

**Return of Organization Exempt From Income Tax**

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

**2004**

**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 2004 calendar year, or tax year beginning July 1, 2004, and ending June 30, 2005**

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

Please use IRS label or print or type. See Specific Instructions.

26370 \*\*\*\*\*AUTO\*\*3-DIGIT 324  
ST ANDREW BAY CENTER INC  
PO BOX 1320  
LYNN HAVEN FL 32444-6120

**D Employer identification number**  
59 : 0951529

**E Telephone number**  
( 850 ) 265-2951

**F Accounting method:**  Cash  Accrual  
 Other (specify) ▶

applicable to section 527 organizations

Trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**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** Group Exemption Number ▶

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

**G Website:** ▶

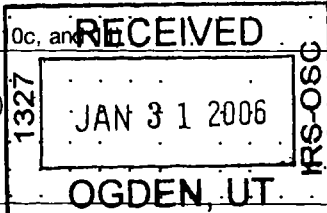
**J Organization type** (check only one) ▶  501(c) ( 3 ) ◀ (insert no)  4947(a)(1) or  527

**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 ▶ **1402946**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 18 of the instructions)

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received:				
	<b>a</b> Direct public support	<b>1a</b>		29979	
	<b>b</b> Indirect public support	<b>1b</b>			
	<b>c</b> Government contributions (grants)	<b>1c</b>		11395	
	<b>d</b> Total (add lines 1a through 1c) (cash \$ 39889 noncash \$ 1485 )	<b>1d</b>			41374
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>			1214481
	<b>3</b> Membership dues and assessments	<b>3</b>			
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>			1782
	<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>b</b> Less: cost or other basis and sales expenses	<b>8a</b>			
	<b>c</b> Gain or (loss) (attach schedule)	<b>8b</b>			
	<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8c</b>			
	<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
	<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1a)	<b>9a</b>		41851	
	<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>			41851	
	<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>			103458
	<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>			1402946
Expenses	<b>13</b> Program services (from line 44, column (B))	<b>13</b>			1253144
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>			143246
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>			23864
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>			
	<b>17</b> Total expenses (add lines 16 and 44, column (A))	<b>17</b>			1420254
Net Assets	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>			17308
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>			794647
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>			
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>			811955



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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 page 22 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 \$ _____)	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	775002	701499	62478
27	Pension plan contributions	27			
28	Other employee benefits	28	72998	65086	6725
29	Payroll taxes	29	65280	62880	2040
30	Professional fundraising fees	30			
31	Accounting fees	31	9840		9840
32	Legal fees	32			
33	Supplies	33	48684	39215	1359
34	Telephone	34	11154	7213	3941
35	Postage and shipping	35	1604	616	988
36	Occupancy	36	24862	17546	7316
37	Equipment rental and maintenance	37	3253	2696	557
38	Printing and publications	38			
39	Travel	39			
40	Conferences, conventions, and meetings	40			
41	Interest	41	29052	28490	562
42	Depreciation, depletion, etc. (attach schedule)	42	57412	52402	5010
43	Other expenses not covered above (itemize) a	43a			
	b see attached	43b	321113	275501	42430
	c	43c			
	d	43d			
	e	43e			
44	<b>Total functional expenses</b> (add lines 22 through 43) <i>Organizations completing columns (B)-(D), carry these totals to lines 13-15.</i>	44	1420254	1253144	143246

**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 25 of the instructions.)

What is the organization's primary exempt purpose? <input type="checkbox"/>	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 \$ _____)	1253144
b _____ _____ (Grants and allocations \$ _____)	
c _____ _____ (Grants and allocations \$ _____)	
d _____ _____ (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services).	1253144

