance for doubtful accounts	<b>51b</b>		<b>51c</b>	
	<b>52</b> Inventories for sale or use			<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges		2617	<b>53</b>	2579
	<b>54</b> Investments—securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV			<b>54</b>	
	<b>55a</b> Investments—land, buildings, and equipment basis	<b>55a</b>			
	<b>b</b> Less accumulated depreciation (attach schedule)	<b>55b</b>		<b>55c</b>	
	<b>56</b> Investments—other (attach schedule)			<b>56</b>	
	<b>57a</b> Land, buildings, and equipment basis	<b>57a</b> 1127633			
	<b>b</b> Less accumulated depreciation (attach schedule)	<b>57b</b> 364709	332122	<b>57c</b>	762924
<b>58</b> Other assets (describe ▶ _____ )			<b>58</b>		
<b>59 Total assets</b> (add lines 45 through 58) (must equal line 74)		937833	<b>59</b>	1217906	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses		79339	<b>60</b>	85724
	<b>61</b> Grants payable			<b>61</b>	
	<b>62</b> Deferred revenue		19373	<b>62</b>	18125
	<b>63</b> Loans from officers directors, trustees, and key employees (attach schedule)			<b>63</b>	
	<b>64a</b> Tax-exempt bond liabilities (attach schedule)			<b>64a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule)		21127	<b>64b</b>	408471
	<b>65</b> Other liabilities (describe ▶ _____ )			<b>65</b>	
<b>66 Total liabilities</b> (add lines 60 through 65)		119841	<b>66</b>	512320	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	<b>67</b> Unrestricted			<b>67</b>	
	<b>68</b> Temporarily restricted		83645	<b>68</b>	63288
	<b>69</b> Permanently restricted		734347	<b>69</b>	642298
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74				
	<b>70</b> Capital stock, trust principal, or current funds			<b>70</b>	
	<b>71</b> Paid-in or capital surplus or land, building, and equipment fund			<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income or other funds			<b>72</b>	
	<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		817992	<b>73</b>	705586
	<b>74 Total liabilities and net assets / fund balances</b> (add lines 66 and 73)		937833	<b>74</b>	1217906

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 page 27 of the instructions)

		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		✓
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		✓
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		✓
78b	b If "Yes," has it filed a tax return on Form 990-T for this year?		
79	Was there a liquidation, dissolution, termination or substantial contraction during the year? If "Yes," attach a statement		✓
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?		✓
81a	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	
81b	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?	✓	
82b	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?	✓	
83b	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	✓
84b	b If "Yes" did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	
85a	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	
85b	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	
85c	c Dues, assessments, and similar amounts from members	85c	
85d	d Section 162(e) lobbying and political expenditures	85d	
85e	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
85f	f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
85g	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
85h	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	
86a	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86a	
86b	b Gross receipts included on line 12 for public use of club facilities	86b	
87a	501(c)(12) orgs Enter a Gross income from members or shareholders	87a	
87b	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 _____		
89b	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		
90b	b Number of employees employed in the pay period that includes March 12 2002 (See instructions)	90b	staff 45
91	The books are in care of ▶ St Andrew Bay Center, Inc Telephone no ▶ ( 850 ) 265-2951 Located at ▶ 1804 Carolina Ave Lynn Haven, FL ZIP + 4 ▶ 32444		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92		

**Part VII Analysis of Income-Producing Activities** (See page 31 of the instructions)

	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	
<b>Note</b> Enter gross amounts unless otherwise indicated					
93 Program service revenue					
<b>a Private Client</b>					7239
<b>b CRF Contract</b>					99960
<b>c Client product sales &amp; services</b>					123150
d					
e					
f Medicare/Medicaid payments					1014616
g Fees and contracts from government agencies					67299
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					3570
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					70991
102 Gross profit or (loss) from sales of inventory					
103 Other revenue <b>a Miscellaneous</b>					6261
<b>b Government Contributions</b>					48045
<b>c Public Contributions</b>					81479
d					
e					
104 Subtotal (add columns (B), (D), and (E))					
105 <b>Total</b> (add line 104, columns (B), (D), and (E))					1522610

**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 page 32 of the instructions)

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)
▼	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 32 of the instructions)

(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 page 33 of the instructions)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
  - (b) Did the organization, during the year, pay premiums directly or indirectly, on a personal benefit contract?  Yes  No
- Note** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on information provided by the taxpayer.