**Part IV Balance Sheets** (See page 25 of the instructions.)

		<b>(A)</b>		<b>(B)</b>		
		Beginning of year		End of year		
<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only						
<b>Assets</b>	<b>45</b> Cash—non-interest-bearing . . . . .		294054	<b>45</b>	253378	
	<b>46</b> Savings and temporary cash investments . . . . .			<b>46</b>		
	<b>47a</b> Accounts receivable . . . . .	<b>47a</b>	185794			
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>47b</b>	1400	134253	<b>47c</b>	184394
	<b>48a</b> Pledges receivable . . . . .	<b>48a</b>				
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>48b</b>		89041	<b>48c</b>	101768
	<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 . . . . .			4104	<b>53</b>	8547
	<b>54</b> Investments—securities (attach schedule) . . . . .				<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>	1173090				
<b>b</b> Less: accumulated depreciation (attach schedule) . . . . .	<b>57b</b>	457878	769976	<b>57c</b>	715212	
<b>58</b> Other assets (describe ► ) . . . . .				<b>58</b>		
<b>59 Total assets</b> (add lines 45 through 58) (must equal line 74) . . . . .			1291428	<b>59</b>	1263299	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses . . . . .		95990	<b>60</b>	77408	
	<b>61</b> Grants payable . . . . .			<b>61</b>		
	<b>62</b> Deferred revenue . . . . .		18326	<b>62</b>	15625	
	<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) . . . . .			382465	<b>64b</b>	358311
	<b>65</b> Other liabilities (describe ► ) . . . . .				<b>65</b>	
<b>66 Total liabilities</b> (add lines 60 through 65) . . . . .			496781	<b>66</b>	451344	
<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 . . . . .		91541	<b>68</b>	104268	
	<b>69</b> Permanently restricted . . . . .		703106	<b>69</b>	707687	
	<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) . . . . .			794647	<b>73</b>	811955
	<b>74 Total liabilities and net assets / fund balances</b> (add lines 66 and 73) . . . . .			1291428	<b>74</b>	1263299

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.



<b>Part VI Other Information</b> (See page 28 of the instructions.)		Yes	No
<b>76</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.		✓
<b>77</b>	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.		✓
<b>78a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		✓
<b>78b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?		
<b>79</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		✓
<b>80a</b>	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?		✓
	b If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
<b>81a</b>	Enter direct and indirect political expenditures. See line 81 instructions <b>81a</b>		
<b>81b</b>	b Did the organization file <b>Form 1120-POL</b> for this year?		
<b>82a</b>	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?	✓	
	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.) <b>82b</b>		
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	✓	
<b>83b</b>	b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		✓
	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>85a</b>	<b>501(c)(4), (5), or (6) organizations</b> a Were substantially all dues nondeductible by members?		
<b>85b</b>	b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
	c Dues, assessments, and similar amounts from members. <b>85c</b>		
	d Section 162(e) lobbying and political expenditures. <b>85d</b>		
	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices. <b>85e</b>		
	f Taxable amount of lobbying and political expenditures (line 85d less 85e) <b>85f</b>		
<b>85g</b>	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
<b>85h</b>	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?		
<b>86a</b>	<b>501(c)(7) orgs.</b> Enter: a Initiation fees and capital contributions included on line 12. <b>86a</b>		
<b>86b</b>	b Gross receipts, included on line 12, for public use of club facilities <b>86b</b>		
<b>87a</b>	<b>501(c)(12) orgs.</b> Enter: a Gross income from members or shareholders <b>87a</b>		
<b>87b</b>	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) <b>87b</b>		
<b>88</b>	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.		✓
<b>89a</b>	<b>501(c)(3) organizations.</b> Enter. Amount of tax imposed on the organization during the year under: section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____		
<b>89b</b>	b <b>501(c)(3) and 501(c)(4) orgs.</b> 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		✓
	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 ▶ _____		
<b>90a</b>	List the states with which a copy of this return is filed ▶ <b>Florida</b>		
<b>90b</b>	b Number of employees employed in the pay period that includes March 12, 2004 (See instructions.) <b>90b</b> <b>staff 40</b>		
<b>91</b>	The books are in care of ▶ <b>St. Andrew Bay Center, Inc</b> Telephone no ▶ <b>( 850 ) 265-2951</b> Located at ▶ <b>1804 Carolina Ave. Lynn Haven, FL</b> ZIP + 4 ▶ <b>32444</b>		
<b>92</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b> —Check here. ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ <b>92</b>		

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions.)

**Note:** 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 Private Client					18589
b CRF Contract					118612
c Client product sales & services					112776
d					
e					
f Medicare/Medicaid payments					824123
g Fees and contracts from government agencies					140381
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					1782
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					41851
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a Miscellaneous					4530
b Government Contributions					11395
c Public Contributions					87533
d					
e					
104 Subtotal (add columns (B), (D), and (E))					1361572
105 Total (add line 104, columns (B), (D), and (E))					1361572

**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 34 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)
▼	Provides supports & services for individuals with disabilities.

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 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 34 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 all information of which preparer has any knowledge.