**Please Sign Here**

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

**Paid Preparer's Use Only**

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, Florida**



**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

**2002**

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 <b>St Andrew Bay Center, Inc</b>	Employer identification number <b>59 0951529</b>
--	---

**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 ▶				

**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 ▶		

**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) 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?		✓
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?		✓
3 Does the organization make grants for scholarships fellowships, student loans etc ? (See Note below )		✓
4 Do you have a section 403(b) annuity plan for your employees?		✓
<b>Note</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		

**Part IV** Reason for Non-Private Foundation Status (See pages 3 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 )
- 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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)					
<b>16</b> Membership fees received					
<b>17</b> 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					
<b>18</b> 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					
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> 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.					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
<b>23</b> Total of lines 15 through 22					
<b>24</b> Line 23 minus line 17					
<b>25</b> Enter 1% of line 23					
<b>26 Organizations described on lines 10 or 11</b>	<p><b>a</b> Enter 2% of amount in column (e) line 24 ▶</p> <p><b>b</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 1998 through 2001 exceeded the amount shown in line 26a. <b>Do not file this list with your return.</b> Enter the total of all these excess amounts ▶</p> <p><b>c</b> Total support for section 509(a)(1) test. Enter line 24, column (e) ▶</p> <p><b>d</b> Add: Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____ ▶</p> <p><b>e</b> Public support (line 26c minus line 26d total) ▶</p> <p><b>f</b> <b>Public support percentage (line 26e (numerator) divided by line 26c (denominator))</b> ▶</p>				<p><b>26a</b> _____</p> <p style="background-color: #cccccc;"><b>26b</b> _____</p> <p><b>26c</b> _____</p> <p style="background-color: #cccccc;"><b>26d</b> _____</p> <p><b>26e</b> _____</p> <p><b>26f</b> _____ %</p>
<b>27 Organizations described on line 12</b>	<p><b>a</b> 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. <b>Do not file this list with your return.</b> Enter the sum of such amounts for each year:</p> <p>(2001) . . . . . (2000) . . . . . (1999) . . . . . (1998) . . . . .</p> <p><b>b</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.) <b>Do not file this list with your return.</b> 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:</p> <p>(2001) . . . . . (2000) . . . . . (1999) . . . . . (1998) . . . . .</p> <p><b>c</b> Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶</p> <p><b>d</b> Add: Line 27a total _____ and line 27b total _____ ▶</p> <p><b>e</b> Public support (line 27c total minus line 27d total) ▶</p> <p><b>f</b> Total support for section 509(a)(2) test. Enter amount from line 23, column (e) ▶ <b>27f</b> _____</p> <p><b>g</b> <b>Public support percentage (line 27e (numerator) divided by line 27f (denominator))</b> ▶ <b>27g</b> _____ %</p> <p><b>h</b> <b>Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</b> ▶ <b>27h</b> _____ %</p>				<p><b>27c</b> _____</p> <p><b>27d</b> _____</p> <p><b>27e</b> _____</p> <p style="background-color: #cccccc;"><b>27f</b> _____</p> <p><b>27g</b> _____ %</p> <p><b>27h</b> _____ %</p>
<b>28 Unusual Grants</b>	<p>For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, 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. <b>Do not file this list with your return.</b> Do not include these grants in line 15.</p>				

**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
<b>29</b> 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?	✓	
<b>30</b> 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
<b>31</b> 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
<b>32</b> Does the organization maintain the following		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?	✓	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	N	A
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions programs, and scholarships?	N	A
<b>d</b> 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 )		
<b>33</b> Does the organization discriminate by race in any way with respect to		
<b>a</b> Students' rights or privileges?		✓
<b>b</b> Admissions policies?		✓
<b>c</b> Employment of faculty or administrative staff?		✓
<b>d</b> Scholarships or other financial assistance?	N	A
<b>e</b> Educational policies?		✓
<b>f</b> Use of facilities?		✓
<b>g</b> Athletic programs?	N	A
<b>h</b> Other extracurricular activities?		✓
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )		
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency?	✓	
<b>b</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		✓
<b>35</b> 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