**Please Sign Here**

Signature of officer: *Jan Pearce* Date: 1/12/06

Jan Pearce, Executive Director

Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: *Amanda R. Nichols* Date: 1/2/06

Check if self-employed:

Preparer's SSN or PTIN (See Gen Inst W): 419900344

Firm's name (or yours if self-employed), address, and ZIP + 4: Amanda R. Nichols, Staff Accountant, PO Box 1320 Lynn Haven, FL 32444

EIN: Phone no: (850) 265-2951

**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

**2004**

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 . . . . . ▶				

**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
<b>1</b> 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.		✓
<b>2</b> 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.)		
<b>a</b> Sale, exchange, or leasing of property?		✓
<b>b</b> Lending of money or other extension of credit?		✓
<b>c</b> Furnishing of goods, services, or facilities?		✓
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		✓
<b>e</b> Transfer of any part of its income or assets?		✓
<b>3a</b> Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)		✓
<b>b</b> Do you have a section 403(b) annuity plan for your employees?		✓
<b>4a</b> Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		✓
<b>b</b> Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		✓

**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 5 of the instructions.)





**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.) ..... ..... .....	✓	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.

<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>36</b>	
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	<b>37</b>	
<b>38</b>	Total lobbying expenditures (add lines 36 and 37) . . . . .	<b>38</b>	
<b>39</b>	Other exempt purpose expenditures . . . . .	<b>39</b>	
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39) . . . . .	<b>40</b>	
<b>41</b>	Lobbying nontaxable amount. Enter the amount from the following table—		
	<b>If the amount on line 40 is—</b> <b>The lobbying nontaxable amount is—</b>		
	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 . . . . .
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41) . . . . .	<b>42</b>	
<b>43</b>	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36. . . . .	<b>43</b>	
<b>44</b>	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38. . . . .	<b>44</b>	

**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) 2004	(b) 2003	(c) 2002	(d) 2001	(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	83,310	83,310		
Client Activities	1,582	1,582		
Insurance	51,193	38,901	12,292	
Workers' Compensation	37,546	33,978	3,041	527
Employee Background Screening	1,326	1,213	113	
Health Requirements	1,824		1,824	
Staff Education & Training	2,873	978	1,895	
Travel Expense	1,367	385	982	
Membership & Subscriptions	11,061	5,170	5,891	
Recognition & Awards	2,376	879	1,497	
Office Expense	9,457	2,767	6,690	
Mileage Reimbursement	20,686	20,686		
Bad Debts	2,027		2,027	
Bank Charges	941		941	
Vehicle Maintenance & Gasoline	14,453	14,168	285	
Repairs & Maintenance	8,155	6,642	1,513	
In-Kind Donations- Supplies	53,684	53,184	500	
Donated Services	5,820	2,657	763	2,400
Miscellaneous	11,432	9,001	2,176	255
Advertising	0			
	<u>321,113</u>	<u>275,501</u>	<u>42,430</u>	<u>3,182</u>
	321,113			

St. Andrew Bay Center, Inc  
Form 990

59-0951529  
For the Year Ended  
June 30, 2005

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>
Peoples Bank	4,895	0
James Finch	<u>377,570</u>	<u>358,311</u>
	<u>382,465</u>	<u>358,311</u>

St. Andrew Bay Center, Inc.  
Form 990

59-0951529  
For the Year Ended  
June 30, 2005

Part V - List of Board of  
Directors

<b>Diane Stewart President</b>	1022 W. 23rd St. P. O. Box 59950 Panama City, Fl. 32412
<b>Cortez Patrick Treasurer</b>	1335 Grace Ave. Panama City, Fl. 32401
<b>Traci Powell Secretary</b>	2604 Island View Dr. Panama City FL 32405
<b>Bill Gobat Board Member</b>	4439 Vista Lane Lynn Haven, Fl. 32444
<b>Duane Bishop Board Member</b>	2821 Clearview Ave. Panama City FL 32405
<b>Kay Cherry Board Member</b>	6916 Minchew Ct. Panama City, Fl. 32404
<b>Jerry Gross Board Member</b>	6510 Bay Line Drive Panama City, Fl. 32404
<b>Pam Clayton Board Member</b>	3204 Pleasant Hill Road Lynn Haven, Fl. 32444
<b>Sherri Mallory Board Member</b>	1008 Harrison Ave. Panama City, FL. 32401
<b>Robin Atamian Board Member</b>	429 Harrison Ae Panama City, Fl. 32401
<b>Robert Radcliff Board Member</b>	902 Joan Lane Panama City, Fl. 32404
<b>Sally Stanley Board Member</b>	2300 Coral Drive Lynn Haven, Fl. 32444
<b>David Gentili Board Member</b>	2932 Fairmont Dr. Panama City, Fl. 32405
<b>Susan Tull Board Member</b>	3246 Country Club Drive Lynn Haven, Fl. 32444
<b>Woody Woodard Board Member</b>	2003 Windjammer Lynn Haven, Fl. 32444





ST ANDREW BAY CENTER  
DEPRECIATION REPORT

Page 2  
FOR THE YEAR ENDED JUNE 30, 2005

PLACED IN SERVICE	LIFE	METHOD	BALANCE 07/01/04	*****COST	ADDITIONS	RETIREMENTS 06/30/05	BALANCE 06/30/05	*****DEPRECIATION	ADDITIONS	RETIREMENTS	BALANCE 06/30/05
***** FURNITURE, FIXTURES, & EQUIPMENT (CONTINUED) *****											
ADT FURNITURE	10.00	SL	14,934.46			14,934.46					
2 GATEWAY COMPUTERS	5.00	SL	3,037.98			3,037.98					
7 TVs	5.00	SL	1,188.10			1,188.10					
DOLPHIN STATUE			3,000.00			3,000.00					
PN FURNITURE	10.00	SL	5,342.70			5,342.70					
CARPET	10.00	SL	2,930.00			2,930.00					
HEAT/AIR	10.00	SL	6,916.00			6,916.00					
COMDIAL PHONE SYSTEM	5.00	SL	3,398.50			3,398.50					
CEILING	10.00	SL	2,775.00			2,775.00					
NETWORK	5.00	SL	639.38			639.38					
7.5 TON AIR CONDITIONER	5.00	SL	5,433.00			5,433.00					
GATEWAY COMPUTER	5.00	SL		2,647.95		2,647.95					
TOTAL FURNITURE, FIXTURES & EQUIPMENT			75,048.81	2,647.95		77,696.76					

\*\*\*\*\* RECREATION EQUIPMENT \*\*\*\*\*

RECREATION EQUIPMENT	01 Jan 80	5.00	SL		130.00						
TOTAL RECREATION EQUIPMENT					130.00						

\*\*\*\*\* INDUSTRIAL ARTS EQUIPMENT \*\*\*\*\*

SWIVEL CHAIRS	09 Jul 87	15.00	SL		3,150.00						
MOBLE WARDROBES	09 Jul 87	15.00	SL		1,683.00						
WORKSHOP DOORS	09 Jul 87	15.00	SL		516.00						
EQUIPMENT	09 Jul 87	15.00	SL		1,823.36						
STEELTOP BENCHES	09 Jul 87	15.00	SL		1,095.64						
41 CANDY MACHINES	15-Dec 93	15.00	SL		29,000.00						
SPOT CLEANER EXTRACTOR	31 May-01	5.00	SL		1,003.63						
TOTAL INDUSTRIAL ARTS EQUIPMENT					38,271.63						

TOTAL FURNITURE, FIXTURES & EQUIPMENT					77,696.76						
TOTAL RECREATION EQUIPMENT					130.00						
TOTAL INDUSTRIAL ARTS EQUIPMENT					38,271.63						
TOTAL DEPRECIATION					8,466.66						
TOTAL BALANCE 07/01/04					27,630.13						
TOTAL BALANCE 06/30/05					36,096.79						