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

**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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> 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 11 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
<b>a</b> Volunteers			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h )			
<b>c</b> Media advertisements			
<b>d</b> Mailings to members legislators or the public			
<b>e</b> Publications or published or broadcast statements			
<b>f</b> Grants to other organizations for lobbying purposes			
<b>g</b> Direct contact with legislators their staffs government officials or a legislative body			
<b>h</b> Rallies demonstrations, seminars conventions speeches, lectures or any other means			
<b>i</b> 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	80,103	80,103		
Client Activities	534	534		
Insurance	41,138	36,068	5,070	
Workers' Compensation	55,153	49,148	5,104	901
Employee Background Screening	1,191		1,191	
Staff Education & Training	960	256	704	
Membership & Subscriptions	6,374	5,073	1,301	
Recognition & Awards	2,233	1,094	1,139	
Office Expense	12,973	8,911	4,062	
Mileage Reimbursement	38,274	36,788	1,486	
Bad Debts	6,421		6,421	
Bank Charges	196		196	
Program Supplies	28,140	18,186	1,977	7,977
Janitorial Expense	6,241	5,994	247	
Client Product Sales & Services				
Supplies	17,425	17,425		
Vehicle Maintenance & Gasoline	14,097	14,040	57	
Repairs & Maintenance	9,251	8,986	265	
In-Kind Donations- Supplies	6,700	6,700		
Donated Services	47,607	47,607		
Donated Building Usage	1,200	1,200		
Miscellaneous	5,684	923	2,461	2,300
Advertising	8,088	7,129	177	782
	<u>389,983</u>	<u>346,165</u>	<u>31,858</u>	<u>11,960</u>
	389,983			

St Andrew Bay Center, Inc  
Form 990

59-0951529  
For the Year Ended  
June 30, 2003

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	7,531	3,919
Peoples Bank	13,596	9,068
James Finch	<u>0</u>	<u>395,484</u>
	<u>21,127</u>	<u>408,471</u>

Part V - List of Board of

<b>Charles Gobat</b> <b>President</b>	4439 Vista Dr Lynn Haven FL 32444
<b>Diane Stewart</b> <b>V.President</b>	1022 W 23rd St Panama City FL 32412
<b>Steve Rudloff</b> <b>Treasurer</b>	2901 W 23rd St Panama City FL 32405
<b>Nancy Jones</b> <b>Secretary</b>	845 Jenks Ave Panama City FL 32401
<b>Joseph Ashbrook</b> <b>Board Member</b>	2424 Jenks Ave Panama City FL 32405
<b>Sheila Faries</b> <b>Board Member</b>	200 Aberdeen Loop Panama City FL 32405
<b>JB Holloway</b> <b>Board Member</b>	3421 N Hwy 77 Panama City FL 32405
<b>Jean Jordan</b> <b>Board Member</b>	725 N Tyndall Parkway Panama City FL 32404
<b>Randall Lewis</b> <b>Board Member</b>	1404 Lincoln Ave Panama City FL 32406
<b>Gary Anderson</b> <b>Board Member</b>	7500 Shadow Bay Dr Panama City FL 32405
<b>Lauren Macieroy</b> <b>Board Member</b>	PO Box 26 Panama City FL 32402
<b>Robert Radcliff</b> <b>Board Member</b>	902 Joan Lane Panama City FL 32404
<b>W.Trey Hall</b> <b>Board Member</b>	1601 Wildndge Road Lynn Haven FL 32444