ST ANDREW BAY CENTER  
DEPRECIATION REPORT

Page 3  
FOR THE YEAR ENDED JUNE 30, 2005

	PLACED IN SERVICE	LIFE	METHOD	BALANCE 07/01/04	*****COST	RETIREMENTS 06/30/05	BALANCE 06/30/05	DEPRECIATION	ADDITIONS	RETIREMENTS	BALANCE 07/01/04	ADDITIONS	RETIREMENTS	BALANCE 06/30/05
***** NURSERY EQUIPMENT *****														
NURSERY EQUIPMENT	01 Jan 80	5 00	SL	5,125 83	5,125 83		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				1,574 40			1,574 40
5X10 UTILITY TRAILER	27 Nov 89	5 00	SL	550 00	550 00		550 00				550 00			550 00
6X10 UTILITY TRAILER	23 Apr 90	5 00	SL	650 00	650 00		650 00				650 00			650 00
YAMAHA TRACTOR	18 Aug 92	5 00	SL	3,542 00	3,542 00		3,542 00				3,542 00			3,542 00
8HP Blower SLB 8621C	08 Feb 94	5 00	SL	646 00	646 00		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				703 20			703 20
JOHN DEERE LX188 MOWER	07 Jul 97	5 00	SL	3,600 00	3,600 00		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		59 36		1,721 92			1,781 28
C 62 PRESTO LIFT	09 Aug 99	5 00	SL	2,870 51	2,870 51		2,870 51		95 69		2,774 82			2,870 51
				21,043 22	21,043 22	0 00	21,043 22		155 05	0 00	20,888 17		0 00	21,043 22
***** VEHICLES *****														
1989 FORD E150	24 Oct 89	5 00	SL	11,468 52	11,468 52		11,468 52				11,468 52			11,468 52
1992 FORD VAN	02 May 97	5 00	SL	13,500 00	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			4,176 70
1991 FORD VAN	09 Jun 98	5 00	SL	6,000 00	6,000 00		6,000 00				6,000 00			6,000 00
1996 DODGE CARAVAN	26 Jun 99	3 00	SL	8,824 00	8,824 00		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		17,198 65		3,439 73		10,605 83			14,045 56
2000 Ford E350														
(Wheelchair Van)														
2002 CHEVROLET VAN	15 Jun 01	5 00	SL	26,073 50	26,073 50		26,073 50		5,214 70		16,078 66			21,293 36
2001 OLDSMOBILE WGN	21 Jun 02	5 00	SL	17,090 85	17,090 85		17,090 85		3,418 17		6,836 34			10,254 51
2002 OLDSMOBILE WGN	17 Nov 03	3 00	SL	13,077 95	13,077 95		13,077 95		4,359 32		2,542 93			6,902 25
2002 PONTIAC WGN	17 Nov 03	3 00	SL	13,077 95	13,077 95		13,077 95		4,359 32		2,542 93			6,902 25
2003 FORD WGN	22 Apr 04	4 00	SL	25,560 95	25,560 95		25,560 95		6,390 24		1,065 04			7,455 28
				156,049 07	156,049 07	0 00	156,049 07		27,181 47	0 00	83,640 95		0 00	110,822 42
TOTAL PROPERTY				980,442 16	980,442 16	2,647 95	983,090 11		57,412 44	0 00	400,465 50		0 00	457,877 94

## 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).
- 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)

**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.*

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile).

<b>Type or print</b>	Name of Exempt Organization <b>St. Andrew Bay Center, Inc.</b>	Employer identification number <b>59 : 0951529</b>
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. <b>P.O. Box 1320</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>Lynn Haven, FL 32444</b>	

**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 |

● The books are in the care of ▶ .....

Telephone No. ▶ (.....) ..... FAX No. ▶ (.....) .....

- 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-months for a **Form 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, 2004, and ending June 30, 2005.

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 \$ \_\_\_\_\_

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

I have not received the approval notice of this extension that was mailed on ~~11/10/05~~ 11/10/05  
 JW

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box  **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (not automatic) 3-Month Extension of Time—Must File Original and One Copy.**

Type or print  File by the extended due date for filing the return See instructions	Name of Exempt Organization	Employer identification number
	Number, street, and room or suite no. If a P.O. box, see instructions.	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	

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

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

**STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of ▶ \_\_\_\_\_  
Telephone No. ▶ (\_\_\_\_\_) \_\_\_\_\_ FAX No. ▶ (\_\_\_\_\_) \_\_\_\_\_
- 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 is for.

- I request an additional 3-month extension of time until \_\_\_\_\_, 20\_\_\_\_\_.
- For calendar year \_\_\_\_\_, or other tax year beginning \_\_\_\_\_, 20\_\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_\_.
- If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- State in detail why you need the extension \_\_\_\_\_

- 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 \$ \_\_\_\_\_
- If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ \_\_\_\_\_
- Balance Due.** Subtract line 8b from line 8a. 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 Donald L. Hicks Title ▶ Accountant Date ▶ 11/1/05

**Notice to Applicant—To Be Completed by the IRS**

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- Other \_\_\_\_\_

Director \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

**Alternate Mailing Address** — Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name
	St. Andrew Bay Center
	Number and street (include suite, room, or apt. no.) or a P.O. box number
	Po Box 1320
City or town, province or state, and country (including postal or ZIP code)	
Lynn Haven FL 32444	