PLACED IN	SERVICE	LIFE	METHOD	07/01/02	06/30/03	07/01/01	06/30/02
ORIGINAL BUILDING	01-Oct-78	20 00	SL	60 888 21	60 888 21	60 888 21	60 888 21
FRAME BUILDING-CLASSROO	01-Oct-78	20 00	SL	34 167 30	34 167 30	34 167 30	34 167 30
CLASSROOM IMPROVEMENTS	01-Oct-79	16 00	SL	780 00	780 00	780 00	780 00
WORK CENTER & FENCE	01-Oct-79	12 00	SL	20 565 92	20 565 92	20 565 92	20 565 92
WALKWAY COVER	31-Jul-85	10 00	SL	1 400 00	1 400 00	1 400 00	1 400 00
BUILDING	01-Mar-85	20 00	SL	61 322 64	61 322 64	53 158 36	56 224 49
ROOF	15-Apr-86	5 00	SL	6 780 00	6 780 00	6 780 00	6 780 00
GREENHOUSE	07-Jul-87	15 00	SL	5 546 13	5 546 13	5 546 13	5 546 13
WELL SYSTEM	01-Mar-92	10 00	SL	4 000 00	4 000 00	4 000 00	4 000 00
BUILDING-ALMA AVE	18-Nov-97	20 00	SL	70 000 00	70 000 00	3 500 00	19 833 33
BUILDING-ADT	03-Dec-02	31 50	SL	420 000 00	420 000 00	7 777 78	19 833 33
PORCH/NURSERY WALKWAYS	03-Dec-02	10 00	SL	2 800 00	2 800 00	163 33	163 33
WALTPAPER	12 Dec 02	5 00	SL	1 649 23	1 649 23	192 41	192 41
TOTAL REAL PROPERTY				265,450 20	265,450 20	203,619 25	218 318 90

\*\*\*\*\* REAL PROPERTY \*\*\*\*\*

BALANCE	07/01/02	06/30/03	07/01/01	06/30/02
***** COST *****				
BALANCE	265,450 20	265,450 20	203,619 25	218 318 90
ADDITIONS	424,449 23	424,449 23	14 699 65	0 00
RETIREMENTS	0 00	0 00	0 00	0 00
BALANCE	689,899 43	689,899 43	203,619 25	218 318 90
***** DEPRECIATION*****				
BALANCE	192 41	192 41	192 41	192 41
ADDITIONS	163 33	163 33	163 33	163 33
RETIREMENTS	0 00	0 00	0 00	0 00
BALANCE	34 167 30	34 167 30	34 167 30	34 167 30





ST ANDREW BAY CENTER  
DEPRECIATION REPORT

PLACED IN SERVICE	LIFE	METHOD	***** COST *****			***** DEPRECIATION*****					
			BALANCE 07/01/02	ADDITIONS	RETIREMENTS	BALANCE 06/30/03	BALANCE 07/01/02	ADDITIONS	RETIREMENTS	BALANCE 06/30/03	
***** FURNITURE FIXTURES & EQUIPMENT (CONTINUED)											
ADT FURNITURE	1-Dec-02	10 00	SL	14,934 46			14 934 46	871 18	871 18		
2 GATEWAY COMPUTERS	23-Jan-03	5 00	SL	3,037 98			3,037 98	253 17	253 17		
7 TVs	23-Jan-03	5 00	SL	1 188 10			1 188 10	99 01	99 01		
DOLPHIN STATUE	8-Feb-03			3,000 00			3,000 00				
PN FURNITURE	1-Apr-03	10 00	SL	5 342 70			5,342 70	133 57	133 57		
CARPET	1-Apr-03	10 00	SL	2 930 00			2,930 00	73 25	73 25		
HEAT/AIR	8-Apr-03	10 00	SL	6,916 00			6 916 00	172 90	172 90		
COMDIAL PHONE SYSTEM	14-Apr 03	5 00	SL	3,398 50			3,398 50	169 93	169 93		
CEILING	22-Apr 03	10 00	SL	2 775 00			2 775 00	46 25	46 25		
NETWORK	21-Apr-03	5 00	SL	639 38			639 38	21 31	21 31		
TOTAL FURNITURE FIXTURES & EQUIPMENT				51 663 88	44,162 12	26 210 19	69 615 81	38,667 43	6 446 59	25 784 21	19 329 81
***** RECREATION EQUIPMENT											
RECREATION EQUIPMENT	01 Jan 80	5 00	SL	130 00			130 00	130 00	130 00		
***** INDUSTRIAL ARTS EQUIPMENT											
SWIVEL CHAIRS	09-Jul-87	15 00	SL	3,150 00			3,150 00	3 150 00	3,150 00		
MOBLE WARDROBES	09-Jul-87	15 00	SL	1 683 00			1,683 00	1,683 00	1 683 00		
WORKSHOP DOORS	09-Jul 87	15 00	SL	516 00			516 00	516 00	516 00		
EQUIPMENT	09-Jul-87	15 00	SL	1,823 36			1 823 36	1,823 40	1,823 40		
STEELTOP BENCHES	09-Jul-87	15 00	SL	1 095 64			1,095 64	1 095 64	1 095 64		
41 CANDY MACHINES	15-Dec-93	15 00	SL	29 000 00			29 000 00	16 594 42	1 933 33	18 527 75	
SPOT CLEANER EXTRACTOR	31-May-01	5 00	SL	1 003 63			1,003 63	217 46	200 73	418 19	
				38,271 63	0 00	0 00	38,271 63	25,079 92	2 134 06	0 00	27,213 98

ST ANDREW BAY CENTFR  
DEPRECIATION REPORT

PLACED IN SERVICE	LIFE	METHOD	*****COST*****			*****DEPRECIATION*****					
			BALANCE 07/01/02	ADDITIONS	RETIREMENTS	BALANCE 06/30/03	BALANCE 07/01/02	ADDITIONS	RETIREMENTS	BALANCE 06/30/03	
***** NURSERY EQUIPMENT											
NURSERY EQUIPMENT	01 Jan-80	5 00	SL	5 125 83			5,125 83		5 125 83		
RX5MOWER WITH BAG	26 Jun-87	4 00	SL	1 574 40			1,574 40		1 574 40		
5X10 UTILITY TRAILER	27-Nov-89	5 00	SL	550 00			550 00		550 00		
6X10 UTILITY TRAILER	23-Apr-90	5 00	SL	650 00			650 00		650 00		
YAMAHA TRACTOR	18-Aug-92	5 00	SL	3 542 00			3 542 00		3 542 00		
BHP Blower SLB 8621C	08-Feb-94	5 00	SL	646 00			646 00		646 00		
JD COMM W/B S/P MOWER	28 Jun-94	5 00	SL	703 20			703 20		703 20		
JOHN DEERE LX188 MOWER	07-Jul-97	5 00	SL	3,600 00			3,600 00		3 600 00		
12 NURSERY CARTS	09-Aug-99	5 00	SL	1 781 28			1 781 28		1 781 28		
C-62 PRESTO LIFT	09-Aug-99	5 00	SL	2 870 51			2 870 51		2 870 51		
				21 043 22	0 00	0 00	21,043 22	19 027 45	930 36	0 00	19 957 81
***** AUDIO VISUAL EQUIPMENT											
AUDIO VISUAL EQUIPMENT	01-Jan-80	5 00	SL	2,479 80		2 479 80		2 479 80		2 479 80	0 00
***** VEHICLES											
1989 FORD E150	24-Oct-89	5 00	SL	11 468 52			11,468 52		11 468 52		11 468 52
1988 Voyager SE	27-Jun-94	5 00	SL	5,500 00			5 500 00		5 500 00		5 500 00
1992 FORD VAN	02-May-97	5 00	SL	13 500 00			13,500 00		13,500 00		13 500 00
WHEEL CHAIR LIFT	11 Jul-97	5 00	SL	4 176 70			4,176 70		4,176 70		4 176 70
1991 FORD VAN	09-Jun-98	5 00	SL	6,000 00			6,000 00	1 100 00			6 000 00
1996 PLYMOUTH VOYAGER	25 Jun-99	3 00	SL	8,840 60			8 840 60				8 840 61
1996 DODGE CARAVAN	26 Jun-99	3 00	SL	8,824 00			8 824 00				8 824 00
1999 GMC Cargo Van	21 May 01	5 00	SL	17 198 65			17 198 65	3 439 73			7 166 10
2000 Ford E350 (Wheelchair Van)	15 Jun-01	5 00	SL	26 073 50			26,073 50	5 649 26	5 214 70		10 863 96
2002 CHEVROLET VAN	21-Jun-02	5 00	SL	17,090 85			17,090 85		3,418 17		3,418 17
				118 672 82	0 00	0 00	118 672 82	66,585 46	13 172 60	0 00	79 758 06
TOTAL PROPERTY				497 711 55	468 611 35	28 689 99	937,632 91	355 589 31	37 383 26	28,264 01	364 708 56